

“Each year, drug abuse and addiction cost taxpayers nearly \$534 billion in preventable health care, law enforcement, crime, and other costs”

- *National Institute on Drug Abuse*

Substance Misuse & Tobacco



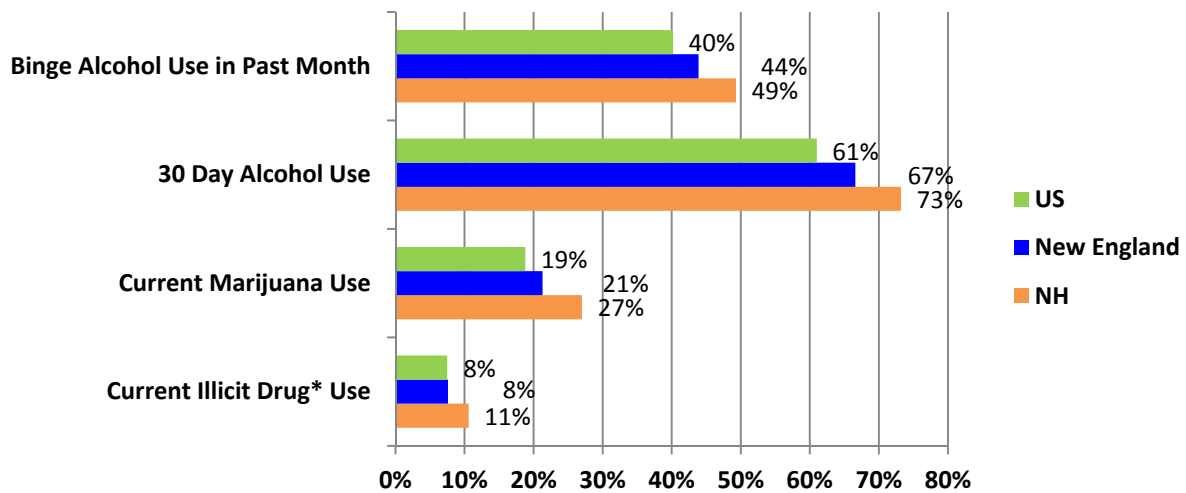
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Alcohol, tobacco and other drugs continue to be a problem in communities across the nation. The use, misuse and abuse of substances surpass the individual and impact all members of a community. The word use is applied when referring to a legal substance, used as indicated and considered socially appropriate. In the case of alcohol; use is considered appropriate if consumed by an adult over the age of 21 in a manner that does not result in intoxication and is not habitual use. Substance misuse refers to using a legal substance in a manner that is not considered appropriate or not as indicated. In the case of prescription drugs this means using prescriptions in a manner other than as prescribed. Substance abuse refers to the use of substances with the intention of getting a euphoric response.¹⁵ Substance abuse is a public safety concern because of the associated medical issues and crime. Substance abuse has both short and long-term health and safety consequences, including cognitive impairment that affects activities such as driving and learning, delays to adolescent brain and social skill development, suicide risk, unwanted sexual activity, violence, injury, family and relationship problems, academic failure, low work place productivity, acute intoxication, crime, addiction and other outcomes, many of which are associated with significant personal and societal costs. Drug control spending has increased dramatically in the last decade. According to the National Drug Control Budget the 2013 Fiscal Year saw a spending of \$23.8 billion for drug control up from \$17 billion in 2003.¹ These numbers do not take into account drug related medical costs or loss of productivity due to substance abuse. According to the National Institute on Drug Abuse, drug related healthcare costs surpass 135 billion annually.² The cost of substance abuse is more than financial since substance use affects family dynamics, mental health and the quality of life of those touched by substance abuse.

According to the National Survey on Drug Use and Health, New Hampshire ranks as one of the highest states for substance abuse among New England states and New England has a high substance abuse rate compared to the rest of the country (see Figure 8.1).

Figure 8.1 Young Adult Substance Abuse, 2011



Source: 2011 National Survey on Drug Use and Health

*Illicit drugs include cocaine (including crack), heroin, hallucinogens, inhalants, prescription type psychotherapeutics used non-medically.

Illicit Drug Abuse

Illicit drug abuse in America continues to increase. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, and prescription-type psychotherapeutics used non-medically. In 2012, an estimated 23.9 million Americans ages 12 or older—or 9.2 percent of the population—had abused an illicit drug or misused a psychotherapeutic medication (such as a pain reliever, stimulant, or tranquilizer) in the past month, an increase from 8.3% in 2002. The increase mostly reflects a recent rise in the abuse of marijuana; the most commonly abused illicit drug.³ Drug abuse has the potential to become an addiction. Addiction is a chronic disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and those around them. Even though the initial decision to take drugs is voluntary for most people, the brain changes that occur over time impact an addicted person's self-control and hamper their ability to resist intense impulses to take drugs.⁴ Fortunately, treatments are available to help people recover from addiction.

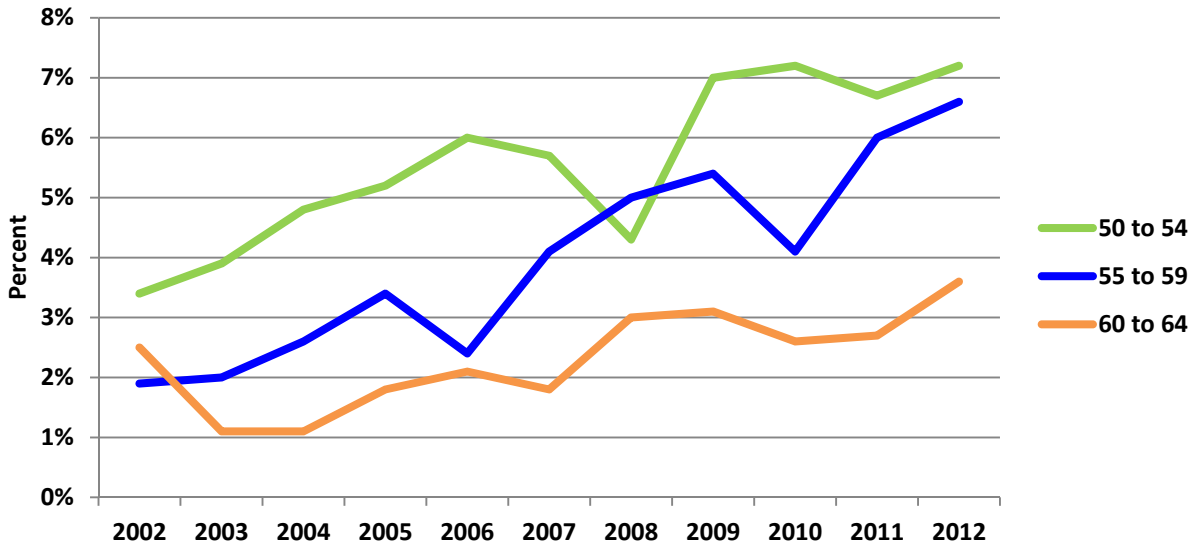
In 2012, an estimated 23.9 million Americans ages 12 or older—or 9.2 percent of the population—had used an illicit drug.

Drug abuse is highest among people in their late teens and twenties. Below are the substance use rates for New Hampshire in 2011 according to the National Survey on Drugs and Health for adults between the ages of 18-25:

- 73.2 % reported current alcohol use
- 49.3 % reported current binge drinking
- 46.2 % reported current tobacco smoking
- 27% reported current marijuana use
- 10.6% reported current illicit drug use (not marijuana).³

According to the U.S. Drug Enforcement Administration, marijuana is the predominant drug of choice for New Hampshire, and is readily available in all parts of the State. This report also indicated that heroin and methamphetamine abuse and availability were increasing, particularly in the seacoast and western parts of the State.⁵ Substance abuse is also on the rise for older adults as seen in figure 8.2. Abuse of alcohol or other drugs is a common cause of physical and mental health problems in older adults, especially older men. Rates of illicit drug abuse and dependence are lower in the older population than in younger people. However, substance misuse, such as inappropriate use of prescription and over-the-counter (non-prescription) medicines, is increasing.⁶ In New Hampshire, this is visible in the sharp increase of overdose deaths between 2012 and 2013 for males ages 50-59, increasing from zero deaths to eleven in just one year.⁷

Figure 8.2 Past Month Illicit Drug Use among Adults Aged 50 to 64 in the US, 2000-2012



Source: 2012 National Survey on Drug Use and Health

Youth and Illicit Drug Abuse

Most people who use drugs begin using as teenagers. Nationally, there were over 2.8 million new users of illicit drugs in 2012, or about 7,900 new users per day. Over half (55.1 %) were under 18 years of age. Most (65.5%) of new illicit drug users begin with marijuana followed by prescription pain relievers (17%) and inhalants (6.3%) which is most common among younger teens.³ New Hampshire high school students were asked about drug use in the 2013 Youth Risk Behavioral Survey (YRBS) that was also completed in the Greater Nashua Public Health Region (GNPHR). Table 8.1 represents the results for substance related questions answered by high school students.

The Healthy People 2020 objective for high school students reporting use of marijuana in the past 30 days, is to lower the rate to 6% by 2020. The current rate for the Greater Nashua Public Health Region is 24.8%.

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Table 8.1 Substance Abuse Indicators for High School Students, 2013

	Nashua	GNPHR	NH
Students used marijuana one or more times during past 30 days	26.2%	24.8%	24.2%
Students tried marijuana for the first time before age 13 years	7.8%	6.4%	7.0%
Students haven't taken prescription drug (such as OxiContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life	18.6%	17.5%	16.6%
Students have taken a prescription drug (such as OxiContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times in the past 30 days	8.8%	8.1%	7.8%
Students used some form of cocaine, including powder, crack, or freebase, one or more times during their life	6.7%	6.0%	5.9%
Students sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life	8.4%	8.4%	8.3%
Students used heroin one or more times during their life	2.7%	2.8%	3.0%
Students used methamphetamines one or more times during their life	3.2%	3.4%	3.5%
Students used ecstasy one or more times during their life	8.1%	7.6%	7.0%
Students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months	21.0%	19.3%	18.7%
<i>Source: NH DHHS, 2013 YRBS</i>			

The Healthy People 2020 objective for high school students reporting use of marijuana in the past 30 days, is to lower the rate to 6% by 2020.⁹ The current rate for the GNPHR is 24.8% which is far from the Healthy People 2020 goal. The communities of the GNPHR are working in coalitions focused on substance abuse prevention to lower the rates of use through education and projects to influence social norms regarding substance use.

When GNPHR students were asked about access to substances, 45.6% of students think it would be very easy for them to get some marijuana if they wanted to and 17.8% of students think it would be very easy for them to get a prescription drug without a doctor's prescription if they wanted to. When asked about perception of harm 22.7% of students think people are at great risk of harming themselves (physically or in other ways), if they smoke marijuana once or twice a week (see table 8.2 to find this information by school and grade) and 62.7% of students think people are at great risk of harming themselves (physically or in other ways), if they take a prescription drug without a prescription. Table 8.3 highlights the percent of students by school that have used a prescription drug without a prescription in their lifetime or within the past 30 days.⁸

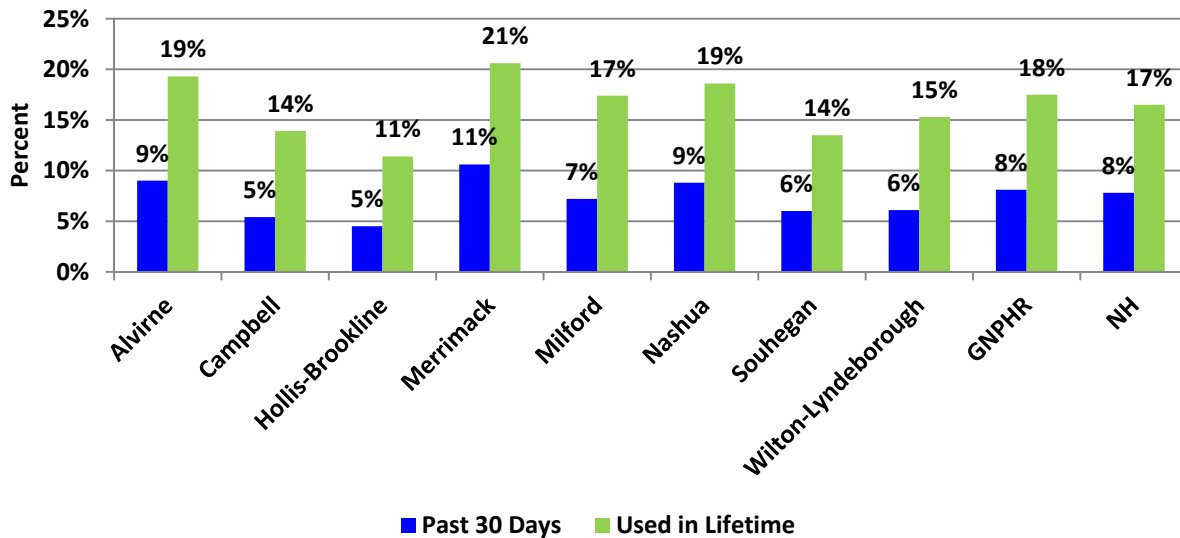
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Table 8.2 Perception of Harm – Smoking marijuana once or twice a week, 2013

Perception of Harm – Smoking marijuana once or twice a week					
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
Alvirne HS	35.4%	22.4%	15.1%	17.7%	23.0%
Campbell HS	44.4%	28.2%	23.5%	20.8%	29.7%
Hollis-Brookline HS	45.2%	26.2%	18.8%	11.9%	25.7%
Merrimack HS	32.0%	23.9%	18.9%	14.5%	22.5%
Milford HS	35.2%	24.4%	16.2%	13.0%	22.3%
Nashua North	30.0%	22.7%	13.4%	13.8%	20.5%
Nashua South	25.4%	21.4%	18.8%	16.9%	20.9%
Souhegan HS	30.5%	21.6%	23.3%	12.5%	22%
Wilton-Lyndeborough	42.9%	28.0%	25.5%	8.8%	27.1%
State of NH	29.9%	22.9%	18.2%	14.8%	22.0%

*Source: NH DHHS; YRBS; *Data not available*

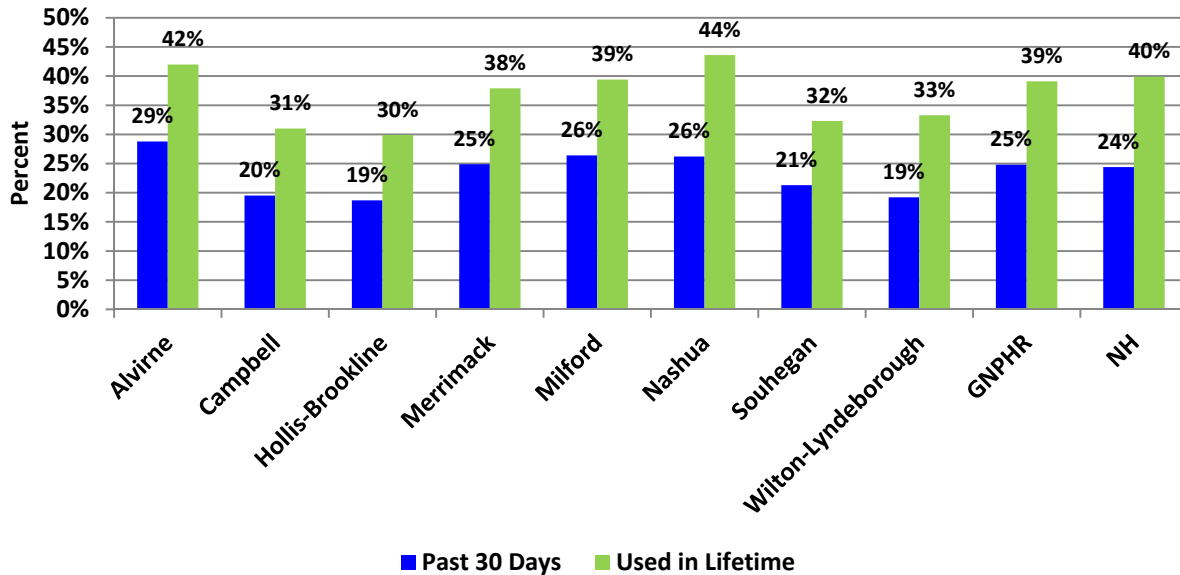
Figure 8.3 High School Students Use of Prescription Drugs without Doctor's Prescription, 2013



Source: YRBS, 2013

Between 10% and 44% of high school students in the GNPBR have used marijuana at least once in their lifetime and between 19% and 29% have used it within the past 30 days. Figure 8.6 shows the reported use of marijuana by town as reported by the 2013 Youth Risk Behavior Survey.

Figure 8.4 High School Students Use of Marijuana, 2013



Source: YRBS 2013

Adults and Alcohol Abuse

In the 2012 National Survey on Drug Use and Health, 52.1% (135.5 million) of Americans over the age of 12 reported being current alcohol drinkers, 23% (59.7 million) of Americans over the age of 12 reported binge drinking in the past 30 days and 6.5% (17 million) of Americans in the same age range reported heavy drinking.³

Heavy drinking is defined as more than two drinks a day for a man and more than one drink a day for a woman. Binge drinking is defined as five or more drinks at one time for a man and four or more drinks at one time for a woman. According to the 2012 New Hampshire BRFSS 15.9% (CI 12.7-19.0%) of adults over 18 years of age in the GNPHR reported binge drinking and 6.6% (CI 4.3-8.8%) of adults over 18 years of age reported heavy drinking (Table 8.3).¹⁰

*For more information on treatment, visit the NH DHHS
Bureau of Drug and Alcohol Services website at
<http://www.dhhs.nh.gov/dcbcs/bdas/treatment.htm>*

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Table 8.3 Alcohol Abuse Indicators for Adults, 2012

	Nashua	GNPHR	NH
Binge drinking prevalence among adults	13.5% (CI 8.9-18.1%)	15.9% (CI 12.7-19.0%)	17.3% (CI 15.9-18.6%)
Binge drinking frequency among adults	6.1% (CI 3.3-8.8%)	4.9% (CI 3.1-6.7%)	4.5% (CI 3.8-5.1%)
Binge drinking intensity among adults	8.5% (CI 5.4-11.7%)	7.9% (CI 6.2-9.7%)	7.5% (CI 6.0-8.1%)
Heavy drinking among adults	7.6% (CI 3.7-11.6%)	6.6% (CI 4.3-8.8%)	7.2% (CI 6.3-8.1%)
Women of Childbearing Age			
	Nashua	GNPHR	NH
Binge drinking among women 18-44 years	N/A	19.9% (CI 12.0-27.8%)	18.5% (CI 15.1-21.9%)
Heavy drinking among women 18-44 years	N/A	4.9% (CI 0.8-9.1%)	5.7% (CI 3.7-7.7%)

Source: NH DHHS, BRFS

Youth and Alcohol Abuse

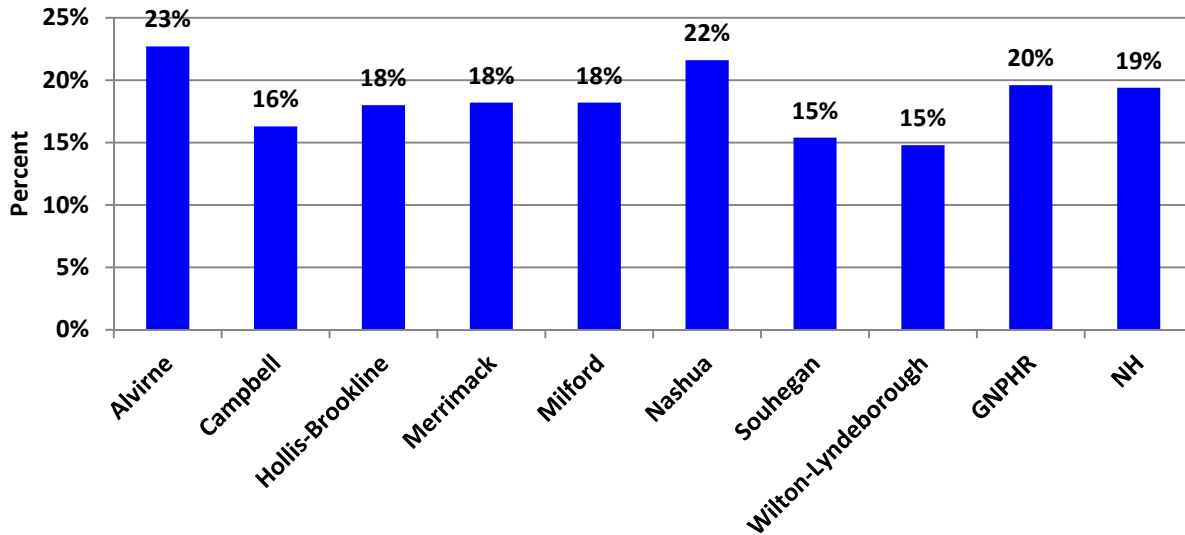
Nationally, the rate of alcohol use for children 12-13 is 2.2%, while for children 14-15 that rate increases to 11.1%. The rate continues to increase with 24.8% of 16-17 year olds drinking and 45.8% of 18-20 year olds.³ Rates of binge drinking among youth also increase with age. The rate for binge drinking for youth 12-13 are 0.9%, increasing to 5.4% by 14-15 and continuing to increase to 15% for 16-17 year olds. The rate increases to 30.5% for those 18-20 year olds, and it peaks for those 21-25 at 45.1%.³ Alcohol consumption among youth of high school age in New Hampshire and the GNPHR is described in table 8.4 and figure 8.5. Both tables demonstrate that the incidence of binge drinking and alcohol consumption in general, is high in New Hampshire and the GNPHR. In NH as shown below the 19.4% of High School students are reporting binge drinking the number for Nashua is higher. The Healthy People 2020 goal is to lower the percentage of adolescent binge drinking of alcohol to 8.6%. The percentage for NH and Nashua are more than double the objective as stated in the table below.

Table 8.4 High School Students and Alcohol Use, 2013

	Nashua	GNPHR	NH
Student had at least one drink of alcohol on one or more days during their life	63.1%	61.3%	61.2%
Students had their first drink of alcohol other than a few sips before the age of 13	13.6%	11.8%	12.5%
Students had at least one drink of alcohol on one or more days during the past 30 days	37.3%	34.9%	34.0%
Students had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days	21.6%	19.6%	19.4%

Source: NH DHHS; YRBS

Figure 8.5 Reported Binge Drinking in High School Students, 2013



Source: YRBS 2013

When asked about their attitudes towards alcohol use, 62.9% of students across the Greater Nashua Public Health Region approve or strongly approve of someone their age having one or two drinks of alcohol (beer, wine, or liquor) nearly every day and 36% of students think people are at great risk of harming themselves (physically or in other ways), if they have five or more drinks of alcohol once or twice a week. Furthermore, 40.9% of students think it would be easy for them to get some beer, wine, or liquor if they wanted to.⁸

Public Safety

According to the New Hampshire Medical Examiner’s Office the numbers of drug-related deaths in New Hampshire have surpassed traffic-related deaths consistently since 2009. In New Hampshire, Hillsborough County is the county with the highest number of heroin-related overdoses. In Hillsborough County alone, there were 86 heroin-related deaths between 2008 and 2013.⁷ The National Survey on Drug and Health in 2012, reports 11.2% of persons 12 years of age or older drove under the influence of alcohol at least once in the past year. For people 18-25 the rate of driving under the influence of alcohol has dropped from 26.6% in 2002 to 18.4% in 2012.³ The Nashua Police Department states that drug arrests increased 36% in 2013 from the average of 347 arrests to 473 arrests. The upward trend in drug arrests can be seen over several years (Table 8.5). In addition, driving under the influence has also increased over the past five years in the City of Nashua.¹¹

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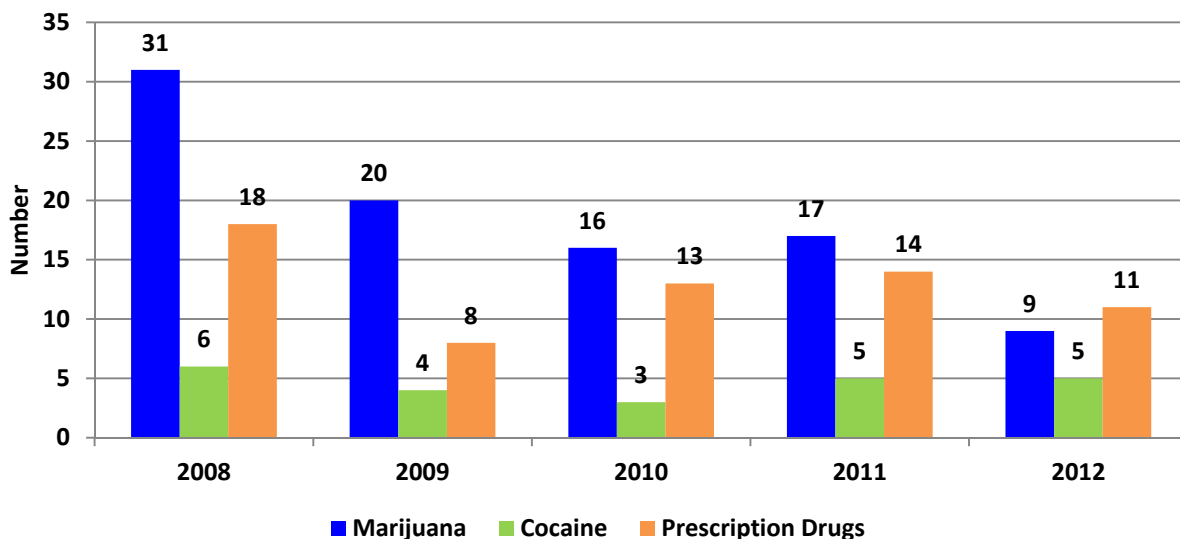
Table 8.5 Reported Drug and DUI Arrests, 2009-2013

	Total Arrests	Drug Arrests	DUI Arrests
2009	4,157	340	248
2010	4,334	328	313
2011	4,731	413	279
2012	4,616	471	291
2013	4,511	473	266
Totals	22,349	2,025	1397

Source: Nashua Police Department 2013 Annual Report

In New Hampshire, emergency department visits related to heroin abuse have increased. In 2012 there were 106 reported ED visits related to heroin while in 2013 there were 224 visits, an increase of 111%.⁷ Narcan (Naloxone) is an opiate antagonist that reverses the effects of opiates in the human body. Narcan is used to counteract the effects of an opiate overdose. According to the NH Bureau of EMS in 2011, Narcan was administered in 596 cases and increasing to 743 cases in 2012. In 2013, that number grew to 832 cases.⁷ Figure (8.6) demonstrates that drug use has been involved in many of the fatal car crashes in New Hampshire.

Figure 8.6 Fatal NH Car Crashes Involving Drug Use in NH, 2008-2012



Source: NH Department of Safety

Treatment for Alcohol and Illicit Drug Abuse

In the 2012 National Survey on Drug Use and Health report, 1.5% of people living in the United States received treatment for a drug related problem (4 million), of which:

- 1.2 million received treatment for both alcohol and illicit drugs,
- 1 million received treatment for the use of illicit drugs but not for alcohol,
- 1.4 million received treatment for alcohol but not illicit drugs³

The 2012 NSDUH report defines “specialty treatment” as treatment received at any of the following facilities: inpatient hospital care, inpatient/ outpatient rehabilitation centers or mental health center. A primary requirement of these respondents who needed or accessed specialty treatment, was their need to meet a Diagnostic Statistical Manual of Mental Disorders diagnosis of having dependence to alcohol/ illicit drugs or abuse of one of these substances. The survey showed that:

- 23.1 million people 12 years of age or older needed treatment for a drug related problem,
- 2.5 million people 12 years of age or older received treatment at a specialty facility,
- 20.6 million people 12 years of age or older needed treatment but were unable to receive it.³

Of the 20.6 people 12 years old and older that needed treatment but did not receive it:

- 94.6% felt they did not need treatment
- 3.7% felt they needed treatment but did not make an effort to seek treatment
- 1.7% felt they needed treatment and made an effort but did not receive treatment.³

Of the 1.7% who needed treatment, but did not receive it and made an effort, they reported the reason for not receiving services as:

- 38.2% had no health insurance coverage and could not afford the cost
- 26.3% believed not ready to stop using
- 10.1% had health insurance coverage but did not cover treatment or did not cover cost

Community Spotlight: Pelham Community Coalition

Like the tagline for their newly formed prevention coalition proclaims, the Pelham community is “Planting foundations for good decisions.” Beginning in May 2013, Pelham residents began organizing to raise awareness in the community about substance misuse and have been working together as the Pelham Community Coalition (PCC).

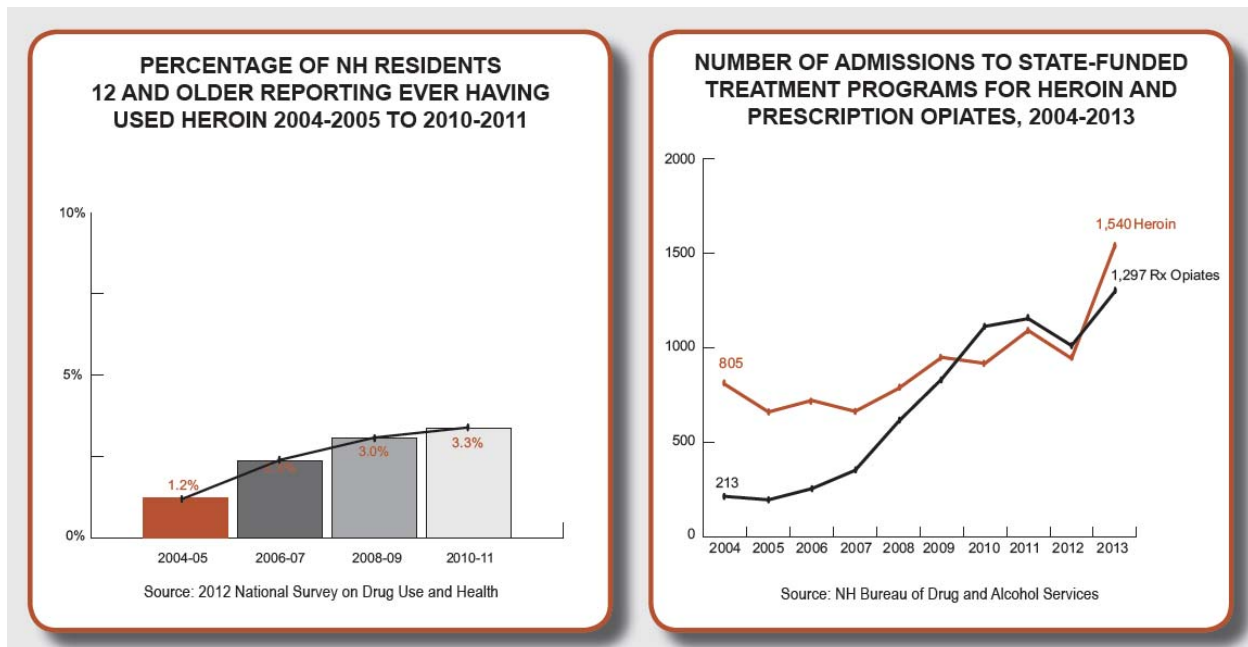
Their early successes have included initiating a high school survey using a subset of questions from the Youth Risk Behavior Survey (YRBS). The YRBS was designed to focus attention on behaviors among youth related to the leading causes of mortality and morbidity in youth and adults and to assess how these risk behaviors change over time. In October 2013, PCC conducted a full day of events in all three of its schools to raise awareness about substance abuse and the need for good decision making. During the Spring of 2014, the coalition worked with the national Substance Abuse and Mental Health Services Administration (SAMHSA) organization to sponsor a Town Hall Meeting in Pelham.

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- 9.5% believed treatment might have negative effect on job
- 8.9% did not know where to go for treatment
- 8.2% had no transportation/Inconvenient
- 7.9% believed might cause neighbors/community to have negative opinion
- 7.1% did not have time for treatment.³

In New Hampshire, opiate addiction comes in different forms. Heroin is an opiate and so are medications that can be abused. Over the last few years, addictions to prescription medications and heroin have been fluctuating in the state. Figure 8.7 depicts the number of admissions to state funded treatment facilities. While treatment facilities had higher rates of prescription opiate clients between 2010-2012, heroin surpassed prescription opiates in 2013 as the reason to seek treatment at state funded facilities. Heroin use has increased as reported in the NSDUH from 1.2% in 2004-2005 to 3.3% of people 12 and older in 2010-2011.³

Figure 8.7 Heroin Use and Admissions to State Funded Treatment Programs



Tobacco

Tobacco is the leading preventable cause of death in the United States killing more than 400,000 each year, and affecting millions of people living with diseases associated to smoking. Since 1964, there have been over 20 million preventable deaths associated with smoking and secondhand smoke. Due to the current rate of smoking among youth under 17 years of age, future projections estimate 5.6 million of today's youth will die prematurely due to illness related to smoking. From 2009-2012, the estimated annual cost of smoking for the United States ranged from \$332.5 to \$489 billion for 2009-2012. This figure includes a range of \$132.5-175.9 billion for medical care, \$151 billion for productivity lost due to deaths associated with smoking and \$5.6 billion for productivity lost due to secondhand smoke.

According to research published in the Tobacco Control Journal, the “cost per smoker” averages \$517 per year for productivity lost due to absenteeism, \$3077 per year for productivity lost due to smoke breaks, and \$2056 per year in additional health care cost.¹²

Tobacco affects the human body in many ways. With more than 7,000 toxic chemicals found in a cigarette, tobacco use will damage the body, compromise the immune system and cause premature death. Ninety percent of all lung cancer deaths are caused by smoking. Lung cancer, heart disease, chronic obstructive pulmonary disease, and stroke are the leading causes of death that can be attributed to cigarette smoking in the United States.¹³

Adults and Tobacco

In 2012, according to the National Survey on Drug Use and Health (NSDUH), 26.7% or over 69 million of Americans 12 years and older reported being current smokers.³ According to the 2012 BRFSS, 18.4% (CI 13.0-23.8%) of Nashua residents reported current smoking compared to 15.9% (CI 12.8-19.1%) of the GNPHR residents and 16.9% (CI 15.5-18.2%) of New Hampshire residents.¹⁰ The Healthy People 2020 objective is to reduce adults reporting current smoking to 12% and the NH State Health Improvement Plan (SHIP) goal is to reduce smoking to 12% by 2020.^{9,16} Even though New Hampshire and Nashua percentages of reported current smoking are lower than the national average, neither meets the Healthy People 2020 goal or the SHIP goal. Additionally in NH, the annual average number of cancer deaths is 758. The average number of smoking attributable deaths for lung, trachea and bronchus deaths is 614 (Table 8.6).

Table 8.6 Smoking Attributable Mortality for Lung, Trachea, Bronchus Cancer Deaths in NH, 35 years and older, 2011-2012

	Annual Average Number of Cancer Deaths	Annual Average Number of Smoking Attributable Deaths for Lung, Trachea and Bronchus Cancer	Annual Average Percent of Smoking Attributable Deaths for Lung, Trachea and Bronchus Cancer
2011-2012	758	614	81%
<i>Source: NH DHHS; WISDOM</i>			

Youth and Tobacco

Even though the percent of youth tobacco use has decreased from 36% in 1995 to 19.8% in 2011 there is still work to be done regarding tobacco prevention.¹⁴ Young people are subject to marketing with pro-tobacco messages via movies, magazines, peers etc. There is also the introduction of new tobacco products that young people may not associate with the same harmful effects of smoking tobacco, such as electronic cigarettes.¹⁴ Table 8.7 shows rates of tobacco use and tobacco perception of harm in the youth of the GNPHR. About 12% of Nashua high school students have smoked cigarettes on one or more of the past 30 days and 43% think it would be easy for them to get cigarettes if they wanted too. The Healthy People 2020 objective is to reduce youth smoking to 16%.⁹ New Hampshire and the GNPHR have already surpassed this national goal but tobacco prevention needs to continue in New Hampshire

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to inform youth of the harmful effects of tobacco smoke and new tobacco products, and to reduce the number of youth who have even smoked or are current smokers.

Table 8.7 High School Students and Tobacco Use, 2013

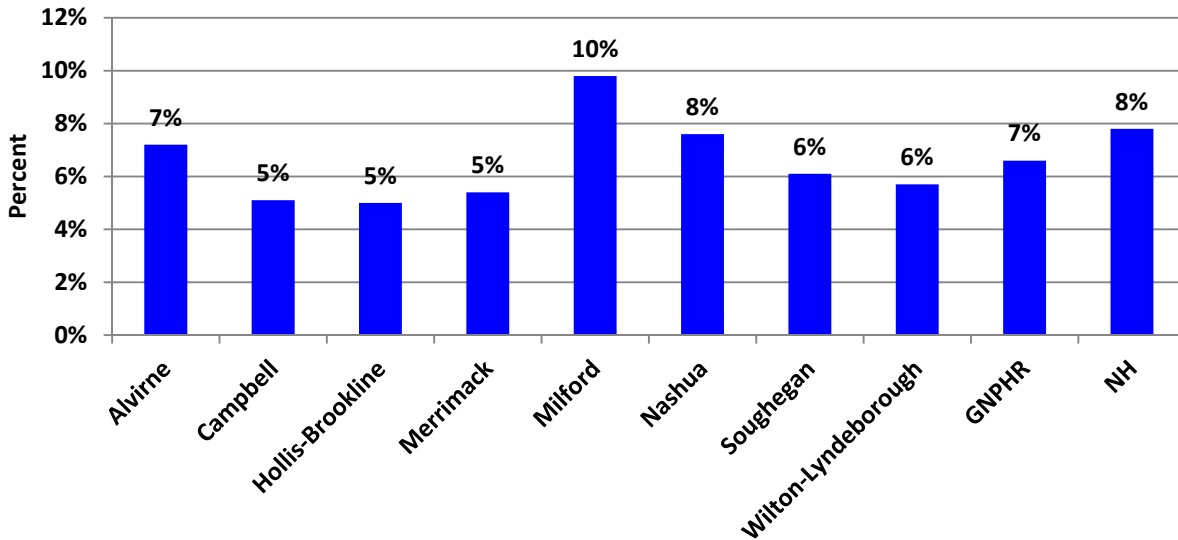
	Nashua	GNPHR	NH
Smoked cigarettes on one or more of the past 30 days	12.8%	13.1%	14.4%
Used chewing tobacco, snuff, or dip on one or more of the past 30 days	5.1%	5.1%	6.8%
Think people are at great risk of harming themselves (physically or in other ways), if they smoke one or more packs of cigarettes per day	66.5%	68.9%	66.8%
Think it would be very easy for them to get some cigarettes if they wanted to	43.4%	41.1%	42.0%
<i>Source: NH DHHS; YRBS</i>			

In the GNPHR, 69% of high school students perceive harm if they smoke one or more packs of cigarettes per day, which is similar to the state at 67%, although there are some variations by school and grade. (Table 8.8). About 5-10 % of GNPHR high school students had their first cigarette before they turned 13 years of age (Figure 8.8).⁸

Table 8.8 Perception of Harm – Smoking one or more packs of cigarettes per day

Perception of Harm – Smoking one or more cigarettes per day					
	9th Grade	10th Grade	11th Grade	12th Grade	Overall
Alvirne HS	70.5%	69.3%	65.7%	71.9%	69.2%
Campbell HS	65.3%	63.5%	66.3%	64.4%	65.0%
Hollis-Brookline HS	74.1%	75.4%	75.8%	80.7%	76.6%
Merrimack HS	64.0%	71.2%	68.4%	68.0%	67.7%
Milford HS	67.2%	65.6%	68.9%	73.5%	68.4%
Nashua North	59.9%	64.7%	68.0%	67.2%	64.8%
Nashua South	63.1%	71.2%	68.6%	70.4%	68.0%
Souhegan HS	52.2%	60%	66.3%	63.3%	61.8%
Wilton-Lyndeborough	66.7%	70.0%	72.5%	71.4%	70.2%
GNPHR (ALL)	*	*	*	*	68.9%
State of NH	64.7%	66.4%	68.2%	68.7%	66.8%
<i>Source: NH DHHS; YRBS; *Data not available</i>					

Figure 8.8 Students that Smoked a Whole Cigarette for the First Time before Age 13, 2013



Source: NH DHHS; YRBS

Substance abuse and tobacco use cause lifelong health effects that are completely preventable. Substance abuse in the Greater Nashua Public Health Region is on the rise. There is much work to be done in prevention, treatment and recovery services in the region to lower the incidence of substance abuse. Through the work of local and regional substance misuse prevention coalitions and tobacco prevention efforts, we hope to meet the Healthy People 2020 and SHIP goals of reducing substance abuse and tobacco use in the GNPHR. Prevention involves everyone in the community to be effective. The community includes parents, businesses, schools, safety officials, government and healthcare. No one group has sole responsibility for this problem. It is a community problem and as such needs the entire community's participation in implementing effective interventions to decrease substance abuse. Treatment for addictions can lead to a sustained recovery.⁴ Long term recovery is possible. People can recovery from addiction and live productive lives.

For more information on quitting tobacco, visit www.TryToStopNH.org or call 1-800-QUIT-NOW!



- ¹Executive Office of the President of the United States. (2014, March). *National Drug Control Budget FY2015: Funding Highlights*. Retrieved May 8, 2014, from Office of National Drug Control Policy: http://www.whitehouse.gov/sites/default/files/ondcp/about-content/fy_2015_budget_highlights_-_final.pdf
- ²National Institute on Drug Abuse. (2012, December). *Trends and Statistics*. Retrieved May 08, 2014, from National Institute on Drug Abuse: <http://www.drugabuse.gov/related-topics/trends-statistics>
- ³U.S. Department of Health and Human Services. (2013). *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*. Retrieved May 9, 2014, from SAMHSA.gov: <http://samhsa.gov/data>
- ⁴National Institute on Drug Abuse. (2012, November). *NIDA Info Facts: Understanding drug abuse and addiction*. Retrieved May 21, 2014, from www.drugabuse.gov: <http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction>
- ⁵Office of National Drug Control Policy, Drug Policy Clearinghouse. (2010). *State of New Hampshire Profile Drug Indicators*. Retrieved May 8, 2014, from www.whitehousedrugpolicy.gov: <http://www.whitehousedrugpolicy.gov/statelocal/nh/nh.pdf>
- ⁶Health in Aging. (2012, March). *Drug and Substance Abuse*. Retrieved June 05, 2014, from Health in Aging: <http://www.healthinaging.org/aging-and-health-a-to-z/topic:drug-and-substance-abuse/>
- ⁷NH Information and Analysis Center (NHIAC). (2014, May). *Drug Intelligence Assessment: New Hampshire Drug Overdoses & Heroin Analysis*. Concord.
- ⁸NH Department of Education. (2013). *Youth Risk Behavior Survey Results*. Concord.
- ⁹Healthy People 2020. (2014). *Substance Abuse: 2020 Topic and Objectives*. Retrieved July 28, 2014, from Healthy People 2020: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=40>
- ¹⁰Bureau of Public Health Statistics and Informatics. (2013). *New Hampshire Behavioral Risk Factor Surveillance Survey Data*. Concord: New Hampshire Department of Health & Human Services.
- ¹¹Nashua Police Analysis Unit. (2014). *Nashua Police Department 2013 Crime Report*. Nashua: Nashua Police Department.
- ¹²U.S. Department of Health and Human Services. (2014). *The Health Consequences of Smoking-50 Years of Progress. A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

- ¹³U.S. Centers for Disease Control and Prevention. (2014). *Health Effects of Cigarette Smoking*. Retrieved May 8, 2014, from Centers for Disease Control and Prevention: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
- ¹⁴NH Division of Public Health Services. (2012). *Data Brief: Tobacco Use Among Youth in New Hampshire*. Concord: NH Division of Public Health Services.
- ¹⁵Klein, M. P. (2013, August 19). *Combating Misuse and Abuse of Prescription Drugs: Q&A with Michael Klein, Ph.D.* Retrieved October 07, 2014, from U.S. Food and Drug Administration: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm220112.htm>
- ¹⁶NH Division of Public Health Services. (2013-2020). *New Hampshire State Health Improvement Plan*. Concord: Department of Health and Human Services.

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