

KCPC Community Newsletter

Kamiah Community Partners Coalition

Volume 1: Issue 3

ROW Adventures Guided Raft Trip

By Steven Kinzer



The Clearwater River was full of laughs and screams as Row Adventures took 31 Youth and 4 adults floating from Three Rivers all the way to Syringa. They had one big raft and several kayaks and tubes. Youth received a lesson on how to work a kayak, and they were off.



They raced and played games along the way. "The river was running a little slow for the tubes" said volunteer Laura Hampton. Hampton has floated the Clearwater all summer.

"Tubes would have been better two or three weeks ago" said Hampton, "the river was running at a good speed and the tubes would have taken off." With the river running slow some tubers had to be tugged behind kayaks. But this didn't stop the fun.



Other than that it seemed like it was a great trip and everyone had a really good time. A few people fell in but got right back on and kept going.

The van ride was the best part for me because you got to know new people and make new friends. Everyone was tired and exhausted on the way home, but they were asking when we would do it again by the time we arrived in Kamiah. Another trip is anticipated in the Spring.

Thank you to The Life Center for transporting us to and from it was a big help, as well as the volunteers on the trip thank you for your time and dedication, also to Row for the great time! Thank you Brian Brokop and Jay Sage! And thanks to KCPC for making it happen.



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Marijuana Use Among Teens Cont.

Marijuana has a strong odor that clings to teens' hair and clothing and can remain on their breath despite efforts to mask it. The reactive properties of marijuana aren't like other drugs. Not much is known for sure about the physical mechanisms of addiction and withdrawal. Some claim that marijuana is totally non-addicting, while others say that it is just as addicting as other substances.

Since the reasons for marijuana addiction among teens are unclear, it is impossible to assess whether or not they may become hooked until it has already happened. Research has now established that marijuana is addictive. Every year more teens enter treatment with the diagnosis of marijuana dependence than for all other illicit drugs combined. Sixty percent of teens admitted for drug treatment say marijuana is their primary

drug of choice.

Researchers have found that heavy marijuana use impairs teenagers' ability to retain information and concentrate. Regular marijuana use has been shown to be associated with poor academic performance. This is of a huge concern during teens' peak learning years, as their brains are still developing. There is an association between an increase in marijuana use and a decrease in the likelihood of attaining at least a high school education. Students who smoke marijuana are more than twice as likely to cut class that those who don't smoke.

Teens get a mixed message about marijuana, but the message needs to be clear. Marijuana is an illegal substance that affects teens in many harmful ways. It is very important to begin taking with kids about it by at least twelve years of age. Magazines or newspaper articles are often a good place to start your discussion

about drugs. Teens need to be told clearly and often that using marijuana and other illegal substances carries significant health, safety, and legal risks (Kids using Marijuana).

Works Cited:

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A new study published in the August issue of *Archives of Pediatrics & Adolescent Medicine*, one of the JAMA/Archives journals, found that the most com-

mon reasons high school seniors took prescription medications for non-medical purposes were relaxation, feeling good or getting high, experimentation and pain relief.

Sean Esteban McCabe, Ph.D., of the University of Michigan, Ann Arbor, and colleagues assessed survey responses from five consecutive groups of seniors at public and private high schools throughout the United States between 2002 and 2006. The 12,441 students filled out questionnaires reporting whether they had used opioids such as morphine, opium or codeine for medical or non-medical reasons over the past year or ever in their lifetimes. Those who reported non-medical use selected their most important reasons for doing so from a list of 17 potential motives. The students also were asked about methods used for taking the drugs (for example, smoking or in pill form) and any other substance use habits.

More than one in every ten participants—a total of 12.3 percent—reported using prescription opioids for non-medical reasons in their lifetimes, including 8 percent who reported having done so in the past year. The leading motives were to relax or relieve tension (56.4 percent), to feel good or get high (53.5 percent), to experiment (52.4 percent), to relieve physical pain (44.8 percent) or to have a good time with friends (29.5 percent).

Students who said they used the drugs only for pain relief were less likely to also report heavy drinking or other drug use than were those who took them for other reasons or who reported multiple motivations that included pain relief. "Future clinical and research efforts should attempt to differentiate between motives for non-medical use of prescription opioids because the present study identified subtypes that were significantly associated with medical use of prescription opioids and substance use behaviors," the authors write.

The report also found that more than seven in every 10 non-medical users of prescription opioids motivated by pain relief reported a lifetime history of medical use of prescription opioids. Other studies indicate that many adolescents obtain opioids from their own previous prescriptions. "These results suggest that appropriate pain management and careful therapeutic monitoring could contribute to reductions in the non-medical use of prescription opioids among adolescents," the study authors noted.

The authors also suggested the use of screening efforts to differentiate between adolescents who need help with pain management and those who need a more comprehensive assessment for substance use disorders.



Marijuana Use Among Teens

Marijuana is the most widely used illicit drug used by teens today. Approximately 60 percent of the kids who use drugs use only marijuana. Of the 14.6 million marijuana users in 2002, approximately 4.8 million used it on 20 or more days in any given month (Kids and Marijuana).

The marijuana that is available to teens today is much stronger than the marijuana that was available in the 1960's. Sometimes it is also laced with other, more potent drugs. Marijuana is physically addictive. Each year, 100,000 teens are treated for marijuana dependence. Teens who smoke marijuana heavily experience much the same symptoms of withdrawal as users of nicotine.

The University of Michigan's Monitoring the Future study, which assesses drug and alcohol use among American youth, reported substantial increases among eighth, tenth, and twelfth graders from 1992 to 1997. These statistics show a disturbing national trend in the increase of marijuana use by teenagers (Facts about Marijuana Use).

Between 1991 and 2001, the percentage of eighth graders who used marijuana doubled from one in ten to one in five. Kids are using marijuana at an earlier age. Research indicates that the earlier teens start using marijuana, the more likely they are to become dependent on this or other drugs later in life. Of teens admitted for treatment for marijuana dependence, 56 percent had first used the drug by fourteen years of age, and 26 percent had begun by twelve years of age (Kids and Marijuana).

According to the 1998 National Household Survey on Drug Abuse (NHSDA), marijuana was the most frequently used drug of choice by teens. The NHSDA also reported that teens using marijuana on twelve or more days during the past year, 58 percent of them had one problem that

they related to their marijuana use, 41 percent had two problems, and 28 percent had at least three problems that they related to their marijuana use. From age 12 to age 13, the proportion of teens who say they could buy marijuana if they wanted to more than triples, from 14 to 50 percent. Also the percentage of teens who say that they know a student at their school who sells drugs almost triples, from eight percent to 22 percent (Psych Central).

Between 1991 and 2001, the percentage of eighth graders who used marijuana doubled from one in ten to one in five.

There are many reasons why some teens start smoking marijuana. Many kids start using because their older siblings or friends are consuming it in front of them. Often peer pressure plays a major role. Teens think it's cool to use marijuana; they see their favorite movie stars smoking it in movies and their favorite bands sing songs about it. The problem becomes more severe when teens start relying on marijuana and think that they need it to escape from problems at school, home life, or with friends.

Some of the signs teenagers exhibit when using marijuana are: dizziness and trouble walking, red bloodshot eyes, trouble remembering things that just happened, and they often appear silly and giggly for no apparent reason. The way marijuana affects each teen depends on several factors including:

- How strong the marijuana is;
- What the user expects to happen;
- Whether the user is drinking alcohol or using other drugs;
- The user's previous marijuana

consumption;

- Where the drug is used

Some teens feel no effects from marijuana the first few times they smoke it. Others may feel relaxed and somewhat giddy. Quite often marijuana makes the teen feel very hungry and thirsty. Others can sometimes experience bad effects from marijuana. They may become highly paranoid or have feelings of anxiety or dizziness (N.I.D.A.).

Regular marijuana users often develop breathing problems, such as chronic coughing and wheezing. Marijuana contains the same cancer causing chemicals as tobacco. The amount of tar inhaled by marijuana smokers and the level of carbon monoxide absorbed by those who smoke marijuana are three to five times greater than among tobacco smokers.

The active ingredient in marijuana is THC (tetrahydrocannabinol). The behaviors exhibited by introducing THC to the brain are similar to those demonstrated by alcohol consumption. Marijuana can induce several emotional responses such as relaxation, introspection, feeling "in tune" with the world, and irrationality.

The [teen drug abuser](#) attempts to reconcile his basic urges with the demands of reality through the use of marijuana and other drugs. This behavior is directed toward the pursuit of pleasure and reduction of pain. If and when the teen seeks treatment, they are often underdeveloped emotionally, academically, and vocationally (Alcoholism and Substance Abuse, pg. 350).

The use of marijuana by teens can affect school, sports, and other activities; marijuana also affects memory, judgment, and perception. Teens who smoke marijuana on a regular basis start to lose interest in their appearance and how they are doing in school, at work, and at home.

The short-term effects of marijuana include memory problems, distorted perception, trouble problem solving, and loss of motor coordination.

Article continued on page 3

Idaho METH PROJECT Comes to Town



On Tuesday, August 25, 2009 Gina Heideman with the Idaho METH Project, held a forum in the multi purpose

room of the Kamiah Elementary School. The main presenter was Lewis County Sheriff, Brian Brokop. His presentation included: Where it can be found, what it looks like, the cost, why it's more addictive than other drugs, the consequences of using meth (even just once), signs someone may be using meth, signs of a meth lab nearby, and techniques used by dealers to hook kids.



We were also lucky to have Savannah speak with us about her addiction to Meth. She began by telling us how she grew up in southern Cali-

fornia and moved to Hawaii for high school where she graduated with a 4.3 gpa as class valedictorian. Savannah went on to explain how she was the type of girl who had a stereotyped image of who a "druggie" is and never saw herself getting mixed up with drugs. She even spoke to her friends about not doing drugs. However, when she moved back to California for college, got a job and started hanging out with young people who had money and partied, she began experimenting with drugs. When one of Savannah's "friends" told her to try this drug, and she did, not realizing it was Meth, she became hooked on the drug. That began her years of struggling with a Meth addiction. Savannah told of how she lost her job and apartment. She began living on the streets and in bus stations. Her family wanted nothing to do with her. She was in and out of rehabs without success and tried to commit suicide twice, by overdosing on Meth. The first incident put her in a coma for a

week, the second time she was in a coma for three weeks and the hospital for a month and a half. But, she continued to use. Savannah eventually went into a rehab facility in Northern California, where she achieved success and walked away, not going back to drugs.

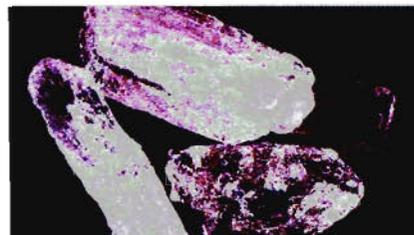
She then moved to Idaho where a crisis pushed her back into the deadly claws of Meth. One day Savannah realized she had to stop. She began praying for help and entered a church, found a sponsor, and volunteers. Savannah now lives drug free serving others and sharing her story so others will know just how dangerous Meth truly is.

After Savannah told her story, the floor was open for questions and comments. Several people shared their own stories on how Meth has affected them personally through using or indirectly through family use. There were also many questions generated by adults and children alike.

After the presentation and Q & A, students were allowed to get school supplies and everyone was invited to eat! While everyone was eating, a drawing for the iPod Shuffle was conducted where Jana Moffet was our lucky winner!

A **BIG** thank you to all of our sponsors: Lewis County Sheriffs Office, Community Action Partnership, KAP, Kamiah School District Elementary and Middle School PTO, Kamiah Community Partnership Coalition and, State Department of Education Safe & Drug Free Schools.

IDAHO METH PROJECT IS A
LARGE-SCALE PREVENTION
PROGRAM AIMED AT
SIGNIFICANTLY REDUCING FIRST
-TIME METH USE THROUGH
PUBLIC SERVICE MESSAGING,
PUBLIC POLICY AND
COMMUNITY OUTREACH.



HOW METH AFFECTS YOUR BODY

All the components in Meth -- substances like Draino and car battery acid -- are devastating to your body. Meth causes increased heart rate, increased blood pressure, and can cause irreversible damage to blood vessels in the brain, which can cause strokes. Other effects of Meth include respiratory problems, irregular heartbeat, and extreme anorexia. Taking even small amounts of Meth affects your central nervous system (CNS).

Meth can make it hard to fall asleep (insomnia), lead to feelings of confusion and cause tremors, convulsions, anxiety, paranoia, and aggression. Meth damages the brain cells that contain a natural feel-good chemical - a neurotransmitter called dopamine. This is what doctors call a "neurotoxic effect" that buys you a lifetime of hurt. Over time, Meth appears to reduce the amount of dopamine in your brain. This may take on symptoms of Parkinson's disease, a severe movement disorder that perhaps you have seen in grandparents or other elderly people with uncontrollable shaking.

Meth also damages another neurotransmitter called serotonin. Serotonin carries information back and forth in your brain so your body knows to eat and rest and function normally. Meth can cause hyperthermia, a dangerous elevated body temperature, convulsions, and death.

http://www.idahomethproject.org/Meth_Info/effects.php

New Caffeinated Alcoholic Beverages Attract Sales and Scrutiny



Two new types of caffeinated alcoholic beverage products are attract-

ing scrutiny from at least three attorneys general, according to a recent article in *The Wall Street Journal*. The new beverage varieties, Joose and Four Loko, are marketed by independent companies, and are growing faster in sales than any other alcohol product so far this year. The popularity of Joose and Four Loko drinks is being fueled by marketing strategies likely aimed at young people: word-of-mouth, the internet and point of purchase marketing. But the growing popularity of these new products has also caught the attention of attorneys general in California, Connecticut and New York, where investigations have been launched into the marketing practices behind the bev-

erages. Further investigations in more states are likely to follow.

Lots of Caffeine, Higher Alcohol Content and Low Prices

Caffeinated alcoholic beverages are not new. Alcohol industry giants Anheuser-Busch and MillerCoors have sold similar products in the past, Tilt and Sparks. After coming under pressure from many states, Anheuser-Busch and MillerCoors agreed to change the formulations for those products and remove the caffeine. What many people don't realize is that caffeinated alcohol-drinks Joose and Four Loko actually have even higher alcohol content than the previous formulations of Tilt and Sparks. Joose, sold in fruity flavors such as orange, grape and tropical fruit, has an alcohol content of 9 to 10 percent by volume. Four Loko varieties have as much as 12 percent alcohol by volume. That's at least double or even triple the alcohol content of

beer, which is about 4 to 6 percent alcohol by volume.

With caffeinated fruity flavors, low prices around \$2 per can – and very high alcohol content, Joose and Four Loko have dangerous appeal to young people. As mentioned in *The Wall Street Journal* article, "A Wake Forest University study published last year found that college students who combine alcohol and caffeine are more likely to suffer alcohol-related injuries and get in a car with an intoxicated driver than those sticking to uncaffeinated alcoholic drinks." The Food and Drug Administration is currently reviewing research on caffeine as an additive to alcoholic drinks and other products. Meanwhile, Four Loko and its other variety, Four Maxed, have generated about \$11 million in sales from June 2008 to July 2009. Source:

"Drinks with a jolt draw new scrutiny." *The Wall Street Journal*, 17 July 2009

HIGHER ALCOHOL TAXES MAY HELP PAY FOR HEALTH CARE REFORM

Alcohol Taxes not Adjusted for Inflation Since 1991

Because federal taxes on alcohol are based on volume rather than the actual price of the product being purchased, taxes have not automatically increased through the years along with prices. Over the past 55 years, federal taxes on beer and wine have been adjusted for inflation just once, and taxes on liquor have been adjusted only twice.

In a new report issued in May this year, the Center on Budget and Policy Priorities pointed out that alcohol taxes have not kept up with inflation. The report documents the fact that, "Alcohol taxes have fallen by 37 percent in inflation-adjusted terms since 1991, when Congress last adjusted

them, and are expected to fall another 8 percent over the next decade...In the absence of a statutory change, alcohol taxes will fall another 8 percent in real terms by 2019."

Widespread Support for Increased Taxes on Alcohol

Aside from the inflation issue, there are also strong arguments to increase federal alcohol taxes to discourage drinking overall, and offset the costs of the harm caused by alcohol abuse. According to the National Center on Addiction and Substance Abuse, government spending related to smoking, alcohol and drug abuse reached \$468 billion in 2005. Because of these costs, increasing alcohol excise taxes is finding support among health and economics ex-

perts, including four Nobel laureates, three former presidents of the American Economic Association, and the National Academy of Sciences. The idea also has widespread support among the general public, as shown in an April 2009 poll by the Kaiser Family Foundation. In the study, 68 percent of respondents supported an increase in wine and beer taxes. Although specific plans for health care reform are still being debated in Congress, increasing federal taxes on alcohol may be one idea whose time has come.

"Alcohol taxes have fallen by 37 percent in inflation-adjusted terms since 1991, when Congress last adjusted them." – Center on Budget and Policy Priorities

Sources:

"Congress mulls raising alcohol taxes to pay for health care."

Teen Stress - Helping Your Teen Cope

Stress is a common problem among teens, and as a parent, you have a role in helping the teen in your life cope with it. So what exactly is stress? According to the Centers for Disease Control and Prevention (CDC), stress is the body's physical and psychological response to anything perceived as overwhelming. This may be viewed as a result of life's demands—pleasant or unpleasant—and the body's lack of resources to meet them.



While stress is a natural part of life, it often creates imbalance in the body, especially a teen's body, which is already experiencing so many changes. Girls also report feeling "frequently stressed" more than boys.¹ Visit [Teens Today: An Inside Look](#) to learn more about how teen girls and boys change from early to middle to late adolescence.

A certain amount of stress can be helpful as a way of keeping your teen motivated. But too much or too little may render them ineffective and interfere with their relationships at home and socially, as well as their physical well-being. According to a recent survey, 43 percent of 13- to 14

If stress becomes unmanageable and teens are left to their own devices without guidance from a parent or caregiver, they may find their own ways of coping.

-year-olds say they feel stressed every single day; by ages 15 to 17, the number rises to 59 percent.² The [day-to-day pressures teens experience](#), such as the pressure to fit in



and to be successful, can lead to stress. Jobs and family economics can also prove stressful for teens, as nearly two-thirds of them say they are "somewhat" or "very concerned" about their personal finances.³ Sometimes these coping mechanisms involve unhealthy behaviors such as drinking, smoking marijuana, and engaging in other risky behaviors.

Here's how you can help the teen in your life with healthy, productive coping strategies.

ONE: Recognize when your teen is stressed-out. Is your teen getting adequate rest? Are they eating well-balanced meals? Do they ever get to take breaks to restore their energy? If these needs are unmet, your teen will show it through chronic moodiness, irritability, anxiety and/or long bouts of sadness. If you have a teen daughter, be particularly aware if she is obsessing about looks or weight.

TWO: Introduce positive coping strategies to your teen. Let's face it, stress will be a part of your teen's life. Help them identify ways in which they can relieve their stress in a healthy way. It can be as simple as having your teen talk to you about their problems or pressures. Other ideas include: exercising, getting enough

sleep, listening to music, writing in a journal, keeping a healthy diet, seeing a counselor and reminding them of their accomplishments.

THREE: Be a good example. Young people often pick up their coping strategies by watching their parents. If a child sees a parent drink an alcoholic beverage or smoke a cigarette every time they are overwhelmed, they are more likely to imitate the same behavior. So, be mindful of your own reactions to stress and [set a good example](#) for your children.

If signs of stress persist, ask for help. Some sources you can consult include: a health care provider, mental health center, social worker, counselor, nurse, therapist or clergy.

WARNING SIGNS

Physical Symptoms;

Allergies, Chronic Fatigue, Racing Heartbeat, Nightmares, Sleeping Problems, Dizziness.

Emotional Symptoms; Anger, Denial of a Problem, Loneliness, Feeling Powerless, Feeling Trapped, Constant Worry, Change in Appetite, Headaches, Muscle Tension, Restlessness, Stomachaches, Gastrointestinal Problems, Anxiety, Depression, Nervousness, Feeling Rejected, Difficulty Making Decisions, Being Easily Upset.

¹ Associated Press/MTV survey, "Academic performance top cause of teen stress." August 23, 2007. <http://www.msnbc.msn.com/id/20322801>

² SADD, Unpublished data from Teens Today survey.

³ TRU 3rd Wave, February 2009

* SADD, Unpublished data from Teens Today survey

More Kids Using ADHD Drugs to Get High

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



A study that analyzed calls to poison control centers found that calls related to Attention-deficit/hyperactivity disorder (ADHD) medication abuse rose 76 percent, from 317 to 581. The study will be published in the September issue of *Pediatrics* and was released by the [American Academy of Pediatrics \(AAP\)](#).

ADHD affects between 8 percent and 12 percent of children and 4

percent of adults worldwide. According to the AAP, there has been a significant increase in the use of prescription stimulants to treat ADHD. The study, "Adolescent Prescription ADHD Medication Abuse is Rising Along With Prescriptions for These Medications," analyzed the American Association of Poison Control Center's National Poison Data System for the years 1998 to 2005 for all cases involving 13- to 19-year-olds who intentionally abused or misused ADHD prescription medication.

The study also notes that estimated prescription rates for teens and preteens increased 133 percent for amphetamine products, 52 percent for methylphenidate products, and 80 percent for both together. Although the majority of adolescents use their ADHD medication appropriately, study authors point out that the rise in abuse remained proportional to the availability of these medications.

<http://www.cadca.org/CoalitionsOnline/article.asp?id=2286>

Study Finds Teens Drug and Alcohol Use Influenced by Parents Behavior

Compared to teens who have not seen their parents drunk, those who have are more than twice as likely to get drunk in a typical month, and three times likelier to use marijuana and smoke cigarettes, according to the [National Survey of American Attitudes on Substance Abuse XIV: Teens and Parents](#), the 14th annual back-to-school survey conducted by The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The CASA survey found that 51 percent of 17-year olds have seen one or both of their parents drunk and 34 percent of 12- to 17-year olds have seen one or both of their parents drunk.

The study also found that teen drinking behavior is strongly associated with how teens believe their fathers feel about their drinking. Compared to teens who believe their father is against their drinking, teens who believe their father is okay with their drinking are two and a half times likelier to get drunk in a typical month.

The survey found that 5 percent of 12- to 15-year old girls and 9 percent of 12- to 15-year old boys say their fathers are okay with their drinking. Some 13 per-

cent of 16- and 17-year old girls and 20 percent of 16- and 17-year old boys say their fathers are okay with their drinking.

"Some Moms' and Dads' behavior and attitudes make them parent enablers—parents who send their 12- to 17-year olds a message that it's okay to smoke, drink, get drunk and use illegal drugs like marijuana," said Joseph A. Califano, Jr., CASA's chairman and founder and former U.S. Secretary of Health, Education, and Welfare. "Teens' behavior is strongly associated with their parents' behavior and expectations, so parents who expect their children to drink and use drugs will have children who drink and use drugs."

This year the CASA survey also took a close look at teen drinking and discovered that 65 percent of 12- to 17-year olds who drink monthly report that they get drunk at least once in a typical month. The survey found that one third of teen drinkers usually drink with the intention to get drunk.

Also according to the study, compared to teens who have never tried alcohol, teens who get drunk monthly are:

- 18 times likelier to have tried marijuana;

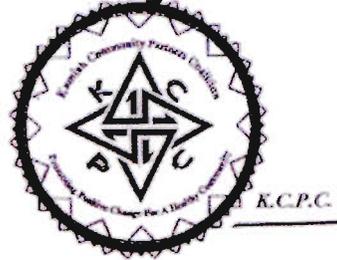
- Four times likelier to be able to get marijuana in an hour;
- Almost four times likelier to know someone their age who abuses prescription drugs;
- More than three times likelier to have friends who use marijuana; and
- More than twice as likely to know someone their age who uses meth, ecstasy, or other drugs such as cocaine, heroin or LSD.

QEV Analytics conducted The National Survey of American Attitudes on Substance Abuse XIV: Teens and Parents from March 2 to April 5, 2009 (teens) and March 21 to April 10, 2009 (parents). The firm interviewed at home by telephone a national random sample of 1,000 12- to 17-year olds (509 boys, 491 girls) and 452 of their parents. Sampling error is +/- 3.1 percent for teens and +/- 4.6 percent for parents.

For more information visit www.casacolumbia.org.



Kamiah Community Partners Coalition



"Promoting Positive Change for a Healthy Community!"

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Board of Directors

We are fortunate to have dedicated and talented folks on our board.

Current leadership is:

Kelly Lineberry, *President*
Denise Halliday, *Vice President*
Angie Massey, *Secretary*
Cornelius Larson, *Member at Large*
Brian Brokop, *Member at Large*

KCPC Groups and Organizations Represented

KCPC would like to recognize our Partners in Prevention:

Safe and Drug Free Schools
Upper Clearwater Ministerial Assoc.
Lewis County Sheriffs Office
Kamiah School District
Kamiah Elementary PTO
Valley Home Educators
LC Early Childhood Headstart
Evans Enterprises
Upper Clearwater Comm. Foundation
Students For Success
Save The Pool Committee
Kub Boosters Club
American Legion Hall
The Life Center
Diehard Sports Association
EASAP-COLT Program
Kamiah S.A.D.D.

Kamiah Chamber
Kamiah Kiwanis
Valley View Recovery
Malone Counseling
Kamiah After School Program

"Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has."

Margaret Mead

When the board meets:

Kamiah Community Partners Coalition meets the third Wednesday of every month at 12:30 pm at the Kamiah Welcome Center.

These are open meetings and we invite the community to join us. Lunch is provided.

PLEASE JOIN US!



We're on the Web!
www.KCPC.weebly.com



Family Day - A Galloping Success!

By Marla Mortimer, EASAP Founder and KCPC Member

On Saturday, August 29th, local youth and their families enjoyed an afternoon of good food, good friends and good weather.

This was a very special day at the "Gwen Hilker Youth & Equestrian Center" in Clearwater. This was the day that marked the end of the 'COLT Summer Day Camp', and program participants demonstrated for family and friends their newly acquired riding skills, and received their 2009 Certificate of Completion.

We thank all those who have donated and/or volunteered time, supplies, funding and their talents to our efforts during 2009. Enrollment for 2010 will begin in November.

Visit our website at www.easap-colt.org



Cami & 'Beauty'



Collyn & 'Dolli'



Katie & 'Breezy'



Shaylee & 'Dolli'



Breanna & 'Shilo'



Katelynn & 'Breezy'



Rileigh & 'Beauty'



Tessa & 'Shilo'



Changing Our Lives Together, (COLT), is a community program operating under the non-profit organization "Equine Assisted Substance Abuse Prevention", (EASAP). COLT offers youth, 5th grade on up, a 32-week, two-part program where they learn about and work with horses, while teaching vital life skills and educating them on the consequences of substance use and abuse. The opportunity to work with and ride horses is repeatedly the catalyst for many children to make the "substance free commitment". COLT has grown from grass-roots in 1997, to an established and proven prevention program, utilizing community members, all volunteers, to operate and facilitate the program. COLT incorporates exceptional standards and utilizes science-based, proven principles of prevention in it's curriculum.

Equine assisted learning is a promising development in which horses are used as a tool for emotional growth, healing and learning. In an equine program, following directions, working in a group, listening to instructions, completing tasks, focusing, finishing a project, building skills, trust and confidence, are all accomplished and enable a child to learn and grow in multiple capacities. The participants learn about themselves and others by participating in activities with the horses. Each equine experience provides uncanny metaphors of life's successes & challenges.

There is not a program fee for participating in COLT, however, enrollment is limited, and there are standards of behavior and family involvement requirements to participate. COLT pays tribute to the young ladies pictured above for all their hard work and commitment the last 5 months in COLT. Congratulations ladies on a job well done!

We invite you to visit our website at www.easap-colt.org for more in-depth information. COLT is in need of volunteers for our 2010 program. Are you up to any horsin' around? Email us at eamap_colt@qroidaho.net