



Decisions at Every Turn Coalition October 2019 Meeting Minutes

Ashland Pubic Library, October 17th, 5:30 – 7:00 PM

1. Attendees

Amy Turncliff, DAET Chair/Ashland Parent, Dr. Safdar Medina, UMass Medical Pediatrician, Brandi Kinsman, Ashland Select Board, David DiGirolamo, Ashland Middle School Principal, Tim Jung, Ashland Resident, Betsy Emberley, DAET Social Norms Working Group Chair, Ashland Parent, Alison Rose, WACA-TV, Kelley St. Coeur, Ashland High School Principal, Paul Vieira, Assistant Superintendent of Schools, Ashland Public Schools, Chief Vincent Alfano, Ashland Police Department, David Muri, School Resource Officer, Saumya Sankhavaram, DAET Coordinator, Kristin French, DAET Director

2. DAET presentation

- a. Prevention and the One Choice message
 - i. The health standard for youth should be no use of any substance for reasons of health
 - ii. One Choice is a prevention message
 - iii. Promotes teen self-care & autonomy
 - iv. The teen brain is uniquely vulnerable to substance use
 - v. All teen substance use is related
 - vi. It is a myth that all teens experiment with substance use
 - vii. Reducing adult addiction must begin with youth prevention
- b. The Health & Wellness of Ashland Youth
 - i. Data from the AMS & AHS Adolescent Heath Surveys show that most Ashland youth are not using substances
 - ii. See the end of these minutes for the Oct. 17th Powerpoint

3. Ashland's Priorities Speaker Panel

- a. Chief Vincent Alfano
 - i. Safety of Ashland youth outside of school is #1 priority

- ii. Positive trend that impaired driving by youth is decreasing
 - iii. Worried that with the increase of social acceptability of marijuana that marijuana impaired driving will also increase
 - iv. Would like to see expansion of police messaging about youth driving under the influence of marijuana
 - v. Would like to see more adult/parent awareness of social host laws
- b. Paul Vieira, Asst. Superintendent
 - i. Prevention education is key
 - ii. Prevention communication must be consistent and constant
 - iii. Have taken steps to integrate prevention into K-12 Health & Wellness curriculum. Shifted curriculum to standards. H&W currently in Gr. 3-12.
 - iv. Have hired wellness staff at AHS
 - v. Ongoing concerns about how substance use is glamorized in the media and accessible to youth via social media
 - vi. Ongoing concerns with youth feeling invincible
- c. Dr. Safdar Medina
 - i. More than 1000 national cases of respiratory illness due to vaping
 - ii. Marijuana vaping has increased exponentially
 - iii. Huge uptick on vaping and e-cigarette use since 2016 when the industry began marketing vaping products with sweet flavors and catchy advertising to attract teens
 - iv. A teen can become addicted to nicotine in just a few weeks
 - v. There is a 20% risk for youth to become addicted to marijuana
 - vi. What can parents do?
 - 1. Keep talking to their kids about not using
 - 2. What parents say and do is influential
 - 3. Stress no use of any substance
 - 4. Even if your child is not using substances, seek mental health treatment if you notice your child is experiencing anxiety/depression etc. because MH & SU can be associated with one another

4. Q&A

- a. Kelley mentioned that the schools had been getting questions about whether it was okay for parents to send Nicorette along with students to the schools
 - i. Dr. Medina said that yes, but the only as prescribed by a doctor, and only as stopgap for withdrawal from nicotine

- b. Paul mentioned that health education in the schools is compartmentalized – the students receive it a couple of months at AMS, once every 6 days in lower grades, and at the Freshman and Sophomore levels in AHS
- c. An audience member asked a question about the status of drug recognition training and technologies used by the Ashland police department
 - i. Chief Alfano shared that Massachusetts is not strong in drug recognition beyond recognition of alcohol use by drivers, especially as compared to the west coast. He shared that we do have trained Drug Recognition Experts (DREs) in MA, but the court system is also behind in how they process drug charges.
- d. An audience member asked if there was any push to make training for DREs, as well as other certifications like aRide, more common
 - i. The chief answered that these trainings would be tough to implement because they often involve large amounts of training time. He shared that he felt that aRide at the police academy level would be great, so that every officer could be trained to deal with increases in drugged driving
 - ii. Dr. Medina and the Chief both shared that they felt an important talk parents could have with their children about drugged driving would be to let kids know that if they are stuck somewhere and intoxicated then they should feel free to call their parents to come pick them up, no questions asked.
- e. Dr. Medina shared that if adults were interested in seeing a website that showed people how to hide vapes, they could visit the VAPR website, which sells vaping paraphernalia as well.

5. Closing remarks

- a. Thank you to our panelists and participants this evening
- b. WACA will be turning videotaped footage of the panel presentation into short cable segments which will be available at WACA and for DAET social media
- c. The presentation will be available online

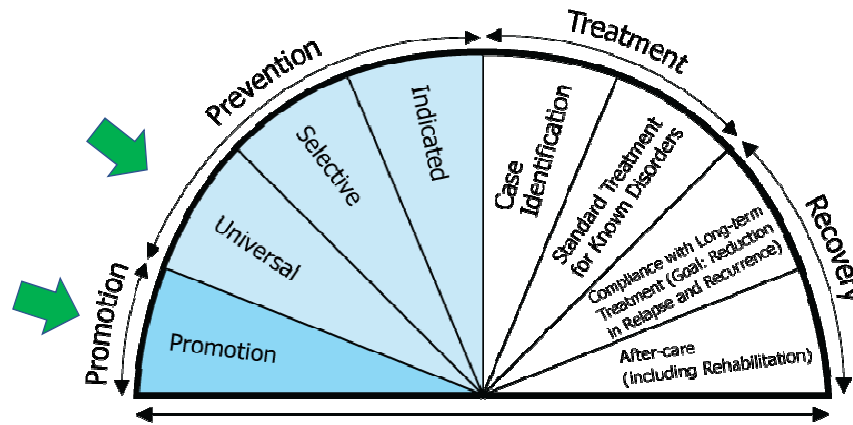


October 17, 2019
Coalition Meeting

Agenda

1. Welcome & Introductions
2. Prevention and the One Choice message
3. The Health & Wellness of Ashland Youth
4. Ashland's Priorities Speaker Panel
5. Q&A
6. Closing remarks

Behavioral Health Promotion



The Behavioral Health Continuum Model SAMHSA

WHAT

Prevent or delay
Protective Factors
Science-based strategies
Attitude or behavioral changes
Cultivate positive outcomes

HOW

Information dissemination
Education
Alternative activities
Community-based processes
Environmental strategies
Problem identification & referral
Culturally appropriate

WHY

All risky behaviors
All substances

PRIMARY
PREVENTION



- One Choice is a prevention *message*
- The standard for youth should be *No Use*
- No use of *any* alcohol, nicotine, marijuana or other drugs for reasons of *health*
- Promotes teen *self-care & autonomy*



www.ibhinc.org

<https://onechoiceprevention.org>



- The *teen brain* is uniquely vulnerable to substance use
- All teen substance use is *related*
- It is a *myth* that all teens experiment with substance use
- Reducing *adult* addiction must begin with *youth* prevention

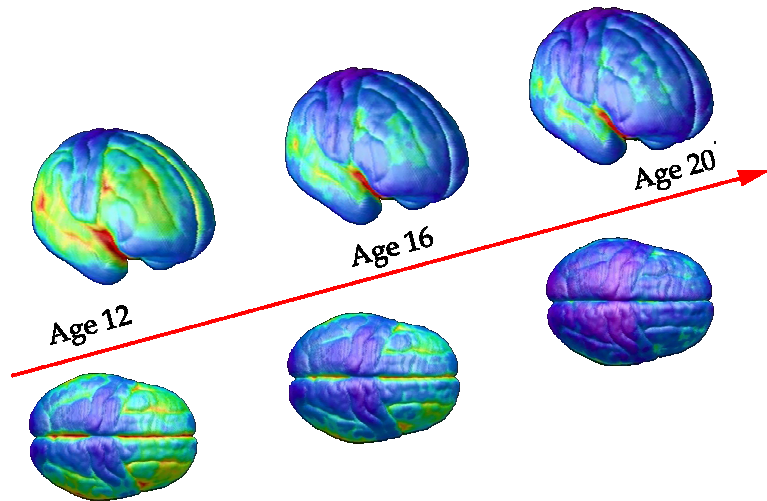


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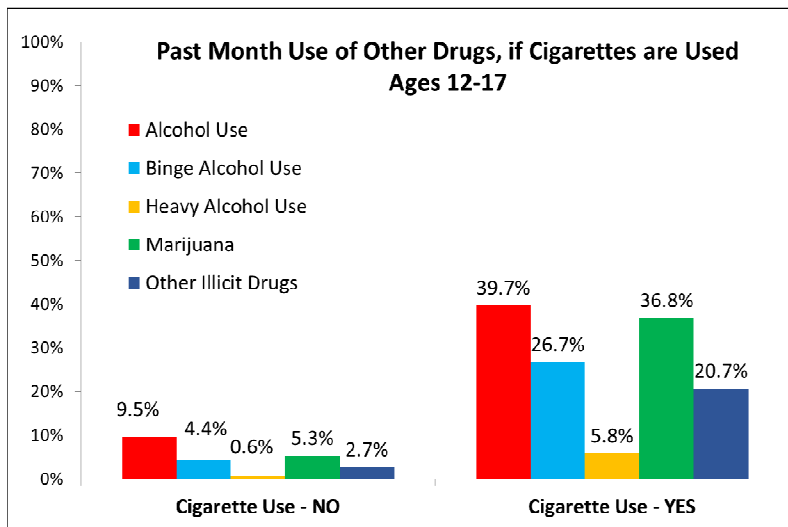
<https://onechoiceprevention.org>

THE **TEEN BRAIN** IS UNIQUELY VULNERABLE TO SUBSTANCE USE

Rapid Brain
Development Until
the Mid-20s

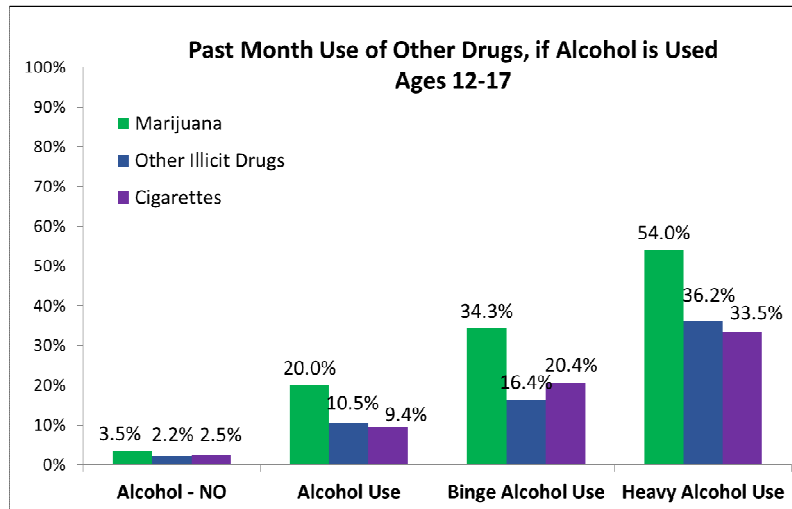


ALL TEEN SUBSTANCE USE IS **RELATED**



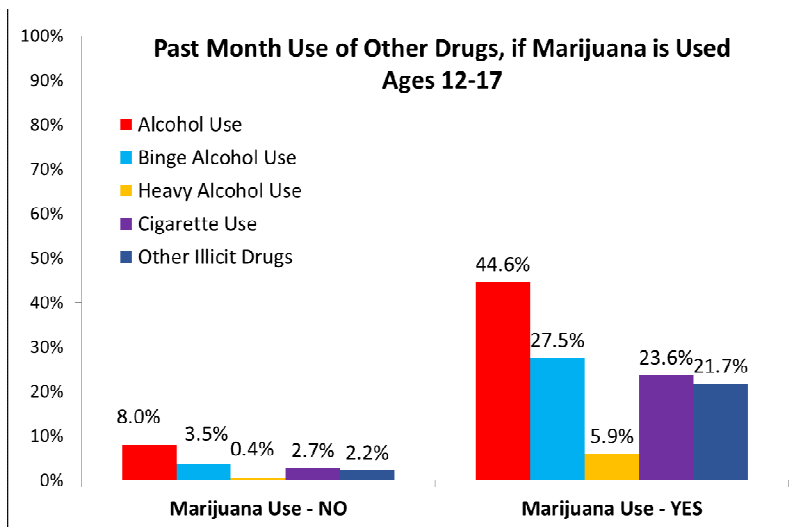
All graphs based on nationally representative data from SAMHSA's National Survey on Drug Use and Health, reported in DuPont, R. L., Han, B., Shea, C. L., & Madras, B. K. (2018). [Drug use among youth: national survey data support a common liability of all drug use](#). *Preventive Medicine*, 113, 68-73.

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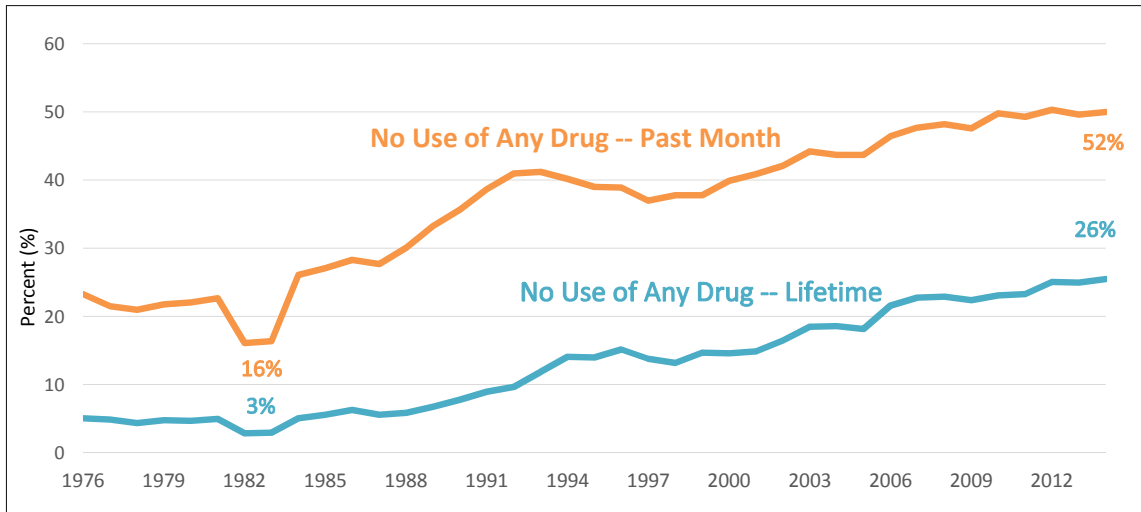
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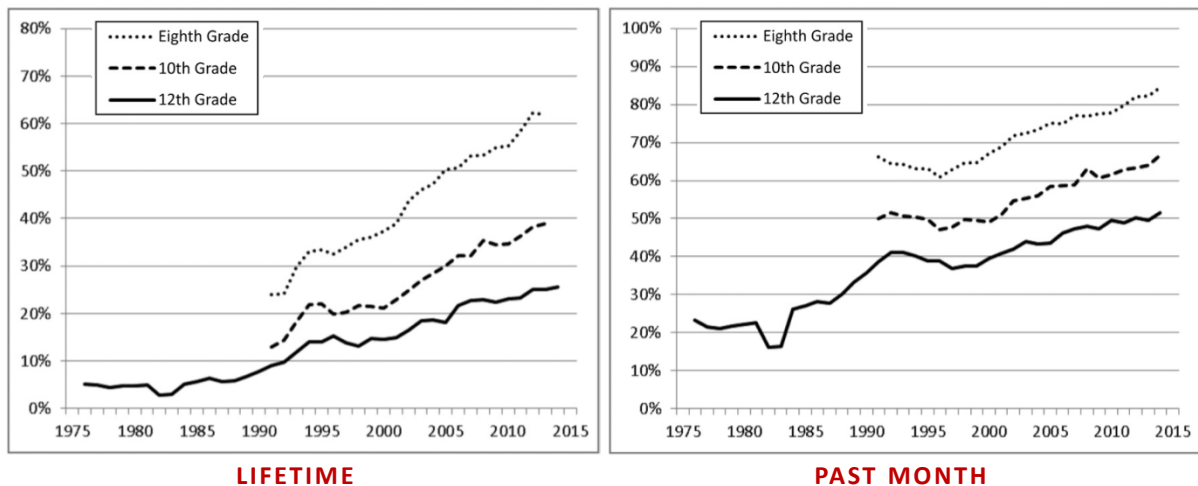
IT IS A MYTH THAT ALL TEENS EXPERIMENT WITH SUBSTANCE USE



No Use of Alcohol, Cigarettes, Marijuana & Other Illicit Drugs by US High School Seniors: 1976-2014 MONITORING THE FUTURE

Monitoring the Future; Levy, S., Campbell, M. C., Shea, C. L., & DuPont, R. L. (2018). [Trends in abstaining from substance use in adolescents: 1975-2014](#). *Pediatrics*, 142(2), e20173498.

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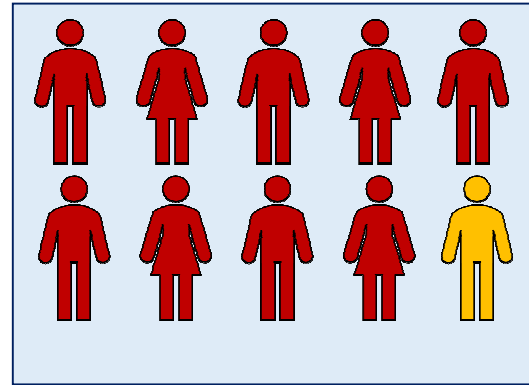


No Use of Alcohol, Cigarettes, Marijuana and Other Illicit Drugs: Grades 8, 10, 12 MONITORING THE FUTURE

Monitoring the Future; Levy, S., Campbell, M. C., Shea, C. L., & DuPont, R. L. (2018). [Trends in abstaining from substance use in adolescents: 1975-2014](#). *Pediatrics*, 142(2), e20173498.

REDUCING **ADULT** ADDICTION MUST BEGIN WITH **YOUTH** PREVENTION

- 9 in 10 all adults with substance use disorders began smoking, drinking or using other drugs before age 18
- Unique vulnerability of the developing brain to substance use



THE HEALTH & WELLNESS OF ASHLAND YOUTH

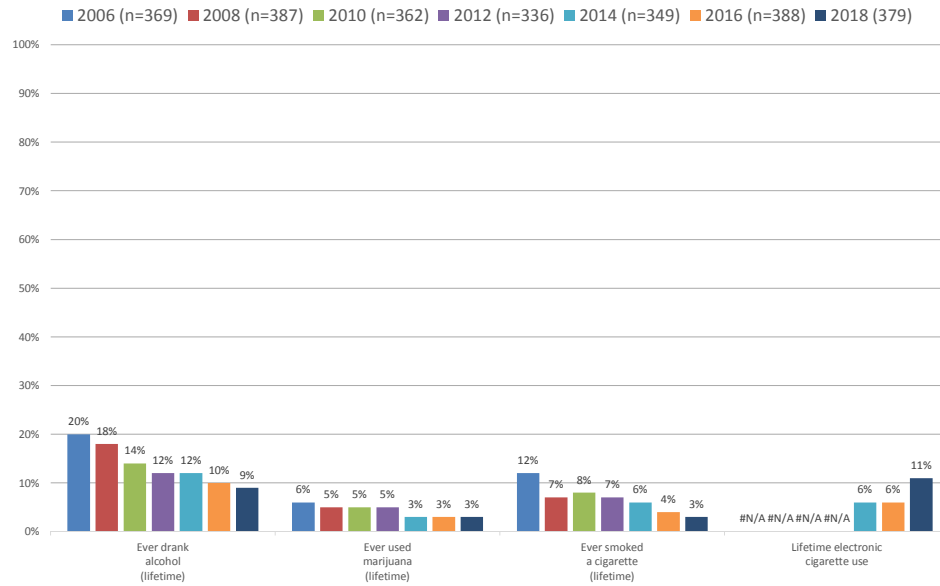


METROWEST (ASHLAND) ADOLESCENT HEALTH SURVEY

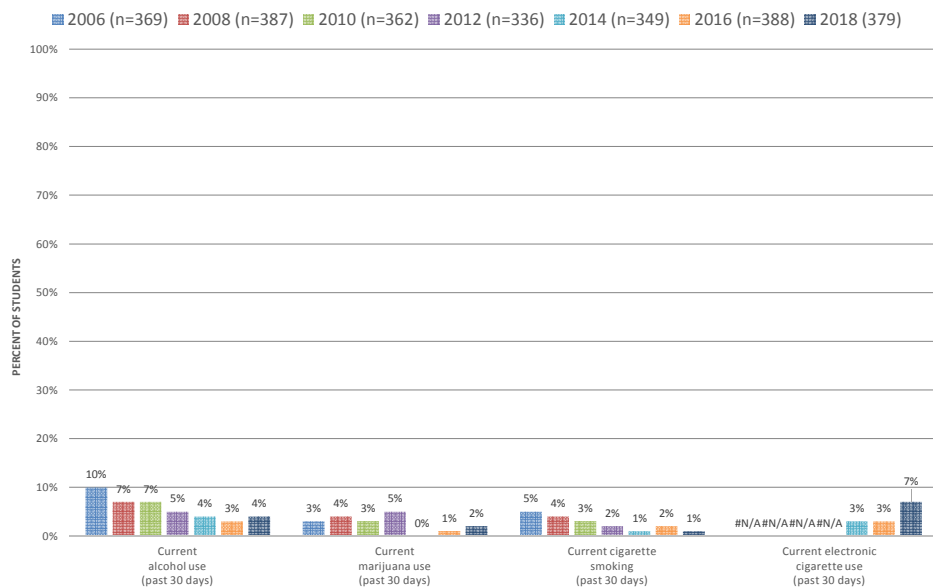
KEY INDICATOR DATA
Trends 2006 - 2018

ASHLAND MIDDLE SCHOOL Key Indicators

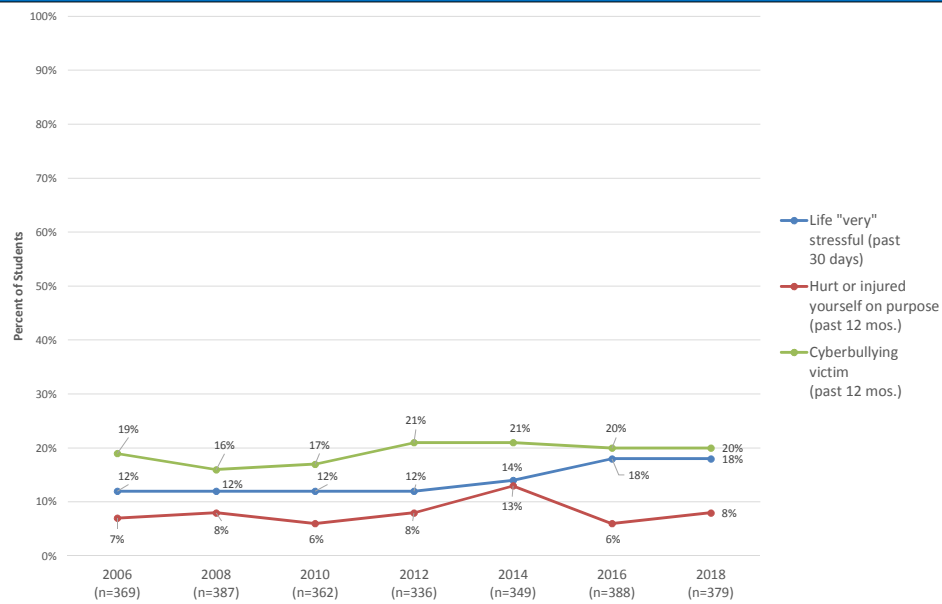
Trends in LIFETIME Substance Use, 2006-2018 Ashland Middle School (Grades 7-8)



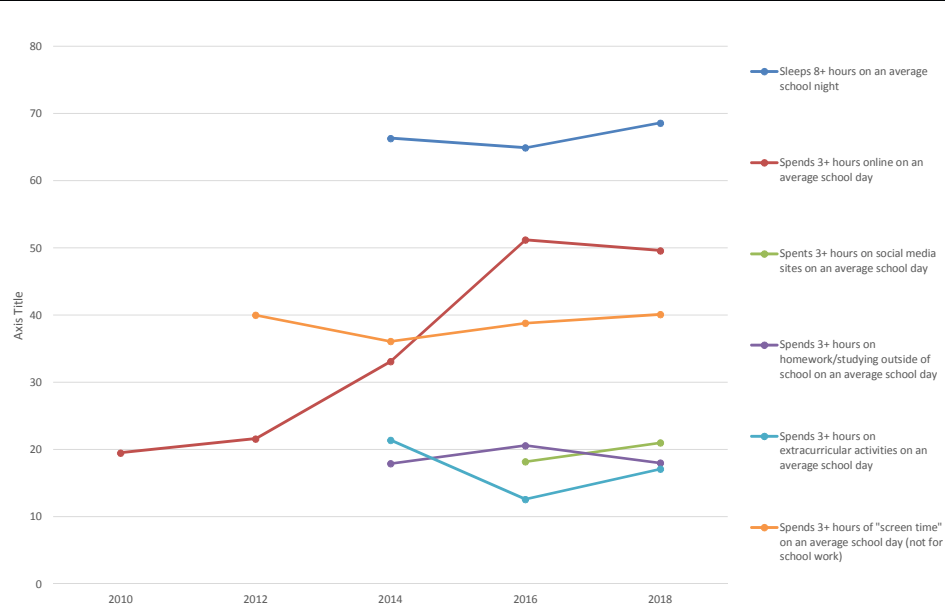
Trends in CURRENT Substance Use, 2006-2018 Ashland Middle School (Grades 7-8)



Trends in Mental Health, 2006-2018 Ashland Middle School (Grades 7-8) *MetroWest Adolescent Health Survey*



Trends in Student Time Utilization, 2010 – 2018 Ashland Middle School (Grades 7 -8) *MetroWest Adolescent Health Survey*

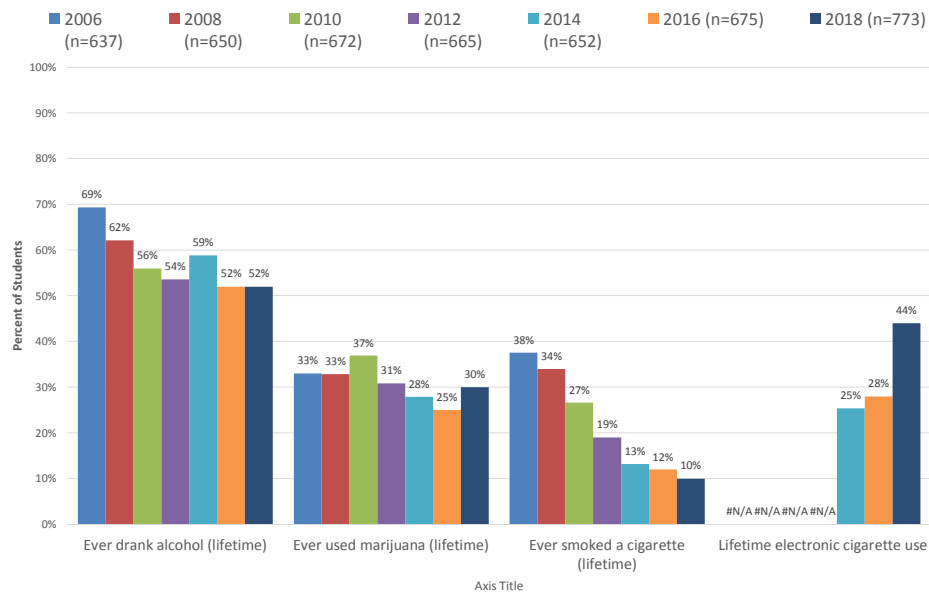


ASHLAND HIGH SCHOOL Key Indicators

Trends in Lifetime Substance Use, 2006-2018

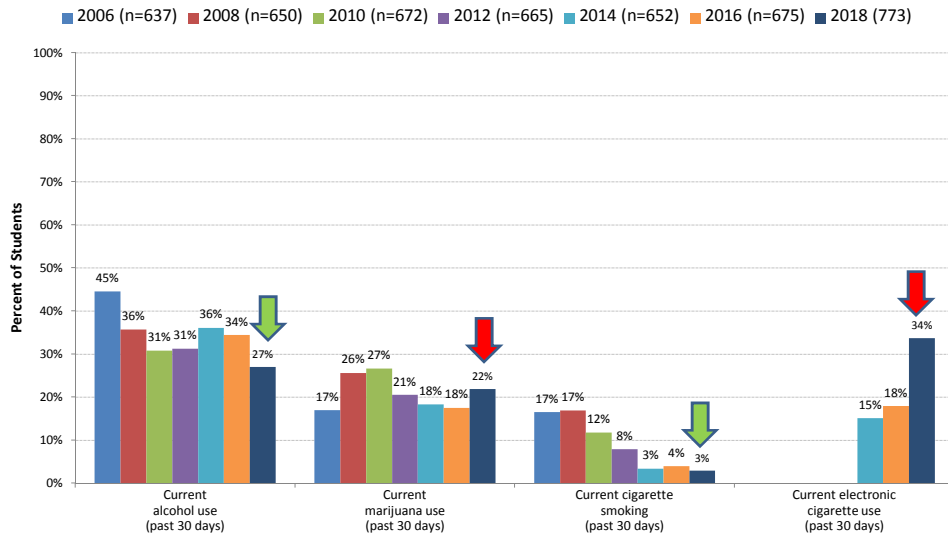
Ashland High School (Grades 9-12)

MetroWest Adolescent Health Survey



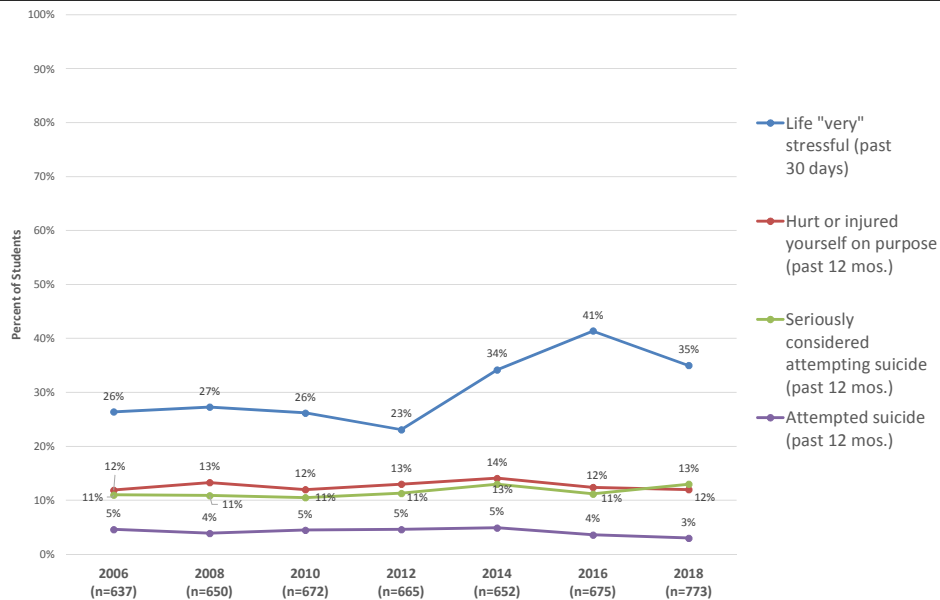
Trends in Current Substance Use, 2006-2018 Ashland High School (Grades 9-12)

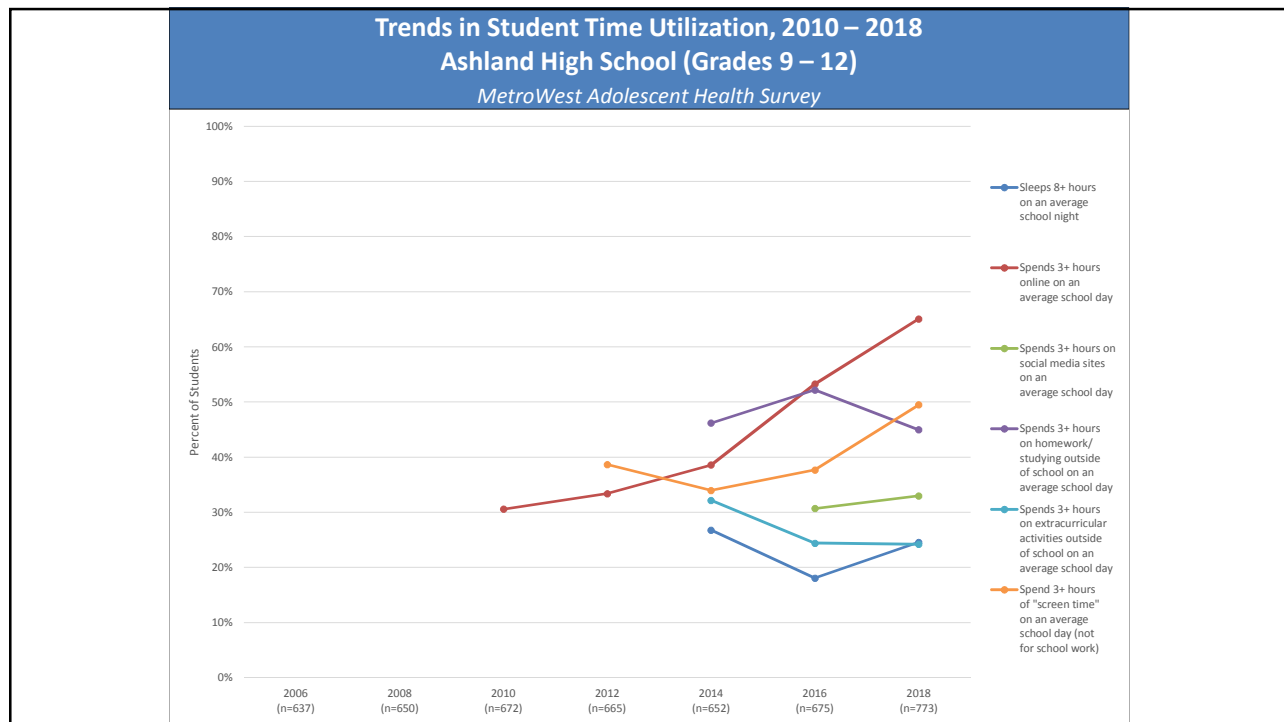
MetroWest Adolescent Health Survey



Trends in Mental Health, 2006-2018 Ashland High School (Grades 9-12)

MetroWest Adolescent Health Survey





Prevention Priorities for Ashland Youth

Chief Vincent Alfano – Ashland Police Department
 Paul Vieira – Assistant Superintendent, Ashland Public Schools
 Dr. Safdar Medina – Pediatrician, UMass Memorial



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Trends in Alcohol Use and Driving, 2006-2018

Ashland High School (Grades 9-12)

MetroWest Adolescent Health Survey



Student Perception of Alcohol Use and Driving 2018, Ashland High School (Grades 9-12)

Positive Community Norms Survey

Chart Title

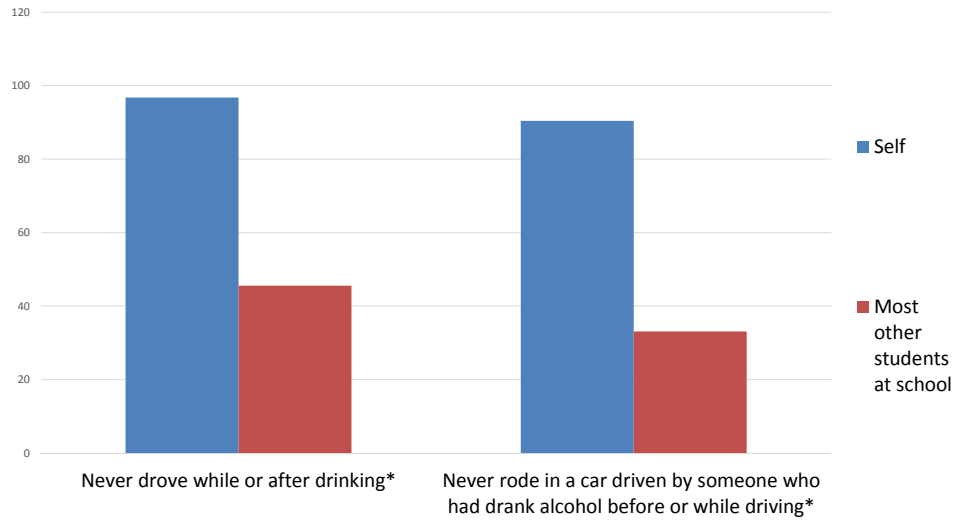


Table 4-1B. Behaviors Related to Unintentional Injury, 2006 - 2018

Ashland High School (Grades 9-12)

MetroWest Adolescent Health Survey, 2018

	Ashland (%)						
	2006	2008	2010	2012	2014	2016	2018
	(637)	(650)	(672)	(665)	(652)	(675)	(773)
SAFETY-RELATED BEHAVIORS							
Never/rarely wore a helmet when riding a bicycle (past 12 months, among students who rode a bicycle)	65.7	65.9	62.8	55.7	49.5	50.2	55.8
Never/rarely wear a seatbelt when passenger in a car	8.9	7.0	5.5	5.1	2.0	3.9	4.0
DRIVING UNDER THE INFLUENCE (past 30 days)							
Rode in a car with a driver who had been drinking	28.6	22.7	21.2	20.4	14.0	16.7	14.4
Rode in a car driven by a high school student who had been drinking	—	—	—	11.8	7.9	8.9	4.9
Rode in a car driven by a high school student who had been using marijuana	—	—	—	19.1	13.2	15.7	15.6
Drove a car when you had been drinking*	20.4	17.7	11.6	9.4	9.9	4.4	2.8
Drove a car when you had been using marijuana*	—	—	—	16.3	13.6	13.3	12.7
DISTRACTED DRIVING BY HIGH SCHOOL STUDENTS (past 30 days)							
Rode in a car driven by a high school student who was talking on a mobile phone while driving	—	—	—	—	—	—	36.0
Rode in a car driven by a high school student who was texting, messaging, or emailing while driving	—	—	29.0	35.4	27.8	31.4	33.6
Drove a car with two or more high school students riding with you*	—	—	—	—	—	57.8	49.3
Drove a car when you or someone else wasn't wearing a seatbelt*	—	—	—	30.3	19.8	21.7	18.3
Drove a car while you were talking on a mobile phone*	—	—	—	—	—	—	37.3
Drove a car while you were texting, messaging, or emailing*	—	—	43.0	43.8	39.4	43.7	37.7

* Among 11th and 12th grade youth who drove in the past 30 days