As the Advanced Drug & Alcohol Program for Teens (ADAPT) enters its third year of operation, enrollment at both learning laboratories is either at or above the target goal of 20 participants per year. As of August 31, 2015, Communicare had enrolled 40 of the 46 youth who were referred to them, yielding a very high referral-to-admission rate of 87%. Of the 89 youth referred to Pine Belt, 55 were admitted into the ADAPT program, resulting in a referral-to-admission rate of 62%. While each site has a diverse referral base, approximately 59% of all referrals came from local youth courts and 19% were generated in-house.

At August 31, 2015, Communicare had 6 successful program completions and 6 failed completions with 22 participants active in the program. Pine Belt had 19 successful completions, only 2 failed completions, and 34 active participants by the end of year two.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Referrals</th>
<th>Enrollment</th>
<th>Enrollment %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicare</td>
<td>46</td>
<td>40</td>
<td>87%</td>
</tr>
<tr>
<td>Pine Belt</td>
<td>89</td>
<td>55</td>
<td>62%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>135</strong></td>
<td><strong>95</strong></td>
<td><strong>70%</strong></td>
</tr>
</tbody>
</table>

To date, approximately 64% of youth enrolled in ADAPT have been African-American and 36% have been Caucasian. Young women represent 22% of the total youth enrolled, which is especially noteworthy due to historical cultural disparity with young men comprising the vast majority of youth in the juvenile justice system with substance use issues.

**Enrollment Ages**

- 16 yrs old: 34%
- 15 yrs old: 28%
- 12-14 yrs old: 14%
- 17-18 yrs old: 24%
One of the most critical components of Mississippi’s ADAPT program is infrastructure development. Infrastructure development generally focuses on transforming the organizations, programs, and staff that are so central to service delivery. It also entails efforts to maximize the effectiveness of policies and procedures that govern service delivery. Examples of infrastructure development vary widely. They can include improving agency capacity (i.e., the ability to provide effective services to an expanding number of clients), strengthening partnerships (i.e., growth in the number or quality of interagency relationships), and utilizing evidence-based practices (i.e., wider adoption of scientifically proven programs). Where infrastructure development is concerned, ADAPT has excelled.

The ADAPT team has contributed to strengthening interagency collaboration by accepting an invitation to join the Executive Steering Council (ESC) of the Statewide Affinity Group (SWAG). The SWAG was originally developed to serve as the single entity responsible for communicating information from the community level to the decision-makers on the state level in support of a shared vision for the Mississippi System of Care (SOC). The ESC is dedicated to transforming youth treatment services and support for families in Mississippi. The integrated behavioral health council meets once every month, and currently includes over two-dozen representatives from more than ten agencies.

ADAPT leadership at the Department of Mental Health has also sponsored approximately 15 best practice events that provided intensive workforce training based on cutting edge scientific evidence about youth drug treatment. These events, which commonly yield attendee satisfaction scores at or above 90%, have contributed significantly to the repertoire of skills available to treatment professionals. Mississippi is also making great progress with its workforce development plan designed to advance the competencies of treatment staff statewide. The state has also generated a draft of a financial map. The financial map graphically depicts monetary flows with respect to treatment programs in the state while considering prospects for financial efficiency gains. Among the greatest virtues of infrastructure development is the durability of these changes. These accomplishments are expected to outlive the federal grant that underwrites Mississippi ADAPT because infrastructure improvements effect sustainable transformations within the state’s system of care.
Drug Courts: A Different Approach

In Mississippi, we serve many youth in our communities who are or have been involved with the juvenile justice system. Many of these youth participate in Drug Courts. Many agencies across the state serve these youth for substance use and/or mental health disorders. Although most are familiar with the Drug Court process, a greater understanding of that process could enhance the delivery of substance abuse and mental health services.

According to the National Association of Drug Court Professionals, “a Drug Court is a special court given the responsibility to handle cases involving drug-using offenders through comprehensive supervision, drug testing, treatment services, and immediate sanctions and incentives.” Participants complete an array of intense treatment services that range from counseling and frequent court appearances to probation and drug testing. Drug Courts have the same goals: to reduce recidivism, to reduce substance abuse among participants, and to rehabilitate participants (State of MS Judiciary website). Drug Courts consist of several team members, including the judge, probation officer, case manager, therapist, and other court personnel. Drug Court participants are offered incentives, as well as sanctions, when participating in the program. Incentives may include a curfew extension and sanctions are typically dispersed as a length of stay in jail or possible removal from the Drug Court program.

In Mississippi, several Drug Courts are in existence and serve thousands of participants. As of August 2015, Mississippi had:
- 22 felony-level Drug Courts in Circuit Courts serving approximately 2,958 participants
- Three misdemeanor-level Drug Courts in Justice Courts and Municipal Courts serving 112 participants
- 13 juvenile Drug Courts in the County Courts and Chancery Courts serving 316 participants
- Two family Drug Courts in County Courts serving 25 participants (AOC – Joey Craft)

Drug Courts: A Different Approach

According to the Mississippi SmartTrack Survey, alcohol had the highest reported use in 2013 by Mississippi students at 19% followed by cigarette use at 10% and marijuana use at 9%. Additionally, 23% of Mississippi students started to use prescription drugs at age nine or younger.

The uniqueness of Youth Drug Courts is that it involves not only the youth participant but also the family. With the support from a dedicated family member, the youth’s success can be more attainable. At the Rankin County Youth Drug Court, led by Judge Thomas H. Broome, youth admitted into the program, with the approval from a parent, are required to complete a four-phase program that entails intense supervision and therapy. The program can last from nine months to more than a year, depending on the participant’s progress. Participants in the Rankin County Youth Drug Court are required to complete random drug testing, individual, family and group therapy, house arrest, and bi-weekly court appearances.

According to Judge Broome, marijuana and alcohol are the most widely-abused substances amongst adolescents in Drug Court. He states that he has observed a trend amongst the youth of smoking spice and huffing hydrocarbons, in addition to the easy accessibility of prescription pills. Judge Broome further states that there is an emerging trend of the use of e-cigarettes to smoke highly concentrated waxes and oils of marijuana.

Laurel Kett, LMFT, serves as the therapist for the Rankin County Youth Drug Court. As the therapist, Kett provides therapy for adolescent substance abuse. Kett notes that the most common drug of choice among youth in drug court is marijuana. In a workbook Kett has created, each youth in group therapy works through their workbook as they discuss topics including: drugs, alcohol and tobacco, triggers, addiction, coping skills, goals and steps necessary to achieve their goals, their future, and decision making skills. Furthermore, Kett also focuses on family, friends, and relationships. When conducting individual and family therapy sessions, Kett utilizes evidence-based practices including cognitive behavioral therapy and solution focused therapy.

Joey Craft, State Drug Court Coordinator, serves a multitude of functions and is responsible for tracking monthly enrollment activities from all Drug Courts in the state. According to Craft, youth drug courts are on the rise to meet the demand of adolescents using substances and the drug court model has been successfully adopted in youth courts in Mississippi. Craft states, “Drug and alcohol use by teens has always been a concern. However, these days, teens are experimenting at a much earlier age.”
Legalized Marijuana: Ballot of Mississippi

Organizers are gathering signatures for Initiative 48 to put before Mississippi voters in November 2016. They will have to collect over 107,000 valid signatures of registered Mississippi voters by December 31, 2015, at which time the Initiative will expire if the required signatures are not obtained. An equal number of signatures will be required from each of Mississippi’s five former Congressional districts, as they existed in the year 2000.

Initiative 48 would legalize the use, cultivation, and sale of cannabis and industrial hemp for individuals over 21 years of age. Cannabis crimes would be punished in a manner similar to, or to a lesser degree than, alcohol-related crimes. The governor would be required to pardon persons convicted of nonviolent cannabis crimes, both prior and current, and the legislature will have to create a process for expunging the criminal record of any person convicted of non-violent cannabis possession, sales, and manufacturing. Cannabis sales would be taxed at 7%. Cannabis sold for medicinal purposes and sales of industrial hemp would be exempt from taxation. Should the initiative prevail, it is likely that only two years’ worth of revenue derived from the taxation of marijuana will be allocated to public education, as required by the initiative. In 2020, marijuana-related revenue will be allocated by the discretion of the state legislature.

To date, 18 states and the District of Columbia have passed voter referenda or legislative actions allowing marijuana to be made available for a variety of medical conditions, despite such measures’ inconsistency with the FDA approval process. These state actions are not the primary test for declaring a substance a recognized medication. Physicians routinely prescribe medications with standardized modes of administration that have been shown to be safe and effective at treating the conditions that marijuana proponents claim are relieved by smoking marijuana. Biomedical research and medical judgment should continue to determine the safety and effectiveness of prescribed medications.

Legalized Marijuana: Colorado Snapshot of Facts

Impaired Driving
• Marijuana-related traffic deaths increased 32% from 2013-2014, and 92% from 2010-2014
• Marijuana was to blame in 20% of all traffic deaths in 2014, up from 10% in 2010

Youth Impact
• For 12-17 year olds in 2013, 11% were regular marijuana users compared to 7% national average
• For 12-17 year olds, there has been a 20% increase in probationers testing positive for marijuana since 2013
• Drug-related suspensions/expulsions have increased 40% from 2009 to 2014
• ER for Children’s Hospital Colorado reported 16 marijuana ingestions among children under 12 years in 2014 compared to 2 in 2009

School Resource Officers Report
• 69% of students obtain marijuana from friend with legal source or parents
• 6th graders caught using before school report they stole marijuana from their family members
• High school junior used marijuana infused candy to pick up girls in class
• Five middle school students were caught using at school and admitted they stole the marijuana from their parents
• Students were caught using marijuana in class while smoking out of e-cig vapor pens
A recent survey funded by the National Institute on Drug Abuse (NIDA) revealed that e-cigarettes are increasing in popularity among adolescents across the country. The most recent “Monitoring the Future” survey (MTF) reported that for 2014, 8.7% of 8th graders, 16.2% of 10th graders, and 17.1% of 12th graders reported using e-cigarettes in the prior 30 days. These utilization rates range from 3 to 5 times higher than use of regular tobacco cigarettes for these same age groups, respectively, suggesting that the e-cigarette is responsible for initiating new entrants into addictive behaviors.

The Centers for Disease Control (CDC) reported in December 2014 that 40 states had enacted legislation prohibiting the sale of e-cigarettes to minors, including Mississippi’s Senate Bill 2627 which passed in July 2013. NIDA data proves that despite purchase restrictions, e-cigarettes are still finding their way into the hands of our minors due in part to the manufacturers’ marketing strategies that appeal to minors. Store owners are not heavily monitored with respect to sales to minors. Advertisements present e-cigarettes as glamorous devices that provide consumers with the freedom to “vape” in settings where tobacco cigarettes are banned. Another marketing strategy is the implicit message that e-cigarettes users do not risk the serious health conditions faced by tobacco cigarette consumers. This dynamic empowers youth to “vape” without caution.

E-cigarettes are so new that the long-term consequences of their use are relatively unknown. While they contain no tar, the carcinogenic ingredient in tobacco cigarettes, they have been proven to contain potentially harmful chemicals without any regulatory controls. In fact, NIDA has reported that metal fragments have been found in testing of the product’s vapor itself suggesting that the devices are being vaporized during uses.

Perhaps the most alarming trend is how consumers are utilizing the e-cigarette to disguise their illegal drug use. In some areas across the country, consumers are filling their e-cigarettes with other substances such as cannabis oil extracted from marijuana leaves. The devices produce no smoke with any particularly noticeable aroma. Video segments on YouTube advertise specific versions of e-cigarettes that are made especially for use with marijuana. While the verdict is still out on the actual impact of e-cigarettes in the lives of Mississippi adolescents, it is prudent to monitor their use and popularity among our youth.
Alpha-Pyrrolidinopentiophenone (Alpha-PVP) is the active ingredient in Flakka (also called “gravel”); the latest in synthetic drugs that has been making its way across the nation. In the United States, Alpha-PVP is on the DEA’s list of controlled substances but the chemical is legal in other countries such as China and Pakistan. According to the National Institute on Drug Abuse (NIDA), alpha-PVP was synthesized in the 1960's and is in the cathinone class of drugs along with bath salts. The drug gets its nickname from (“la flaca”), the Spanish slang for beautiful women. The chemicals in Flakka bind to neurons in the brain and cause the brain to be flooded with mood-regulating neurotransmitters including dopamine and serotonin. The high from this flooding is similar to those produced by methamphetamines and cocaine, but with longer-lasting effects which can last from one to several hours.

The extent of damage from Flakka can be greater than that of cocaine or methamphetamines because increased usage can lead to permanent brain damage as the drug binds to and even destroys neurons.

Typical symptoms of Flakka include extreme delusion and paranoia, increased heart rate (reported up to 105 degrees), hallucinations, and violent aggression. A more severe side effect of Flakka is extreme hypothermia which can lead to muscle breakdown and eventually kidney failure, leaving survivors of Flakka usage dependent upon dialysis. The inconsistent manufacturing process of Flakka leads to unpredictable dosing and related side effects.

As with other synthetic drugs, Flakka is especially frustrating for law enforcement to track. The chemical compounds used in the production of Flakka changes constantly, making definitive testing of seized drugs extremely difficult. For 2014, the DEA has reported that almost 3,000 nationwide lab reports involved seizures of Flakka.

South Florida, specifically Broward County, has been hit especially hard with Flakka outpacing cocaine because it is easier to obtain and cheaper. According to the Broward County officials, 29 people have died from Flakka in the past year and hospitals report three to four patients admitted daily who report having used Flakka. The Broward County crime lab has reported they analyze an average of 100 Flakka cases per month.

According to the DEA, Texas was one of the first states where Flakka emerged in 2012 along with Florida. Since then, its presence has become more prevalent in Kentucky, Tennessee, Ohio, Alabama, New Jersey, and even Mississippi.

The extent of damage from Flakka can be greater than that of cocaine or methamphetamines because increased usage can lead to permanent brain damage as the drug binds to and even destroys neurons.
OVERVIEW:
Kratom is an emerging legal, over-the-counter substance being marketed as an “alternative medicine.” It is advertised as a pain killer, treatment for diarrhea, and a therapy for opiate addiction. Usually consumed as a tea, abusers may also chew, smoke or swallow kratom. In low doses, kratom may be used as a stimulant. However, in higher doses, it mimics a sedative. It is also frequently taken as a recreational drug.

Kratom is an herbal drug derived from a tropical tree native to Southeast Asia- Thailand, Malaysia, and Myanmar. Forms of kratom available through the Internet include leaves (whole or crushed), powder, extract, encapsulated powder and extract resin “pies” (pellets or bars made from reduced extract).

Kratom has been marketed under other names including: Thank, Kakuam, Thom, Ketum and Biak. It is commonly purchased on the Internet from various websites in the United States and overseas. There have been numerous reports of kratom abuse throughout Europe and several locations in the United States. The popularity of this product is broadened through Internet-based discussion groups, online retailers and strategic marketing practices. Kratom is available at head shops within the Gulf Coast HIDTA area. Retail prices for various gram-sized packages of kratom range from $15 - $50 USD depending on the potency and strain.

There is no legitimate medical use for kratom in the United States.

While kratom abuse is not believed to be widespread in the United States, it has the potential of becoming an emerging trend. Kratom, although not controlled in the United States, is never-the-less, currently on the DEA list of Drugs and Chemicals of Concern.

SIDE EFFECTS:
Reported side effects include: nausea, itching, sweating, dry mouth, constipation, increased urination, and loss of appetite. These effects commonly occur within five to ten minutes after ingestion and last from two to five hours. Like heroin and other opiates, kratom consumption may also lead to addiction. Long-term use of kratom produces anorexia, weight loss, insomnia, and skin darkening. Withdrawal symptoms may consist of hostility, aggression, wet nose, achy muscles and bones, and jerky movement of the limbs. In addicts, several cases of psychotic symptoms have been reported that included hallucinations, delusion and confusion.

INCIDENTS:
Physicians and drug abuse centers in Florida have reported seeing more than 100 patients over the past year due to problems associated with kratom use. Kratom abuse is common in the rehab community where it is used as a substitute for drugs like heroin or oxycodone because it does not appear on a drug screen. Many head shops are marketing kratom as an opiate like substance with effects similar to that of many illegal drugs. Abuse of the substance has also been reported by poison control centers in Arizona. According to treatment professionals in the Gulf Coast HIDTA, there have been no reports of kratom abuse or overdoses in our five-state area.

Sources:
Drug Enforcement Administration’s El Paso Intelligence Center (EPIC), Louisiana State Police, Mississippi Bureau of Narcotics, National Drug Intelligence Center, Louisiana State Police, Drug Enforcement Administration- Pharmaceutical Diversion. Mississippi Department of Mental Health. Office of Arkansas State Drug Director.

Article reprinted from HIDTA.
Liquid Kratom is a key ingredient in drinks such as Viva Zen, K-Chill, Pegasus, Vita-Lize, and Bali Blend. These drinks are sold as herbal dietary supplements and displayed on gas station counters next to energy shots like 5-Hour Energy. While the drinks are marketed as natural, herbal supplements to relieve minor muscle pain, they are being consumed by people who seek to experience the drinks’ narcotic effects. These drinks are legal in most states, including Mississippi where Viva Zen and K-Chill have been found at gas stations in the Jackson area.
Prescription (Rx) drug abuse is a major public health epidemic with prescription drug overdoses becoming the leading cause of injury death in the U.S. (CDC). According to the Mississippi Bureau of Narcotics, from 2011-2013, 25% of Mississippi’s overdose deaths were caused by Rx drugs and most were accidents. The most commonly abused RX drugs include opioids/painkillers (OxyContin, Vicodin), depressants for anxiety or sleeping aids (Xanax, Valium), and stimulants that are commonly prescribed for ADHD (Adderall, Ritalin).

The 2013 National Survey on Drug Use & Health (NSDUH) reported that approximately 4.5% of those surveyed aged 12 or older reported using pain relievers non-medically during the past year. The Rx drug using patterns of Mississippians are consistent with national trends. During 2013, approximately 4.7% or 106,000 Mississippians aged 12 or older reporting they had used pain relievers non-medically in the past year (NSDUH, 2013). Non-medical RX drug use is highest among young adults ages 18-25 (9.7%), followed by youth ages 12-17 (5.5%).

The 2013 Youth Risk Behavior Survey reported that 16.2% of Mississippi adolescents reported non-medical use of RX drugs during their lifetime, and 3.7% reported lifetime use of steroid pills or shots without a doctor’s prescription. The Mississippi SmartTrack™ reported that 3.8% of adolescents in Mississippi admitted to non-medical use of Rx drugs during the past 30 days.

Participants in the Mississippi Partnership Project have secured prescription drop boxes for the following law enforcement locations to be used for disposal of expired or unnecessary medication.

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biloxi Police Department</td>
<td>(228) 392-0641</td>
</tr>
<tr>
<td>D'Iberville Police Department</td>
<td>(228) 396-4252</td>
</tr>
<tr>
<td>Gulfport Police Department</td>
<td>(228) 868-5900</td>
</tr>
<tr>
<td>Long Beach Police Department</td>
<td>(228) 863-7292</td>
</tr>
<tr>
<td>MS Hwy Patrol Office, (Woolmarket)</td>
<td>(228) 539-4881</td>
</tr>
<tr>
<td>Pass Christian Police Department</td>
<td>(228) 452-3301</td>
</tr>
<tr>
<td>Gautier Police Department</td>
<td>(228) 497-2486</td>
</tr>
<tr>
<td>Columbus Police Department</td>
<td>(662) 244-3500</td>
</tr>
<tr>
<td>Ridgeland Police Department</td>
<td>(601) 856-2121</td>
</tr>
<tr>
<td>Natchez Police Department</td>
<td>(601) 445-5565</td>
</tr>
<tr>
<td>McComb Police Department</td>
<td>(601) 249-2881</td>
</tr>
<tr>
<td>Leflore County Sheriff’s Department</td>
<td>(662) 453-5141</td>
</tr>
<tr>
<td>Greenville Police Department</td>
<td>(662) 378-1515</td>
</tr>
<tr>
<td>Brandon Police Department</td>
<td>(601) 825-7225</td>
</tr>
</tbody>
</table>
To combat the alarming trends in adolescent prescription drug abuse, the Department of Mental Health Bureau of Alcohol & Drugs Services (DMH-BADS) secured a Strategic Prevention Framework – Partnership for Success Grant for the purpose of developing the Mississippi Partnership Project (MPP) in 2012. One primary goal of MPP is to prevent Rx drug misuse and abuse among persons aged 12 to 25. To accomplish this goal, MPP focused on both community and state level efforts. In the communities, MPP engaged 10 Community Mental Health Centers and 1 Free Standing Prevention Agency to mobilize community coalitions, educate their communities, and teach evidence based curriculums in their local schools and colleges for the sole purpose of reducing Rx drug consequences and increasing the perception of harm.

At the state level, MPP developed a threefold campaign:

• 1st focus - to deter current and potential Rx drug seekers while promoting usage of the Rx Drug Monitoring Program

• 2nd focus - to educate prescribers about common behaviors and trends used by drug seekers to obtain controlled substances for diversion purposes and encourage the use of MS’s Rx Drug Monitoring Program

• 3rd focus – to provide information about community resources available to help those that are drug seekers

The positive impact of MPP and other prevention efforts have contributed greatly to the significant decline in adolescent (12 to 17 years old) misuse of pain relievers from a peak of 8.5% in 2009 to 5.5% in 2013.
In an effort to help educate Mississippi’s Addiction, Treatment, and Prevention Professionals, the 9th Annual Mississippi School for Addiction Professionals, hosted by the Mississippi Department of Mental Health’s (DMH) Bureau of Alcohol and Drug Services, will be held May 9-12, 2015 at the Lake Terrace Convention Center in Hattiesburg, MS.

“We provide a learning experience where professionals and nonprofessionals can come together to learn from innovative leaders in the field of Substance Abuse Treatment & Prevention,” said Mark Stovall, DMH Director of Treatment, Bureau of Alcohol and Drug Services. “The MS School is an excellent way to educate people on the available best practices to produce the greatest outcomes for those we serve.”

The MS School for Addiction Professionals will offer exciting plenary sessions, special events, and a variety of courses in prevention, intervention, and treatment, all of which are designed to enhance the skills and knowledge of each participant. The MS School offers a variety of sessions that address contemporary topics to help professionals remain informed of the latest trends. The MS School is open to treatment professionals, service providers, educators, parents, nurses, social workers, school counselors, law enforcement, faith based organizations, concerned citizens, and others interested in our work.

Substance use disorders do not just affect the individual, but their family, friends, and the community. Thousands of Mississippians are in recovery from alcohol and drug abuse; they are neighbors, friends, and family members now leading healthy and productive lives in our communities.

More than 21.3 million people, aged 12 years or older, needed treatment for a substance use disorder in the United States in 2012. In Mississippi, this disease affects roughly 171,000 people and their families. Each year, the alcohol and drug residential treatment centers in Mississippi, certified by DMH’s Bureau of Alcohol and Drug Services, provide residential treatment to more than 6,000 Mississippians suffering from substance abuse and dependence problems. If you or someone you know is in need of treatment, call the DMH’s Helpline at 1-877-210-8513.

For more information or to register, www.theMSschool.ms.gov or email theMSschool@dmh.state.ms.us 1.877.210.8513
ADAPT (Advanced Drug and Alcohol Program for Teens) serves adolescents between the ages of 12-18 with substance use and co-occurring substance use and mental health disorders and their families or primary caregivers. ADAPT seeks to decrease juvenile justice involvement for adolescents; increase rates of abstinence; increase enrollment in education, vocational training, and/or employment; increase positive social connectedness; and increase access, service use, and outcomes among adolescents most vulnerable to health disparities.