

SAP COUNTY COORDINATION UPDATE

September, 2016



Prepared by: PA Network for Student Assistance Services (PNSAS)

www.pnsas.org

PENNSYLVANIA NETWORK FOR STUDENT ASSISTANCE SERVICES INTERAGENCY UPDATE

SAP K-12 Bridge Training is Open!

The Pennsylvania Network for Student Assistance Services (PNSAS) is pleased to announce the availability of SAP K-12 Bridge Training! PNSAS previously developed an integrated on-line SAP K-12 Bridge Training for both elementary and secondary Student Assistance Program (SAP) team members. This free training is once again available for those who were trained and received an elementary or secondary SAP certificate prior to the development of the SAP K-12 training in September 2012. The Bridge Training is being hosted by Central Susquehanna Intermediate Unit 16 on Eduplanet. Successful completion of the four training modules and post-tests will provide participants with a SAP K-12 certificate that enables them to serve on elementary through high school SAP teams. Any questions – please contact your Regional Coordinator. To get started: provide your name, email address, school district-building/agency, and email original SAP training certificate to your PNSAS Regional Coordinator. A map listing Regional Coordinators and contact information is available [here](#).

Coming Up! SAP Liaison Webinar on November 10, 2016

The Pennsylvania Network for Student Assistance Services is pleased to announce a free on-line professional development opportunity for SAP liaisons to be held on Thursday, November 10, 2016 from 2-4 p.m. It is our pleasure to have Dr. Susan Tarasevich, as our speaker on “Strategies for Improving SAP Team Maintenance”. Dr. Tarasevich is a clinical trainer for Addiction Medicine – Prevention Education Services of Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center. She is a coordinator, trainer and coach for a number of prevention initiatives, including Lead Trainer for the Commonwealth of Pennsylvania Approved K-12 SAP Training, Pennsylvania Positive Behavioral Intervention and Support Network Approved Facilitator, and Youth Mental Health First Aid Approved Trainer. This webinar will be held via the Zoom platform and registration will be required due to limited capacity. Watch for future announcements with registration information.

Update on the Garrett Lee Smith “Suicide Prevention in Schools and Colleges Initiative”

Year 3 of the “Suicide Prevention in Schools and Colleges Initiative,” a five-year federal SAMHSA grant awarded to Pennsylvania’s Office of Mental Health and Substance Abuse Services (OMHSAS), begins in September just as the 2016-2017 school gets underway. To date, the project has implemented training and/or screening activities in

schools, colleges, and behavioral health settings across 19 counties throughout the Commonwealth. These activities target youth between the ages of 10-24, as well as the adults that may help to identify, intervene, and treat youth that may be at risk for suicide.

The project provides three tiers of training: 1) “gatekeeper” training on general youth suicide awareness and prevention topics; 2) specialized training on assessment and interventions for school-based mental health professionals, SAP team members, and others in the behavioral health field; and 3) clinical training in evidence-based treatment for behavioral health providers. In the first two years of the project, staff have provided “gatekeeper” training to over 4500 educators, with over 1000 of those receiving their training through online modules developed in collaboration with IU8. These efforts have supported approximately 20 schools/districts in meeting Act 71 requirements, which mandate that educators in grades 6-12 receive four hours of suicide prevention training every five years. Additionally, over 1000 mental health professionals in school and community settings have received specialized training in suicide prevention, and over 40 clinicians have been trained in cognitive-behavioral therapy (CBT).

Suicide and behavioral health screening is also supported through this project, with screening presently being implemented in ten SAP liaison agencies, three college health/wellness centers, and two school districts. More than 2500 youth have been screened since the start of the project. In targeted screening through SAP and college health/wellness centers, approximately 20-30% of youth self-reported either current or history of suicide ideation. Through universal screening, which is presently being piloted within two school districts, approximately 15% of youth self-reported current or history of ideation.

Several new resources will be available to schools and colleges in Year 3, including an on-line four-hour training module for educators developed in collaboration with IU 25, which will support schools in meeting Act 71 requirements. Additional resources on suicide risk assessment and crisis response for school-based mental health professionals, including webinars and a resource toolkit, are currently being developed.

To find out more about suicide prevention resources in Pennsylvania or to become involved in the grant, please contact Perri Rosen at c-prosen@pa.gov or visit <http://payspi.org/news-and-events/gls/schools/getinvolved/>.

Have You Released Your PDE 4092 Data for 2015-2016?

PDE 4092 data for the 2015-2016 school year SAP Teams was due on June 30, 2016. However, many schools have not “released” the data they entered. Once data entry is complete, release forms to PDE by selecting “Release” located in the lower left panel bar area. If your account does not have release access, you will need to contact the zone administrator to adjust your account or inform the team member with the release access to complete the process. If you have any questions or are unsure if you have released your data please contact your regional coordinator. A map listing Regional Coordinators and contact information is available [here](#).

SAP BACK TO BASICS

School Climate

how’s it going today? i like what you’re wearing, **I hate you**, I can’t wait 4 the concert did u watch it last night? what’s up? where 2 4 lunch? **i forwarded that picture to everyone**, are you going to the football game? **your nose is huge**, I can’t wait for the concert tonight, i like what you are wearing, **get a life**, u going to the party? **get a life**
Hinduja, S., Patchin, J., (2012), School Climate 2.0: United States, Corwin.

These are just some of the things students are texting or tweeting every day. Many schools purchase expensive anti-bullying curriculum packages with big glossy binders that may look reassuring on the bookshelf and place schools closer to compliance with the recently enacted bullying prevention laws. Research on child development is clear that there is only one way to truly combat bullying and improve school climate. We must teach children how to be kind to one another, how to be respectful and cooperate, how to defend someone who is being “picked” on and how to stand up for what is right.

When we think of climate, we think of the weather and sunny, rainy, or snowy days. The indoor climate of our schools is equally as important. If the people you work with are optimistic, cheerful, supportive, selfless, trusting, and kind these traits manifest in a more constant environment that you look forward to each day. Schools with a positive climate also encourage the development of strong social bonds between staff and students. When youth are emotionally attached or socially bonded to others, they internalize those persons’ norms and values and do not want to disappoint them by behaving in a way that is contradictory to those principles. *Hinduja, S., Patchin, J., (2012), School Climate 2.0: United States, Corwin.*

People act/work/ behave based on their changeable perceptions. Climate surveys measure perceptions based on human needs...so measuring these perceptions, then evaluating, then tweaking programs, and measuring those perceptions again guides the process of improving school climate.

So go on, check the pulse of your school climate to determine what you can do to make positive changes! Gather perception data from staff, students, parents and the community. You can access PDE School Climate surveys by cutting and pasting the following link into your browser. <http://www.paschoolclimatesurvey.org>

The School Climate Leadership Initiative (SCLI) being led by PDE is designed to complement and expand schools’ work with School Wide Positive Behavior Intervention and Support (SWPBIS) and provide an opportunity for schools that are not engaged in SWPBIS to begin to identify and address school climate improvement needs. At the heart of the SCLI model is an emphasis on building learning communities and networks focused sustaining school climate improvement through stakeholder engagement and shared leadership. Each Intermediate Unit (IU) has a School Climate Regional Coordinator (SCRC). Reach out to your local IU to collaborate with the SCRC.

RESOURCES

September is Suicide Prevention Awareness Month!

National Suicide Prevention Week is September 5-11, 2016 and World Suicide Prevention Day is September 10, 2016. The following national and international associations have developed resource guides containing lists of activities and ideas that can be implemented across settings:

- International Association for Suicide Prevention (IASP): [What YOU Can Do to Support World Suicide Prevention Day](#) and [World Suicide Prevention Day Toolkit](#) (IASP also developed guidelines on “[How to Write a World Suicide Prevention Day Press Release](#)”)
- American Association of Suicidology (AAS): [National Suicide Prevention Week Information and Media Kit](#) and additional [awareness week ideas](#)

Crisis Resources

National:

- National Suicide Prevention Lifeline: **1-800-273-TALK (8255)** or visit <http://www.suicidepreventionlifeline.org/>
- Crisis Text Line: **TEXT 741-741** or visit <http://www.crisistextline.org/>

Pennsylvania:

- [List](#) of Crisis Intervention contact information by county
- [List](#) of County CASSP and Children’s Behavioral Health Contact Persons
- [County Task Force Resources](#): By county, available contact information is provided for crisis, the Suicide Prevention Task Force, local chapter of AFSP, and other local mental health/suicide prevention resources.

Social Media

Sample Social Media Posts (to be copied or adapted):

- *Today is World Suicide Prevention Day. Reach out to a friend and let them know you care.*
<https://www.facebook.com/events/1054474904622617/>
- *This year’s World Suicide Prevention Day theme is “Connect. Communicate. Care.” We want you to know that there are resources available and people who want are here for you. If you or a loved one is in need of crisis support call 1800-273-TALK (8255) (or you can insert local crisis number)*
- *Today is World Suicide Prevention Day -- Connect. Communicate. Care. There is always help available. Visit <http://payspi.org/> and <http://www.preventsuicidepa.org/> to learn more.*
- *Did you know Facebook has a way to reach out to a friend who may be in crisis? If you are concerned about a post you can contact your friend directly, or have Facebook send them a message that help is available. Learn more here:*
<https://www.facebook.com/fbsafety/photos/a.197686146935898.42079.125459124158601/1041262189244952/?type=3&theater> [specific to Facebook]
- Consider changing your Facebook or Twitter image:



Safe Reporting/Media Guidelines

- [Recommendations for Reporting on Suicide](#): This guide important points for covering suicide, “do’s and don’ts” for safe reporting, and suggestions for online media/message boards/bloggers. Additional information can be found at <http://reportingonsuicide.org/>.
- [Safe and Effective Messaging for Suicide Prevention](#): Evidence-based recommendations from the Suicide Prevention Resource Center (SPRC).
- [Framework for Successful Messaging](#): The National Action Alliance has provided this framework for public messaging (e.g., posters, PSAs, social media, websites, etc.) to ensure that suicide-related messages are safe, strategic, positive, and in line with best practices.

National and State Organizations

National:

- American Association of Suicidology (AAS): <http://www.suicidology.org/>
- American Foundation for Suicide Prevention (AFSP): <https://afsp.org/>
(AFSP developed a “[State Fact Sheet](#)” about suicide in Pennsylvania. Consider sharing this on social media with a message that help is available for anyone who may be struggling (you may tailor this message to offer local resources).
- Suicide Prevention Resource Center (SPRC): <http://www.sprc.org/>

Pennsylvania:

- Pennsylvania Adult/Older Adult Suicide Prevention Coalition: <http://preventsuicidepa.org/>
- Pennsylvania Youth Suicide Prevention Initiative (PAYSPI): <http://payspi.org/>
- Jana Marie Foundation: <http://www.janamariefoundation.org/>

State Initiatives

- In June 2014, [Act 71](#) was passed in the Commonwealth of Pennsylvania as House Bill 1559. The law requires every school entity in Pennsylvania to 1) adopt suicide prevention policies and procedures; and 2) provide 4 hours of suicide prevention training to educators in grades 6-12 every 5 years. Additionally, schools are encouraged to provide youth suicide prevention and awareness programming for students.
- The Garrett Lee Smith “[Suicide Prevention in Pennsylvania Schools and Colleges Initiative](#)” is a five-year federal SAMHSA grant awarded to the Office of Mental Health and Substance Abuse Services (OMHSAS) at the Department of Human Services. The project targets youth ages 10-24 and provides awareness, training, and screening activities within schools, colleges, and behavioral health agencies throughout the Commonwealth at no cost.
- The Pennsylvania Violent Death Reporting System (PA-VDRS) is a five-year Centers for Disease Control and Prevention grant awarded to the Department of Health’s Violence and Injury Prevention Section. PA-VDRS is a comprehensive, linked reporting system that collects and centralizes information on suicides, homicides, deaths of undetermined intent, and unintentional firearms deaths from a variety of sources, such as medical examiners and coroners, law enforcement, hospitals, public health officials and crime labs. Information from PA-VDRS provides a better understanding of the circumstances surrounding violent deaths and helps officials and organizations put into place effective prevention policies and programs. For more information about PA-VDRS and how it can benefit your organization, please contact Alizabeth Dively at 717-787-5900 or email RA-DHPAVDRS@pa.gov.

PAYS County Reports Available

The 2015 PAYS County Reports have been posted on the PAYS website and are available for download at www.pays.pa.gov, then “2015”, then “2015 County Reports”. Go [here](#) to download the PAYS fact sheet “Student Assistance Program Teams & Liaisons” for information on how your SAP team can utilize the PAYS information.

Recovery Month Toolkit Available to Download for September Activities

The Substance Abuse and Mental Health Services Administration (SAMHSA)’s Recovery Month is just around the corner in September. Coalitions can download their on-line toolkit that has information that can be targeted to several different audiences. The toolkit provides tips and resources for planning Recovery Month events and distributing information in

communities across the nation. You can also include your local event in their listing, download PSAs, and social marketing messaging. Download the complete 2016 Recovery Month Toolkit [here](#).

New Classroom Resources to Combat Absenteeism

Getting kids to school every day can be a challenge, so the Department of Education, the Ad Council, My Brother's Keeper, and the Charles Stewart Mott Foundation have teamed up to bring awareness to the importance of school attendance through the *Absences Add Up Campaign* [here](#). Dig into their new information about how to encourage school attendance and resources to help address issues like poor grades, bullying, and family challenges that cause children to miss school when they don't have to by going [here](#).

TRAINING OPPORTUNITIES

Get the Most Out of the PAYS with These Webinars!

Check out EPISCenter's upcoming free webinar series exploring the latest PAYS data. Click any of the links below to view these interactive sessions from your computer or smart phone.

- **The Evolution of PAYS: 2015 Edits and Updates**

Friday, September 9, 2016

11:00 am-12:00 pm

Learn the basics of the PAYS, with a special focus on new features in the 2015 edition.

Go [here](#) to view this session.

- **Enhancing Your Data Analysis IQ: Advanced Techniques to Help Tell Your Prevention Story**

Friday, September 16, 2016

11:00 am-12:00 pm

Ready for a deeper dive into your PAYS data? This webinar will get you moving in the right direction.

Go [here](#) to view this session.

- **Fighting the Opioid Epidemic through Prevention**

Friday, September 30, 2016

11:00 am- 12:00 pm

The opioid epidemic has hit Pennsylvania. How can evidence-based prevention efforts help turn the tide?

Go [here](#) to view this session.

Note: Be sure to test these links in advance. Security settings--especially in work environments--may limit access, and you may be required to update to the current (free) Adobe Flash Player in order to view content.

5th Annual Conference on ADHD and Executive Function

September 23, 2016

Sheraton Station Square

Pittsburgh Pennsylvania

The ADHD Across the Lifespan Clinic of WPIC is proud to present the fifth annual ADHD and Executive Function conference. The keynote presentation this year will be given by Dr. Russell Barkley, an internationally known lecturer and author of numerous books including the widely acclaimed *Taking Charge of ADHD: The Complete Guide for Parents* and *Taking Charge of Adults with ADHD*. In addition, he is the founder and executive editor of *The ADHD Report*.

The conference is designed to present the latest research and clinical knowledge regarding ADHD to a wide audience: psychiatrists and other mental health clinicians, including nurses, social workers, educators/teachers, and

psychologists; service coordinators, researchers, patients and their relatives, mental health policy administrators and others who intend to keep current regarding etiology, treatment, and research related to ADHD across the lifespan.

For registration information please contact Nancy Mundy at mundynl@upmc.edu or call 412-204-9090.

I Can Problem Solve (ICPS) Implementer Training

September 27-28, 2016

8:30 am-3:30 pm

Center for Schools and Communities

275 Grandview Avenue, Commonwealth Room (First Floor)

Camp Hill, PA 17011

I Can Problem Solve (ICPS) is a universal school-based program that focuses on enhancing the interpersonal cognitive process and problem-solving skills of children ages 4-12. ICPS is based on the idea that there are a set of skills that shape how children behave in interpersonal situations. These skills are influenced by whether they can predict the consequences of their own actions; how they view their conflicts with others; and whether they can think of solutions to these problems. Click [here](#) for additional information and to register.

Youth Mental Health First Aid

Youth Mental Health First Aid is an eight hour training designed to teach people methods of assisting a young person who may be in the early stages of developing a mental health problem or in a mental crisis. This training event is being offered to school and/or agency professionals to ensure ample support is available to youth ages 12-18 years old in area middle and high schools.

This training is only open to LEA school-based teams consisting of FIVE members. LEAs are public, private, approved private and charter schools. The five team members must include one or more of the following: classroom teachers, coaches, administrators, social services staff, bus drivers, volunteers, paraprofessional and/or family members. Other professionals such as substance abuse professionals, social workers, school psychologists, school counselors, and nurses may be included as part of the team, but should not serve as the majority of the team as this training is considered introductory and does not inform advanced skills/strategies.

PaTTAN Pittsburgh

October 12 & 13, 2016

9:00 am -1:15 pm

PaTTAN East

November 15, 2016

8:00 am - 5:00 pm

PaTTAN Harrisburg

October 4, 2016

8:00 am - 5:00 pm

Credits Available: Act 48 clock hours; Psych; BACB available for PaTTAN Pittsburgh and PaTTAN East only

Registration is NOT available on-line.

To register, interested participants should contact:

Pittsburgh - Kristen Olszyk, 800-446-5607 ext. 6848 or kolszyk@pattan.net or Dona Alvino, 800-446-5607 ext. 6870 or dalvino@pattan.net

Harrisburg - Kelly Kapp, 717-901-2271 or kkapp@pattan.net or Nikole Hollins, 717-901-2283 or nhollins@pattan.net

SAVE THE DATE

PASAP-PAMLE Conference
February 26-28, 2017
Penn Stater Conference Center Hotel
State College, PA
Information will be available at: www.pasap.org

FUNDING OPPORTUNITIES

2016-2017 Special Education Performance Grants: School-Based Behavioral Health

The Pennsylvania Department of Education, Bureau of Special Education is pleased to announce the availability of the following special education performance grants for the 2016-2017 school year. This year (16-17) there are 4 competitive grants:

- 1) Establishment of PBIS
 - a. Award Amount: \$10,000
 - b. Application due date: October 14, 2016
- 2) Expansion of PBIS
 - a. Award Amount: \$10,000
 - b. Application due date: October 14, 2016
- 3) Rehabilitation for Empowerment, Natural Supports, Education and Work (RENEW)
 - a. Award Amount: \$4,500
 - b. Application due date: October 10, 2016
- 4) PBIS Model Sites
 - a. Award Amount: \$1,500
 - b. Application due date: October 10, 2016

Go [here](#) for a description of the grants and the Request for Application (RFA).

Office of Attorney General Community Drug Abuse Prevention Grant Program

The Community Drug Abuse Prevention Grant Program is available for the purpose of bringing an age appropriate, innovative and fact based educational program to student, parents and community members. The message is limited to the dangers and effects of the illegal use of prescription drugs, illegal street drugs, synthetic drugs and underage drinking.

Since its inception in 1987, the Office of Attorney General (OAG) Grant Program has awarded more than \$1,712,900 to parent and community nonprofit organizations across Pennsylvania. The OAG Grant Program is currently funded from the Substance Abuse Education and Demand Reduction Fund established by Act 198 of 2002.

Applications are being accepted. Grant period begins July 1, 2016 and will conclude on June 30, 2017. To learn more and to download the updated application click [here](#) and then click on "go to the main site".

Special Education Performance Grants for Secondary Transition

The Pennsylvania Department of Education, Bureau of Special Education is pleased to announce the availability of the following special education performance grants for the 2016-2017 school year. Grant information is posted on the Secondary Transition homepage of the PaTTAN website [here](#). The Requests for Applications and Application forms are posted and available for download.

1) Transition from School to Community-based Competitive Employment Grant

- a. Description: The Pennsylvania Department of Education (PDE), Bureau of Special Education is requesting proposals from Local Education Agencies (LEAs) and provider-based agencies partnering with LEAs that are interested in establishing or expanding effective, school-based career development programming efforts for transition from school to community-based competitive employment for students for the 2016-17 school year.
- b. Award Amount: \$40,000
- c. RFA and Application: Available for download on the [website](#)
- d. Application due date: Proposals are due 3:00 PM, **Friday, October 21, 2016**. Directions for submission are found in both the RFA and Application Package.

2) Rehabilitation for Empowerment, Natural Supports, Education and Work (RENEW)

- a. Description: Support the establishment of RENEW in secondary school sites. RENEW is a structured school-to-career transition planning and individualized wraparound process for youth with emotional and behavioral challenges. The 16-17 grants are competitive and will be awarded to applications that frame one of the following three priorities: 1) First time establishment of a RENEW program in a school-based setting; 2) Expansion of an existing RENEW program; 3) Establish an inter-agency agreement with any one of the following regional agencies as to serve as an adjunct member of the school-based RENEW Tertiary-level Team: Office of Vocational Rehabilitation, County-Based Office of Mental Health, and County-Based Office of Intellectual Disabilities.
- b. Award Amount: \$4,500
- c. FA and Application: Available for download on the [website](#)
- d. Application Due Date: Proposals are due 3:00 PM, **Monday, October 10, 2016**. Directions for submission are found in both the RFA and Application Package.

Questions concerning the applications can be directed to the PaTTAN staff referenced by name on the grant's webpage.

NEWS

PAYS County Reports Available

The 2015 PAYS County Reports have been posted on the PAYS website and are available for download at www.pays.pa.gov, then "2015", then "2015 County Reports". Go [here](#) to download the PAYS fact sheet "Student Assistance Program Teams & Liaisons" for information on how your SAP team can utilize the PAYS information.

Youth Perception of Marijuana Harm Decreases as "710" Becomes More Potent

Although marijuana use among youth poses a risk to health, nationally only 1 in 5 adolescents perceive it as such. According to SAMHSA's 2014 National Survey on Drug Use and Health, this misperception among youth exists at a time when marijuana concentrates continue to become more potent, which is cause for public concern. This demonstrates the need to educate young people about various forms of marijuana and their related health consequences and harms.

Marijuana Use

According to [SAMHSA's Short Report, State Estimates of Adolescent Marijuana Use and Perceptions of Risk of Harm from Marijuana Use: 2013 and 2014](#), in the 12 to 17 age group, approximately 1.8 million youth reported using marijuana in the past month.

Health risks associated with youth marijuana use include poorer education/employment outcomes, cognitive problems, increased likelihood of vehicle crashes, and increased addiction risk.

Marijuana Concentrates

The Drug Enforcement Agency describes [marijuana concentrate](#) as a substance containing highly potent THC (tetrahydrocannabinol, the psychoactive component of marijuana). This concentrate is often referred to as oil or "710" ("OIL" spelled upside down and backwards). THC levels in this oil could range from 40 to 80 percent, which is about four times stronger than what is found in a "high grade" marijuana plant.

Using marijuana concentrates is different from smoking marijuana in several ways:

- **Oil is harder to detect.** When marijuana is smoked it causes a distinctive smell. But when oil from the marijuana plant is extracted and concentrated, it is odorless, making it harder to detect, for example, in e-cigarettes or foods. Because of this particular characteristic, it could be harder for parents, teachers, and law enforcement to know when marijuana is being used.

“Vaping is much easier to conceal and it is harder to tell if kids are vaping and getting high,” said David Dickinson, M.A., SAMHSA’s Region 10 Administrator. “Teachers may not have a full awareness of what’s happening and THC overdose is a real concern.”

- **Oil can be mixed into other products.** Oil is also sometimes mixed with other drugs including alcohol, cocaine, methamphetamine, and phencyclidine (PCP), creating an even stronger psychoactive response. It is also commonly added to sweet drinks and foods like brownies that appeal to youth, which can lead to high levels of exposure and can have toxic consequences when accidentally ingested.

“It’s not just smoking that concerns us, edibles and drinkables are also really popular with teens and young adults,” said Charles Smith, Ph.D., SAMHSA’s Region 8 Administrator. People eating a brownie containing marijuana, vaping the oil from an e-cigarette, or mixing it with other drugs may not fully realize the potency or effects until they are feeling unwell or even at a point of crisis from overdose.

Although more data are needed on the impact of marijuana concentrates, it is clear that in order to prevent use by youth, public education and awareness of the potential health risks are critical. To read more and for a list of street names for cannabis extracts and oils as well other related articles click [here](#).

Imodium Abuse: Anti-Diarrhea Medication Containing Loperamide Dangerous for Self-Treatment of Opioid Addiction

The over-the-counter anti-diarrhea medication Imodium®, or its key ingredient loperamide, is increasingly being abused by people attempting to self-treat their opioid addiction, with sometime fatal results. Two case studies outlining the phenomenon were published online in *Annals of Emergency Medicine*.

"Loperamide's accessibility, low cost, over-the-counter legal status and lack of social stigma all contribute to its potential for abuse," said lead study author William Eggleston, PharmD, of the Upstate New York Poison Center, in Syracuse, New York. "People looking for either self-treatment of withdrawal symptoms or euphoria are overdosing on loperamide with sometimes deadly consequences. Loperamide is safe in therapeutic doses but extremely dangerous in high doses."

The paper outlines two case studies of patients with histories of substance abuse who attempted to self-treat opioid addictions with massive doses of loperamide. Both patients overdosed and emergency medical services were called. The patients were treated with cardiopulmonary resuscitation, naloxone and standard Advanced Cardiac Life Support. Both patients died.

"Our nation's growing population of opioid-addicted patients is seeking alternative drug sources with prescription opioid medication abuse being limited by new legislation and regulations," said Dr. Eggleston. "Health care providers must be aware of increasing loperamide abuse and its under recognized cardiac toxicity. This is another reminder that all drugs, including those sold without a prescription, can be dangerous when not used as directed." Read more [here](#).

Gene and Tonic: Genetic Link in Binge-Drinking Teens: Gene Identified in Search to Determine Factors for Teen Alcohol Abuse

New research conducted at the University of Sussex has identified a specific gene that links impulsive behavior to binge-drinking in teens.

"Our findings are important because we show that certain variations in the KALRN gene are associated both with alcohol binge drinking and with brain activation during impulsive responding in adolescents," said Dr. Yolanda Peña-Oliver, who led the researchers under the supervision of Professor Dai Stephens. "These results provide a novel insight into the possible neurobiological and genetic determinants of impulsivity and alcohol abuse. Studies like ours will be instrumental in discovering biomarkers that might be used to predict future vulnerability to develop disorders such as ADHD or drug addiction, in which impulsivity is a core symptom."

The scientists built their study on previous research on addictive behavior. It is already known that there is a link between impulsive behavior and a lack of control in drug and alcohol use. It is also known that genetic factors contribute to these addictions. What was not known was whether the genes responsible for impulsive behavior are also present in binge-drinkers. The aim of the current research was to investigate genetic factors that may contribute to experimentation with, and abuse of, alcohol at an early age.

The study revealed that variations in one gene -- KALRN -- were associated with impulsivity and with a tendency to binge drinking in the teenagers. The KALRN gene codes for a protein called kalirin. Kalirin is essential to the development of the nervous system, especially the formation of dendritic spines that are important for the ability of nerve cells to communicate with each other, and has also been associated with other impulsivity-related disorders, like ADHD.

As noted by Dr. Peña-Oliver and her team, the most exciting result of their research is that the identification of this gene opens the door to a potential "screening" of patients. This would allow scientists and doctors to predict impulsivity-related disorders like binge drinking, drug abuse or ADHD, allowing appropriate and timely treatment.

Read more about the study [here](#).

Study Finds Teens' Likelihood of Trying Marijuana Peaks at Ages 16 and 18

The likelihood adolescents will try marijuana rises steadily from age 11 to age 16, then decreases before hitting another peak at age 18, according to a new University of Florida study. The study findings, which appear in the American Journal of Drug and Alcohol Abuse, may help experts develop new marijuana prevention strategies, says lead author Xinguang (Jim) Chen, M.D., Ph.D., a professor in the department of epidemiology in the UF College of Public Health and Health Professions and the UF College of Medicine.

"Many existing marijuana intervention programs target students age 15 and older," Chen said. "Our findings demonstrate the need to start drug education much earlier, in the fourth or fifth grade. This gives us an opportunity to make a preemptive strike before they actually start using marijuana."

As medical marijuana laws are passed in more states, there is concern among some experts that teens may view marijuana as a substance that can be used safely by anyone, regardless of whether it is part of a treatment plan under a physician's supervision. Read more [here](#).

Pediatricians Urged to Screen for Suicide Risks among Teens

The American Academy of Pediatrics has published updated guidelines advising pediatricians to screen adolescent patients for suicide risk. Since the original guidelines were published in 2007, suicide has risen from the third to the

second leading cause of death among youth ages 15 to 19. The new report offers recommendations for identifying and assisting those at risk, encouraging physicians to look for risk factors such as a history of physical or sexual abuse; mood disorders; drug or alcohol abuse; and lesbian, gay, bisexual, transgender, or questioning sexual orientation. Being a victim or perpetrator of bullying is also a significant risk factor for suicidal thoughts and behavior, according to the report, especially when it is accompanied by other stressors. Christine Moutier, chief medical officer at the American Foundation for Suicide Prevention, has praised the new guidelines, saying that screening for multiple sources of risk in adolescent patients "is the first critically important step in preventing suicide death." Screening should ideally allow physicians to identify and then refer at-risk patients to mental health services, said report author Ben Shain, although he noted that a shortage of pediatric mental health professionals may often make referral a challenge.

Read the full text of the [report](#), and learn about the role of primary care in suicide prevention.