

Regional Advisory Board (RAB) of Community Anti-Drug Coalitions

June 2021 Newsletter

Did you know?

Resource: Indiana Tobacco Quitline (ITQ) 19% of Hoosiers smoke. 70% want to quit. Only 34% of doctors talk to people about quitting. ITQ wants doctors to ask, advise, and refer to 1-800-QUIT-NOW. They have both phone-based or web-based programming. They also have a Text 2 Quit program. Quit coaches have gone through 240 hours of training. They offer nicotine gum and patches. They talk about things like what to do with your hands. Quit guides are mailed out within 24 hours. They are referred by providers, or can go to the website, call, or text to enroll. The first call is registration, then they speak with quit coaches on the other calls. They set up the next 4 sessions at that first registration meeting. They have a program called "Reimagine" for youth. It is five phone calls or there is a text option. They also have a pregnancy program which is 10 calls to the Quitline and two postpartum calls. For individuals with behavioral health conditions (anxiety, depression, etc.), they are provided with 7 calls and 12 weeks of free nicotine replacement therapy (NRT) including the patch and gum. They can email or text to quit. ITQ provides a letter to the provider so they can support the quit attempt. There is also an individualized program where you can get NRT only, but people are encouraged to enroll in other programs. You can text READY to 200-400 to get started. Someone will respond within 48 hours. This program has a good quit rate. Only 4 to 7% of people are successful quitting cold turkey. ITQ has an 87% satisfaction rate and a 96% behavioral health satisfaction rate. They have a lot of promotional materials that they can provide for free through the website, quitnowindiana.com/quit.

Alcohol and Polysubstance Use During Pregnancy

The most recent data from the CDC shows an increase in alcohol use during pregnancy. Survey results show that drinking rates among pregnant individuals, defined as having had at least one drink in the last 30 days, increased from 9.2% in 2011 to 11.3% in 2018. In addition, a 2020 Morbidity and Mortality Weekly Report published by the CDC showed that use of tobacco and marijuana was also more prevalent among women who reported alcohol use. Data also show that the number of individuals accessing treatment for alcohol and/or substance use disorders during pregnancy is low. Alcohol and/or substance use during pregnancy is harmful and potentially fatal for the development of the fetus. The CDC has listed a number of resources that can assist healthcare providers in addressing the polysubstance use during pregnancy. (Indiana Department of Health, 5/4/21)

Indiana's first substance abuse treatment facility geared toward first responders is up and running in Indianapolis. The Recovery Centers of America recently launched the "RESCU" program tailored toward first responders. Most individuals working in emergency response are subject to trauma that can lead to anxiety, depression and post-traumatic stress disorder. The Addiction Center website recently shared data that showed 30% of first responders will misuse drugs or alcohol as a response to trauma or anxiety. The RESCU program has dedicated an entire floor of the treatment facility for first

responders. There are 12 beds available for first responders in the facility, but that number will likely increase to 50. To learn more about the program, please visit the Recovery Centers of America website. (Indiana Department of Health, 5/4/21)

President Joe Biden signed legislation extending a ban on addictive fentanyl-like substances into October. Under the extension of the order, these fentanyl analogues are classified by the federal government as a Schedule I drug and are subject to the strictest controls like heroin. Fentanyl analogues are powerful synthetic opioids that are meant to have the same effect of the original drug, which according to the National Institute on Drug Abuse "is similar to morphine but is 50 to 100 times more potent." Fentanyl is usually given to people who suffer from severe pain or following a surgery. The CDC says that synthetic opioids are the main source of overdose deaths. Preliminary data released by the CDC last month found that in the 12-month period ending in September 2020, about 90,000 people died from drug overdoses in the U.S., up from 68,700 drug overdose deaths during the same period last year. In the 12-month period that ended July 2020, there were more than 50,000 deaths involving synthetic opioids in the U.S. (ASAM weekly, 5/11/21)

Increase in teenage cannabis users being treated for psychosis

A professor at Ireland's Royal College of Surgeons says her country is seeing an increase in the number of young adult patients with a history of marijuana use during adolescence being treated for psychosis. "All teenagers are hearing are the positive messages coming from social media, especially from the US. We have to protect our young people because they're very vulnerable and their brains are still developing, and their mental health is fragile," she says. "In my experience, when I go to a young man or woman with psychosis now, my first thought is cannabis, and 70 percent to 80 percent of the time there will be a history of cannabis use since adolescence. It is extremely tragic because it is preventable." (The Marijuana Report, 5/12/21)

The FDA announced the approval of a higher dose naloxone hydrochloride nasal spray product to treat opioid overdose. The new product delivers 8 milligrams (mg) of naloxone into the nasal cavity. The FDA previously approved 2 mg and 4 mg naloxone nasal spray products. Naloxone is a medicine that can be administered by individuals with or without medical training to help reduce opioid overdose deaths. If naloxone is administered quickly, it can counter the opioid overdose effects, usually within minutes. A higher dose of naloxone provides an additional option in the treatment of opioid overdoses. (FDA.gov)

Commercial pot tied to self-harm by younger men, study suggests

A new study finds an increase in rates of self-harm, including suicides, among males under age 40 in states that legalize marijuana for recreational use. Stanford's Keith Humphries, MD, senior author of the paper, said in states that allow unregulated sales of a variety of marijuana strains and dosages, there was a 46 percent increase in suicide attempts and self-harm behaviors like cutting among men ages 21-39. No such association was found in either medical marijuana states or non-legal states. The findings were based on more than 75 million health insurance claims filed between 2003 and 2017. (ASAM weekly, 5/11/21)

For more information, email kelly.sickafoose@comcast.net.