

2019-2020 First Edition

FAMILY TOOLKIT

GUIDE TO NAVIGATING SUBSTANCE USE DISORDER & TREATMENT FOR YOUTH IN UNION COUNTY.

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WWW.PREVENTIONLINKS.ORG

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FAMILY TOOLKIT

GUIDE TO NAVIGATING SUBSTANCE USE DISORDERS & TREATMENT IN UNION COUNTY.

It's no secret that substance use disorders affect the entire family. In the midst of the crisis, there are some tools that parents can use to protect and guide their children. Education and an open dialogue are crucial. As is peer support. This toolkit has been created to help parents through this difficult process. Here you will find facts and information about what is going on in the world today as it pertains to alcohol and other drugs. Let this be an inspiration for how to talk to your child and keep them safe.

Now let us ask you, what's in your toolkit?

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Substance Use Disorder

Substance Use Disorder has had a widespread impact on the health of the population. Its impact has reduced the life expectancy of people in the United States creating a nation in crisis.

According to the National Survey on Drug Use & Health (NSDUH). 19.7 million American adults (aged 12 and older) battled a substance use disorder in 2017. The economic costs of drug abuse and addiction cost more than \$740 billion annually in lost workplace productivity, healthcare expenses, and crime related costs.

However, the most profound consequences of substance use disorder are not financial. Instead it's how it continues to take the lives of our loved ones. Our sons, daughters, mothers, fathers, sisters, brothers, friends, neighbors, husbands, and wives. Leaving a nation of families and friends living in a state of emotional agony and grief.

In 2017, there were more than 70,000 drug overdose deaths, with a rate of 21.7 per 100,000 population. The rate increased nearly 10% from 2016.

Today, more people die from drug overdose and cirrhosis of the liver (brought forth by alcohol use disorder.) than any other time in American history. If we are to reduce deaths in our country, it is vital that we understand the disease of substance use disorder and how to best apply safety measures for ourselves, family, loved ones, friends, and neighbors.

WHAT IS SUBSTANCE USE DISORDER? Understanding the disease

THIS SECTION WAS CREATED TO HELP YOU BETTER UNDERSTAND THE DEFINITION OF SUBSTANCE USE DISORDER.

THERE ARE A LOT OF MISCONCEPTIONS ABOUT SUBSTANCE USE DISORDER AND WHAT IT MEANS WHEN SOMEONE IS DIAGNOSED WITH THIS MEDICAL CONDITION

SUBSTANCE USE DISORDER IS A CHRONIC ILLNESS

One should avoid defining addiction as a personal choice by a given individual or as a matter of someone being weak-minded/willed.

Defining addiction in that manner only increases stigma, reduces the chances of successful treatment interventions, and creates a structure of unhealthy outcomes and disease throughout our communities.

SUBSTANCE USE DISORDER IS A CHRONIC DISEASE OF THE BRAIN. IT CAN LEAD TO BIOLOGICAL, PSYCHOLOGICAL, SOCIAL AND SPIRITUAL MALFUNCTION.

Substance use disorder is characterized by an inability to abstain from using drugs or alcohol due to strong physical and emotional cravings and a diminished ability to recognize one's own behaviors, causing negativity in their relationships with friends and family and a dysfunction in expressing healthy emotional responses.

LIKE OTHER CHRONIC DISEASES, ADDICTION OFTEN INVOLVES CYCLES OF RELAPSE AND REMISSION.

Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.



FOR CENTURIES, THE PUBLIC HAS VIEWED SUBSTANCE USE DISORDER AS A SIGN OF MORAL WEAKNESS AND/OR A LACK OF SELF-CONTROL. TODAY MEDICAL PROFESSIONALS CAN PINPOINT NEUROBIOLOGICAL PATTERNS OF CHEMICAL AND BEHAVIORAL ADDICTIONS

IT IS IMPORTANT TO VIEW SUBTANCE USE DISORDER AS A DISEASE, NOT AS A CHOICE!

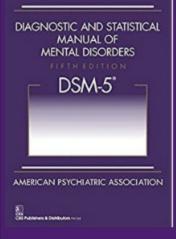
Understanding Substance Use Disorder as a disease will allow for improved and more effective treatment interventions in the future and decrease stigma about drug use, allowing for higher levels of health and wellness in our communities.





CRITERIA FOR SUBSTANCE USE DISORDER

- The substance is taken in larger amounts, over a longer period of time than intended.
- Persistent desire to use. Unsuccessful efforts to cut down or control one's use.
- Time is spent in activities related to obtaining the drug or alcoholincluding the time spent recovering from the effects of the drug.
- Craving or strong desire to use drugs or alcohol.
- Failure to fulfill role obligations such as work or school because of substance use.
- Recurrent use despite social problems (i.e problems with family members)
- Use in situations that might be physically hazardous (i.e driving while under the influence)
- The use is continued despite knowing physiological or physical problems are being caused by the use of alcohol or drugs.
- Tolerance--needing more of the substance to achieve the same effect.
- Withdrawal--or taking the substance to relieve withdrawal symptoms.
- Confrontation from others about use.



Mild: The presence of 2-3 criteria

Moderate: The presence of 4-5 criteria

Severe: The presence of 6 or more criteria.



Warning Signs to Look For:

- Change in weight
- Change in behavior
- Change in sleep
- Resistance to feedback
- Loss of interest in hobbies or activities
- Skipping class
- Paranoia, irritability, anxiety, fidgeting
- Heightened secrecy
- Decline in school performance



Note: The presence of any one of these warning signs does not necessarily indicate a substance use issue. This list is a guideline to suggest the need for further attention.

SUBSTANCE USE FACTS

0

YOUTH WHO TRY MARIJUANA OR ALCOHOL BEFORE AGE 15 ARE FOUR TIMES MORE LIKELY TO SUFFER FROM ADDICTION ISSUES AS ADULTS. (National Institute on Alcohol Abuse and Alcoholism)

I IN 5 TEENS SAY THEY HAVE USED PRESCRIPTION MEDICINE TO GET HIGH AT LEAST ONCE IN THEIR LIFETIME. (CDC)

2.1 MILLION PEOPLE HAD AN OPIOID USE DISORDER .

(drugabuse.gov)

70% OF TEENS REPORT GETTING THEIR DRUG FROM FRIENDS OR FAMILY. (DRUGFREE-NJ)

> 1 IN 6 YOUNG ADULTS DEVELOPED A SUBSTANCE USE DISORDER IN 2014. (SAMHSA)

NATIONWIDE: MORE THAN 700,000 YOUTH BETWEEN AGES 12-17 SUFFER FROM ALCOHOL USE DISORDER. (NIAAA)

WHAT IS A CO-OCCURRING DISORDER?

A co-occuring disorder is when an individual is diagnosed with a substance use disorder (drugs or alcohol) and a mental illness (depression, PTSD, anxiety, OCD, depression etc.). Any combination of mental health disorders and substance use or addiction qualifies for this diagnosis (also known as a dual diagnosis), such as alcoholism and depression, post-traumatic stress disorder and heroin addiction, prescription drug dependence and anxiety, anorexia and cocaine dependence, and more.

CAUSES

Mental illness and substance-use disorders often occur as a result of both biological and environmental factors. Certain people have a high risk for these disorders due to genetic risks. Environmental factors include community, cultural, and household influences which can stimulate, or help continue, these disorders.

People with mental health disorders are more likely to experience substance-use disorder.

This is because mental distress can lead people to use alcohol or other drugs to make themselves feel temporarily better. Drugs and alcohol are a way for an individual to cope with the pain of mental stress. However, this is not a sustainable solution and can lead to a substance use disorder.

In other cases, a substance-use disorder may trigger, or lead to, severe emotional and mental distress.

TREATMENT

The Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services recommends an integrated treatment approach.

Integrated treatment is providing therapy that coordinates substance-use and mental health treatment, rather than treating each disorder separately and without consideration for the other.

Integrated treatment helps people develop the hope, knowledge, skills, and the support that they need in order to manage their conditions and pursue meaningful life goals.



COMMON MYTHS

MYTH

Prescription medication is safer than street drugs because physicians prescribe them all the time.

мүтн

Substance Use Disorder is a choice.



MYTH

Once a person is addicted, there is no hope for recovery.

ΜΥΤΗ

There is an addiction gene that controls who gets addicted and who doesn't. ΜΥΤΗ

My child isn't exposed to drugs and would never do them.

ΜΥΤΗ

It is OK for me to use because I am an adult.



The Language of Substance Use & Recovery

The language we use in regards to addiction and recovery is so important--It perpetuates the stigma and shame families feel when their loved one is

suffering from a substance use disorder. As a community, we need to

ensure we are not reducing the individual to a label. Often, once a person is "labeled" an "addict"--that is all they will ever believe they are. This is dehumanizing and detrimental to possible recovery. Your loved one is not just someone suffering from substance use disorder--they are a brother, a sister, a son, a daughter, a student, a friend, a neighbor, an athlete.

The RIGHT words convey hope, worthiness, promise, & healing. We MUST choose our words wisely. When we use "recovery-first" language, we change the way society perceives the

disease of addiction. The right language makes recovery POSSIBLE and ATTAINABLE for our youth.



STIGMATIZED LANGUAGE

Drug Abuse/ Habit

Drug Abuser/Junkie/ Addict/ Crackhead/Alcoholic

DRUG OF CHOICE

CLEAN/DIRTY

RELAPSE

FORMER ADDICT/ALCOHOLIC

USER

SUBSTANCE ABUSE

STIGMA-FREE TERM

Misuse/Harmful Use

Person with a Substance Use Disorder/ Person with an Alcohol Use Disorder

Primary, Secondary, Tertiary Drug of Use

Abstinent/Not Actively Using/ Actively Using

> Return to Use/ Setback

Person in Recovery/ Substance Free

Person who misuses/ Risky use of Substances

Substance Use/Misuse



ABUSE

Anything from child mistreatment to sexual abuse.

2

SOCIAL PROBLEMS

This could be dysfunctional peer relationships

3

GENETICS

Family history of addiction or mental health issues.

FAMILY ISSUES

Including but not limited to divorce, parental substance use, and trauma (like the loss of a loved one).





Trauma is defined as an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

Trauma can involve events such as being involved in an accident, having an illness or injury, emotional abuse, losing a loved one, or family divorce. It also encompasses experiences that are severely harmful, such as sexual and physical abuse.

A person who has experienced a trauma is at greater risk for drug and/or alcohol misuse as a way to try to deal with the negative emotions and symptoms associated with traumatic events.



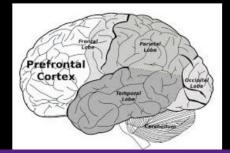
Over the past 25 years, neuroscientists have discovered a vital aspect of adolescent brains. They found that the teenage brain **IS A WORK IN PROGRESS**. So no matter how smart a teenager may be or how well they do in testing, research shows that making good judgement isn't something that they can excel in, at least not yet.

WHAT IS THE MAJOR DIFFERENCE BETWEEN ADULT AND TEEN BRAINS?

THE ANSWER TO THAT QUESTION IS THE PREFRONTAL CORTEX! THE PREFRONTAL CORTEX ISN'T FULLY DEVELOPED AND WON'T BE UNTIL AGE 25 OR SO. WHILE ADULTS THINK WITH THE BRAIN'S RATIONAL PART (THE PREFRONTAL CORTEX), TEENAGERS THINK WITH THE BRAIN'S EMOTIONAL PART (THE AMYGDALA).

THE PREFRONTAL CORTEX IS THE MOST FORWARD AND MOST RECENTLY EVOLVED PART OF THE HUMAN BRAIN. THIS PART OF THE BRAIN IS RESPONSIBLE FOR RESPONDING TO SITUATIONS WITH GOOD JUDGMENT AND AN AWARENESS OF LONG TERM CONSEQUENCES. SINCE IT IS STILL DEVELOPING DURING ONE'S TEENAGE YEARS, IT FORCES TEENS TO RELY MORE HEAVILY ON INFORMATION WITH THE EMOTIONAL PART OF THE BRAIN, KNOWN AS THE AMYGDALA.

THIS EXPLAINS WHY YOUTH MAY BE MOST VULNERABLE TO OUTSIDE INFLUENCES. WHEN TEENS EXPERIENCE OVERWHELMING EMOTIONAL INPUT, THEY ARE NOT THINKING IN TERMS OF GOOD OR BAD JUDGMENT, BUT RATHER HOW THEY ARE "FEELING." FEELING OVERPOWERS RATIONALITY. THIS MAY BE WHY TEENS ARE MOST LIKELY TO EXPERIMENT WITH DRUGS AND ALCOHOL.



MEDIA & SUBSTANCE USE

Media Outlets from social networks, to gaming, to YouTube, and TV can create profound emotions and experiences for youth, Most young people are drawn to these different forms of entertainment and celebrities. This admiration may inadvertently create messaging and a worldview that may challenge the belief system and values of the community and household.



WHAT CAN PARENTS DO

As a parent it is important to educate your children that the vast majority of media that is directed at them does not portray the reality of consequences in regards to alcohol and substance abuse.

Take time to learn the most common places where media delivers pro-drinking or drug use messages to your kids (movies, TV, music, social media personalities, advertising, etc.). The best way to find out is by asking your child or children and having an open dialogue about it.

Be open to having a discussion with your children and challenging pro-drinking assumptions contained in advertising, and other forms of media that kids are exposed to.

Social Pressure

The pressure to "fit in" with peers is an intense feeling for youth and young adults. This desire stems from our evolutionary methods of survival.

In the beginning of human civilization, people banded together as huntergatherers. During this time, being expelled from a "hunter-gatherer group" would mean certain death for the individual. That is because if an individual was expelled from the group he or she would most likely starve to death, be eaten by a predator or be killed by another tribe. In other words, human beings have evolved to strongly desire the acceptance of others because it meant safety and survival.

This evolutionary principle may be why youth and young adults have such a strong desire to fit in with their peers. It's because the subconscious brain believes it is necessary for survival!

Many forms of media glorify substance use as "cool", "trendy", and "fun", and can influence adolescents into believing that using drugs and alcohol will get them accepted by individuals within their social environment.

To help reduce the impact of adolescent social pressure, parents and role models should discuss with youth their thoughts and feelings about acceptance and peer pressure.

Parents and role models should also assist youth in discovering groups and activities that promote healthy development. Helping adolescents find groups and activities that model positive behaviors can contribute to their personal growth and help promote feelings of acceptance.

TECHNOLOGY Dependence

THIS PAGE WAS CREATED TO HELP FAMILIES UNDERSTAND THE POTENTIAL NEGATIVE EFFECTS RELATED TO OVERUSE OF TECHNOLOGY.

SINCE ITS DEVELOPMENT, SMARTPHONES AND SOCIAL MEDIA SITES HAVE MADE A HUGE IMPACT ON PEOPLE'S LIVES. TODAY, PEOPLE HAVE BEEN BLESSED WITH THE ABILITY TO CONNECT WITH SOMEONE LOCATED THOUSANDS OF MILES AWAY AT ANYTIME, BUT THEY HAVE LOST THE ABILITY TO CONNECT TO THE PERSON IN THE ROOM SITTING LESS THAN FIVE FEET AWAY FROM THEM.

PEOPLE WILL SCROLL ON THEIR PHONES OBSESSIVELY AND WHEN THEY PUT THE PHONE DOWN THEY ARE HIT WITH A FEELING OF DOUBT, WORRY, EVEN FEAR ABOUT THEIR UNHEALTHY PHONE CONDUCT AND OBSESSION. THEY DON'T KNOW WHY THEY CAN'T PUT IT DOWN, THEY JUST KNOW THEY CAN'T.

OVERUSE OF SMARTPHONES AND THE INTERNET IN PARTICULAR CAUSE ADVERSE EMOTIONAL EFFECTS TO CHILDREN AND ADOLESCENTS. STUDIES HAVE SHOWN A CORRELATION BETWEEN OVERUSE OF SMARTPHONES AND SOCIAL MEDIA APPLICATIONS AND PSYCHOLOGICAL ILLNESSES, SUCH AS MAJOR DEPRESSIVE DISORDER AND ANXIETY DISORDER. THESE ILLNESSES CREATE SUBSTANTIAL NEGATIVE EFFECTS FOR FAMILIES AND COMMUNITIES. THIS IS WHY IT IS SO VERY IMPORTANT THAT PEOPLE OF ALL AGES LEARN TO LIMIT THEIR SCREEN TIME.

A REPORT ON ADOLESCENTS AND CLINICAL LEVEL DEPRESSION BEGINNING IN 2004 AND FINALIZED IN 2015, FOUND THAT 56% MORE YOUNG ADULTS EXPERIENCED A DEPRESSIVE EPISODE IN 2015 THAN IN 2010. THIS INCREASE OCCURRED AT THE SAME TIME A LARGE PORTION OF THE PUBLIC BEGAN TO HAVE ACCESS TO SMARTPHONE TECHNOLOGY.

SMARTPHONES HAVE WEAKENED OUR ATTENTION SPANS AND MADE IT DIFFICULT TO CONCENTRATE ON A SPECIFIC TASK. OVER UTILIZATION OF SMARTPHONE TECHNOLOGY MAY HAVE A SUBSTANTIALLY NEGATIVE EFFECT ON A CHILD'S SCHOOL WORK AND SOCIAL ENVIRONMENT.

THERE ARE A LOT OF POSITIVES THAT SMARTPHONES AND THE INTERNET BRING, BUT WITH UNLIMITED ACCESS IT MEANS THAT PRECAUTIONS SHOULD BE TAKEN WHEN ADDRESSING POSSIBLE ADVERSE EFFECTS AND STAYING INFORMED. IT IS VITAL TO MAINTAIN AND STRIVE FOR A HEALTHY LIFESTYLE, NOT ONLY PHYSICALLY, BUT ALSO MENTALLY.

SOURCE: JEAN TWENGE, "IGEN"

HOW TO TALK TO YOUR KIDS ABOUT SUBSTANCE MISUSE

1. CHOOSE A GOOD TIME AND PLACE

- PARENTS ARE THE BIGGEST INFLUENCE IN A TEEN'S LIFE. THAT'S WHY IT'S IMPORTANT TO TALK REGULARLY WITH YOUR TEEN. APPROACH YOUR CONVERSATION WITH OPENNESS AND EMPATHY AND BE SURE TO CLEARLY COMMUNICATE THAT YOU DO NOT WANT YOUR TEEN USING DRUGS OR ALCOHOL. REMIND YOUR TEEN OF YOUR SUPPORT AND BE SURE TO LISTEN TO WHAT HE OR SHE HAS TO SAY. CLEARLY COMMUNICATE THAT YOU DO NOT WANT YOUR TEEN USING DRUGS.
- LOOK FOR BLOCKS OF TIME TO TALK. AFTER DINNER, BEFORE BED, BEFORE SCHOOL OR ON THE WAY
 TO OR FROM SCHOOL AND EXTRACURRICULAR ACTIVITIES CAN WORK WELL.



- 2. APPROACH YOUR TALK WITH OPENNESS, ACTIVE LISTENING & "I" STATEMENTS
- USE ACTIVE LISTENING. LET YOUR TEEN KNOW HE OR SHE IS UNDERSTOOD BY REFLECTING BACK WHAT YOU HEAR — EITHER VERBATIM OR JUST THE SENTIMENT.
- KEEP AN OPEN MIND. IF YOU WANT TO HAVE A PRODUCTIVE CONVERSATION WITH YOUR TEEN, TRY TO KEEP AN OPEN MIND AND REMAIN CURIOUS AND CALM. THAT WAY, YOUR CHILD IS MORE LIKELY TO BE RECEPTIVE TO WHAT YOU HAVE TO SAY.

3. UNDERSTAND YOUR INFLUENCE AS A PARENT



KEEP IN MIND THAT TEENS SAY THAT WHEN IT COMES TO DRUGS AND ALCOHOL, THEIR PARENTS ARE THE MOST IMPORTANT INFLUENCE. THAT'S WHY IT'S IMPORTANT TO TALK - AND LISTEN - TO YOUR TEEN. SO, TRY TO TALK. A LOT.

DISCUSS THE NEGATIVE EFFECTS OF DRUGS AND ALCOHOL. TALK ABOUT THE SHORT- AND LONG-TERM EFFECTS DRUGS AND ALCOHOL CAN HAVE TO HIS OR HER MENTAL AND PHYSICAL HEALTH, SAFETY AND ABILITY TO MAKE GOOD DECISIONS. EXPLAIN TO YOUR CHILD THAT EXPERIMENTING WITH DRUGS OR ALCOHOL DURING THIS TIME IS RISKY TO THEIR STILL-DEVELOPING BRAIN.



4.OFFER EMPATHY AND COMPASSION. LET YOUR CHILD KNOW YOU UNDERSTAND.

- REMIND YOUR CHILD THAT YOU ARE THERE FOR SUPPORT AND GUIDANCE AND THAT IT'S IMPORTANT TO YOU THAT SHE/HE IS HEALTHY, HAPPY AND MAKES SAFE CHOICES.
- . KEEP IN MIND YOUR TEEN'S BRAIN IS STILL DEVELOPING!



THE TEEN YEARS CAN BE TOUGH. ACKNOWLEDGE THAT EVERYONE STRUGGLES SOMETIMES, BUT DRUGS AND ALCOHOL ARE NOT A USEFUL OR HEALTHY WAY TO COPE WITH PROBLEMS. LET YOUR CHILD KNOW THAT HE/SHE CAN TRUST YOU.

REMEMBER, YOU ARE THE BIGGEST INFLUENCE IN A KID'S LIFE.

TALKING ABOUT DRUGS WITH KIDS IN MIDDLE SCHOOL (AGES 11-14)

Your child's transition to middle school calls for special attention. During this age, children will be capable of engaging in more in-depth conversations about why people use drugs, the potential dangers, and the consequences for the user and his or her family.





1. **Take the lead**- At this age it is important for you to take the lead and engage your child in discussions at every opportunity by using real-life events in the news or in your own lives.

2. Encourage healthy growth- Conversations with your child should also include talking about his or her interests - activities such as youth groups, arts, music, sports, community service. Encourage your kids to share their dreams. Find a way to nurture those interests in positive ways.

 Friends- Friends become extremely important during this age. As a parent, show interest in their friends, and what their interests may be. Also, get to know the parents of your child's friends.

4. Listening- As a parent it is important to ask questions, and more important to listen.

When asking questions, leave them open-ended and apply active listening when they respond.



How to Talk to Your High School Student

HERE ARE 5 WAYS TO IMPROVE THE CONVERSATION

hellot

1.) UNDERSTAND WHAT THEY ARE THINKING

Youth at this age understand that drugs can be harmful and that the use of illicit substances can impact them in multiple ways. However, teens may like to debate and test boundaries. Talk to your child about the effects of illicit and licit substances on the mind and body.

2.) KNOW THE TRENDS

Talk to your youth about the dangers of using prescription drugs. Non-medical use of prescription medication rises in this age group. Be able to identify some RX drugs. Routinely ask your child which RX drugs are an issue in their school, in their friends' homes, and at parties.

3.) NEVER THROW AN "AT HOME" PARTY FOR YOUR CHILD

Do not mistakenly believe that throwing a party with alcohol at your home for your children makes it "safer" for them. It is illegal and dangerous. It gives youth the impression that you approve of illegal consumption of alcohol.

4.) BETTER SAFE THAN SORRY

Caregivers should set clear rules about alcohol consumption and driving. Develop a written agreement that spells out your expectations. If your child does go to a party, have a pre-determined plan set in place for emergency situations.

5.) CONTINUE TO PRAISE AND ENCOURAGE

High School can be an extremely stressful time for students. Tell your teen that you are proud of their healthy choices! Be approachable on the subject of alcohol and drugs. College might be right around the corner and you will want your child to be able to continue open communication with you once they are out on their own.



WHEN TALKING TO YOUTH ABOUT SUBSTANCE USE IT IS IMPORTANT TO REMEMBER TO TAKE YOUR TIME!

BUILDING AND MAINTAINING RAPPORT WITH YOUTH IS A MARATHON NOT A SPRINT!

ASK THEM ABOUT THEIR PERSONAL INTERESTS SUCH AS TV SHOWS OR MOVIES THEY ENJOY, TYPES OF MUSIC THEY LIKE TO LISTEN TO, YOUTUBE CHANNELS, SHOWS, OR VIDEOS THEY WATCH, PERSONAL RELATIONSHIPS, PETS, HOBBIES AND THIER FAVORITE TYPES OF ACTIVITIES.

ASK OPEN-ENDED QUESTIONS ABOUT WHAT YOU HAVE LEARNED TO OBTAIN MORE INFORMATION. SOME EXAMPLES OF OPEN ENDED QUESTIONS INCLUDE: "WHAT DO YOU LIKE MOST?" WHAT DID YOU LIKE LEAST?" "WHAT IS IT THAT YOU RELATE TO?" "HOW COME?"

INVITE YOUTH TO THINK ABOUT IDEAS AND CONCEPTS. ASK FOR THEIR OPINIONS THEN CONNECT THE SUBJECT MATTER IN A WAY THAT THEY WILL BE ABLE TO UNDERSTAND HOW IT MAY AFFECT THEM PERSONALLY. ALLOW YOUTH TO BE THE EXPERT ON SUBJECTS THEY KNOW WELL.

HAVE THEM TEACH YOU ABOUT THEMSELVES.

SOLICIT YOUTH OPINIONS WHEN APPROPRIATE. THIS WILL RESULT IN YOUTH FEELING THEIR PERSPECTIVE IS HEARD AND COUNTS.

REMEMBER TO CONTINUE TO DISPLAY EMPATHY.

Refusal Skills

If your child is ever in the situation where they are offered drugs or alcohol, we want them to be equipped with the skills to refuse. Youth today should be prepared for peer-pressure and know how to handle it when it arrives.

State the Problem: Example: "My parents will drug test me, sorry* Extra TIP: Say "NO" quickly, try not to Leave the hesitate Situation: 02 "I have to go my soccer game, see you another time!" Extra TIP: Do not feel guilty about Offer An refusing to use! Alternative: Refusing drugs and alcohol is a great 03 "Why don't we just play thing, feel proud! video games instead?" ١K Compliment your friend: 04 Thank you for offering, but I'm good!" Empower Your Teen Have your teen Even the most skilled excusecome up with making teen needs "ready to go" other ways to comebacks to have in their pocket refuse drugs and when peers offer them drugs or alcohol. Ask your teen what they alcohol on their would say in the given situation. own.



Healthy Coping Skills Checklist

Eating healthy
Exercise
Breathing skills
Assertiveness
Positive self-talk
Drawing, writing
Dancing
Gratitude lists
Going for a walk
Talking it out
Setting boundaries
Mindfulness
Not using illicit drugs or alcohol

For many youth, drug and alcohol use begins as a way to cope with stress. It is important for parents to teach their children about healthy ways to cope with uncomfortable emotions. Learning these skills will give teens a sense of control over their life--which they often feel they don't have.

DRUG CLASSIFICATION

There are three major groups of drugs. These groups of drugs are classified by their physical, emotional and behavioral effects on people.

DEPRESSANTS

Drugs that slow down activity in the central nervous system.

Substances in this category include sedatives, opiates, and alcohol

STIMULANTS

Drugs that stimulate the central nervous system by increasing motor activity.

Substances in this category include nicotine, amphetamines, and cocaine.

HALLUCINOGENS

Class of psychoactive drugs that alter sensory perceptions, often causing delusions, hallucinations, and altered sense of time and space.

Substances include LSD, psychedelic mushrooms, and ecstasy.

The following pages will provide information on each of the substances described above



Alcohol falls into the category of a depressant which is designed to have the effect of slowing down or depressing mental & physical activity. It is an extremely potent drug that strongly affects behavior.

Alcohol is commonly used to celebrate, relax, or socialize with others, and drinking in moderation is typically seen as a reasonable behavior. However, when people drink in excess or drink as a way to cope with stressors or avoid problems, it can lead to physical, behavioral, and emotional risks.

Age, family history, and how much or often we drink are important variables to keep in mind when considering our relationship with alcohol.

The effects of drinking alcohol above moderation include memory loss, hangovers, and blackouts. Long-term problems associated with heavy drinking include stomach ailments, heart problems, cancer, brain damage, memory loss and liver cirrhosis.

Excess drinking may increase the chances of dying from automobile accidents and suicide.

Alcohol use is also linked to a higher incidence of unemployment, domestic violence and legal issues.

Youth who use alcohol are at a higher risk of developing a substance use disorder, failing out of school, experiencing physical and sexual assault, negatively affecting their brain development, having legal issues, and serious injury or death. (USDHHS, 2018)

Drinking and driving is especially deadly for adolescents: one in seven drivers ages 16-20 involved in fatal crashes in 2016 had alcohol in their systems. (USDHHS,2018)

Alcohol use is illegal for anyone under the age of 21.

OPIATES

ΟΡΙΑΤΕS

OPIATES ARE POWERFUL DRUGS DERIVED FROM THE POPPY PLANT THAT HAVE BEEN USED FOR CENTURIES TO RELIEVE PAIN. OPIATES CAN BE NATURAL OR MAN-MADE, WITH BOTH FORMS BEING HIGHLY ADDICTIVE AND DANGEROUS. NATURAL OPIATES INCLUDE OPIUM, MORPHINE AND CODEINE.

OPIOIDS

OTHER SUBSTANCES CALLED OPIOIDS, ARE MAN MADE. THESE SUBSTANCES ARE LIKE OPIATES IN THAT THEY ARE MOST OFTEN USED TO TREAT CHRONIC OR SEVERE PAIN AND ARE ALSO HIGHLY ADDICTIVE. THESE SUBSTANCES INCLUDE DILAUDID, DEMEROL, OXYCODONE, VICODIN, FENTANYL, METHADONE, AND DARVON. HEROIN IS AN OPIOID MANUFACTURED FROM MORPHINE. OPIOIDS ARE USED FOR ITS ABILITY TO GIVE THE USER A FEELING OF EUPHORIA.

THE USE OF OPIOIDS IN AMERICA IS CAUSING WIDESPREAD HEALTH AND SOCIAL PROBLEMS THROUGHOUT MANY AMERICAN COMMUNITIES. PUBLIC HEALTH OFFICIALS HAVE CALLED THE CURRENT OPIOID EPIDEMIC THE WORST DRUG CRISIS IN AMERICAN HISTORY. AS OF TODAY, OVERDOSE DEATHS ARE RISING ABOVE CAR CRASH DEATHS AND IN 2015, FOR THE FIRST TIME, DEATHS FROM HEROIN ALONE SURPASSED GUN HOMICIDES.

HEROIN

HEROIN IS AN OPIOID MANUFACTURED FROM MORPHINE. HEROIN USE HAS BEEN ON THE RISE DUE TO THE OPIOID CRISIS.

THE RISE IN HEROIN USE IS ATTRIBUTED TO THE RISE IN PEOPLE WHO ARE ADDICTED TO PRESCRIPTION OPIOIDS. INDIVIDUALS ADDICTED TO PRESCRIPTION OPIOIDS ARE 40 TIMES MORE LIKELY TO BE ADDICTED TO HEROIN. (CDC,2016)

SEDATIVES

WHAT ARE SEDATIVES?

Sedatives are classified as depressants. Sedatives induce relaxation, calmness, and sleep. The group of drugs includes tranquilizers, such as Librium and Valium; barbituates, such as Nembutal and Seconal; and benzodiazepines, including Valium and Xanax. Many of these drugs are widely prescribed by physicians as remedies for mental and physical issues.

All the sedative drugs, especially barbituates are prime candidates for drug abuse. Tolerance for barbituates develops quite rapidly; and abusers of these drugs often increase their consumption to the point at which respiratory function, memory, judgement and other mental and physical processes are seriously impaired. Mixing sedatives and alcohol can be lethal. Even a nonlethal dose of alcohol with a nonlethal dose of sedatives can cause death.



Amphetamines are very powerful stimulants. Prescribed medications known as stimulants include Adderall and Dexedrine and metaphetamine, aka Crystal Meth. These drugs tend to dramatically increase alertness and activity, counteract fatigue, and promote feelings of euphoria and wellbeing.

When a person uses amphetamine in excess, they can cause muscle and joint aches and feelings of paranoia.

Crystal Meth is an illicit form of amphetamine.

Crystal Meth has become a major issue in many areas in the United States.

The effects of Crystal Meth are much stronger, act quicker, and can be considered more addictive.



Cocaine is extracted from leaves of the cocoa shrub. It is often administered nasally through a straw like object.

Cocaine can also be manufactured into the drug known as "crack." Crack is the result of mixing certain household products with cocaine to reach a solidified form. The drug can also be injected into the vein.

Cocaine effect is similar to amphetamines. Cocaine's effects include increased alertness and abundance of energy, feelings of euphoria, and a sense of well-being. Cocaine increases heart and respiration rates, constricts blood vessels, and dilates the pupils.

Cocaine's effects are very brief. This causes the user to take the drug frequently.

MARIJUANA

IT IS ESSENTIAL THAT THE PUBLIC BECOME KNOWLEDGEABLE ABOUT THE FACTS REGARDING MARIJUANA USE AND THE SPECIFIC DANGERS FOR YOUTH.

AS WITH ALCOHOL, PRESCRIBED MEDICATIONS, AND CIGARETTES, IF MARIJUANA BECOMES A LEGAL DRUG FOR RECREATIONAL USE, OR IF YOU ARE USING MARIJUANA FOR MEDICINAL PURPOSES, IT IS ESSENTIAL THAT YOU TAKE STEPS TO ENSURE THE DRUG IS SECURE AND KEPT FROM ANY CHILDREN IN YOUR HOME. THIS MIGHT MEAN INVESTING IN A LOCKBOX OR SAFE THAT CHILDREN DO NOT HAVE ACCESS TO.

EDIBLES, OR FOOD AND DRINK PRODUCTS INFUSED WITH MARIJUANA HAVE A GREATER RISK OF POISONING. IN STATES WHERE MARIJUANA IS LEGAL, CHILDREN HAVE ACCIDENTALLY EATEN MARIJUANA PRODUCTS THAT LOOKED LIKE CANDY AND TREATS, WHICH MADE THEM SICK ENOUGH TO NEED EMERGENCY MEDICAL CARE. (CDC,2018)

SINCE THE BRAIN IS NOT FULLY DEVELOPED UNTIL THE AGE OF 25, MARIJUANA USE CAN AFFECT BRAIN DEVELOPMENT. WHEN PEOPLE BEGIN USING MARIJUANA AS TEENAGERS, THE DRUG MAY IMPAIR THINKING, MEMORY, AND LEARNING FUNCTIONS AND AFFECT HOW THE BRAIN BUILDS CONNECTIONS BETWEEN THE AREAS NECESSARY FOR THESE FUNCTIONS.

MARIJUANA USE CAN INCREASE SYMPTOMS OF MOST MENTAL HEALTH CONDITIONS, INCLUDING ANXIETY, BIPOLAR DISORDER, SCHIZOPHRENIA, AND POST-TRAUMATIC STRESS DISORDER.

ADOLESCENT MARIJUANA USE MAY CONTRIBUTE TO THE DEVELOPMENT OF A SUBSTANCE USE DISORDER.

VAPING

Vaping is the act of inhaling and exhaling the aerosol, often referred to as vapor, which is produced by an e-cigarette or similar device.

Vaping devices are made to look like regular cigarettes, cigars or USB sticks, and other everyday items.

Vaping products contain nicotine-the addictive drug in regular cigarettes, cigars, and other tobacco products- along with other chemicals that help to make the aerosol.

Vaping devices can be used to deliver marijuana and other drugs.

Vaping devices are currently the most commonly used tobacco product .



LSD

LSD is one of the most powerful hallucinogens.

LSD alters a person's senses, their thoughts and emotions.

Taking LSD causes delusions, hallucinations, and distorted feelings of time and thought.

MDMA

MDMA or also known as Ecstasy/Molly is classified as a hallucinogenic drug by most professionals in the field.

MDMA is known to produce both body and visual distortions.

Users commonly experience hyperthermia, rapid heart rate, high blood pressure, muscle rigidity, and convulsions.



In the United States, more than a quarter of people over eighteen years old reported that they engage in binge drinking with it being more prevalant among college students, 40% whom reported binge drinking. This is very dangerous because high concentrations of alcohol during a time of rapid brain development leads to lasting changes in brain structure and function, and strongly influences the development of a substance use/alcohol use disorder. Research shows the risk of developing a substance use disorder decreases by 5% with each additional year between the ages of 13-21 when youth and young adults abstain from alcohol.

Currently, excessive use of alcohol results in 3.3 million deaths around the world each year. In the United States, between the period of 2006 and 2010, alcohol use was responsible for nearly 90,000 deaths a year!

Alcohol use is responsible for a vast majority of automobile accidents, domestic abuse and other forms of violence.

Almost one-third of all visits to the emergency room for injuries in 2016 were alcohol related.

Excessive alcohol consumption cost the U.S. \$249 billion in 2010- due to reduced workplace productivity, increased health-care expenses, and other costs like criminal justice expenses, motor vehicle crash costs, and property damages. These costs equal a little over \$2.00 for every alcoholic drink that is consumed in the United States.

The consequences of alcohol addiction are devastating for individuals, families, and our communities.

Information on this page was provided by: "Never Enough: The Neuroscience & Experience of Addiction", Judith Grisel

Alcohol & Our Culture

In 1839, an English traveler named Frederick Marryat wrote about American culture and alcohol. He stated that, "if you meet, you drink; if you part, you drink; if you make acquaintance, you drink. They drink because it's hot; they drink because it is cold." Almost 200 years later, these customs have not diminished, and it resulted in almost two centuries worth of countless pain, loss, grief, trauma, death, and continuous challenges to treatment and recovery.

The vast global acceptance of alcohol and the influence of advertising campaigns results in a worldwide annual revenue from alcohol sales of \$150 billion.

Today, people are constantly bombarded by advertisements with false messaging that describes alcohol as necessary if they are to enjoy themselves.

The two leading global producers of alcohol spend more on marketing than they do on their payroll. Anheuser Busch, the leading alcohol producer, stated in a 2013 report that it's goal was to, "create new occasions to share our products with consumers." This goal will contribute to a significant increase in alcohol consumption causing further social and economic issues in our nation and communities.

Alcohol companies are highly skilled in psychologically influencing cultural norms and behaviors. This type of influencing is designed to associate the vast majority of activities and contexts with alcohol. In other words, alcohol producers want to create and position products for specific moments of consumption; enjoying a game or music with friends, shifting toward a more relaxed mood after work, celebrating a party or sharing a meal.

> Information on this page from: "Never Enough: The Neuroscience of Addiction," by Judith Grisel



Prevention- Intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse, and illicit drug use. Focuses on helping individuals develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors.

Treatment- Intended to help individuals stop compulsive drug seeking and use. Treatment can occur in a variety of settings, take many different forms, and last for different lengths of time. Because substance use disorder is typically a chronic disorder characterized by occasional relapses, a short-term, one-time treatment is usually not sufficient.

Recovery- a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidencebased clinical treatment and recovery support services for all populations.

Source: SAMHSA, 2018

Community Prevention

Community prevention is a form of intervention that works to send universal information to children and teens about the dangers of tobacco/nicotine, alcohol, and drug use.

Prevention efforts can be extremely influential in helping to reduce substance use disorder rates.

School & community based addiction prevention programs can help children, teens, and adolescents:

-Resist social pressures to engage in substance use.
 -Enhance education about the dangers of substance use.
 -Strengthen self esteem and improve decision-making skills.
 -Manage stress & anxiety.

Levels of Care For Treatment



Level 1: Outpatient

Level 2.1: Intensive Outpatient (IOP)

Level 3.5: Long Term Residential/Inpatient

Level 3.7: Short Term Residential /Inpatient

Level 3.7: Detoxification Services (Withdrawal Management)

Levels of Care For Treatment

Withdrawal Management (Detox)- A process that helps the body rid itself of substances while the symptoms of withdrawal are treated. It is often a first step in a substance abuse treatment program.

Long Term Residential/Inpatient- Treatment in a setting where both staff and peers can help with treatment. It provides a highly structured and intensive services model. Participants live in the treatment facility. Residential treatment is long term, typically lasting from 1 month to more than 1 year.

Intensive Outpatient Program(IOP)- Treatment for people who do not require medical detoxification or 24-hour supervision treatment. They are designed to establish psychosocial supports and facilitate relapse management and coping strategies. They are less intensive than residential treatments and usually occur up to 3 hours a day for 3 days a week.

Outpatient- Treatment that is offered in a variety of places such as health clinics, community mental health clinics, counselors' offices, hospital clinics, local health department offices, or residential programs with outpatient clinics. Outpatient treatment is typically up to 12 weeks, one or two sessions a week, for one hour.

Early Intervention- A type of intervention that works to identify any underlying issues and triggers that allow addiction to flourish and take measures to prevent its' growth.





Addiction is a disease! However, it is a disease the vast majority of people incorrectly define at the very end of a disease cycle. When we talk about addiction we often describe the homeless person, the person who drinks every day, or the person who has fatally overdosed. What we never see is who that person was on the first day they used a substance. We only observe their addiction at the end, or near the end, of their disease! This perception of addiction only contributes to reducing the chances of receiving medical/psychological help early for individuals.

Substance use disorder can show signs and symptoms that begin early on.

This is why it is important to screen for any indicators that may contribute to substance use issues in the future. When you take your child for a medical check up, ask the doctor to screen for any potential substance use disorder issues. It is also important to seek out mental health and substance use screenings for youth who have dealt with any environmental or psychological stress such as, divorce, physical or emotional abuse, bullying, or any physical or mental pre-existing conditions.

Just like checking a lump for cancer, it is imperative to be checked for future substance use issues.

When it comes to any disease getting screened early is the best method to ensure a life of continued health and wellness!





YOUR SON OR DAUGHTER HAS JUST COMPLETED REHAB. NOW WHAT DO YOU AND YOUR CHILD DO?

THE FIRST STEP AS A PARENT IS TO LEARN THAT JUST BECAUSE HE OR SHE HAS COMPLETED A TREATMENT PROGRAM, IT DOES NOT MEAN THAT THE CHILD IS "CURED." UNFORTUNATELY, THIS IS A CULTURAL MISCONCEPTION. IF YOUR SON OR DAUGHTER SUFFFERS FROM SUBSTANCE USE DISORDER IT'S IMPORTANT TO REALIZE THAT IT IS A CHRONIC DISEASE, MUCH LIKE ASTHMA OR DIABETES, AND NEEDS LONG TERM MANAGEMENT WELL INTO ADULTHOOD. CONTINUING CARE IS TYPICAL OF CHRONIC DISORDERS, AND REQUIRES CONTINUED MAINTENANCE. FOR EXAMPLE, IF TREATMENT FOR DIABETES OR ASTHMA WAS TO BE DISCONTINUED, HEALTH ISSUES WOULD LIKELY RE-EMERGE. THIS IS THE SAME FOR SUBSTANCE USE DISORDER.

FOLLOWING UP WITH A "CONTINUED CARE" MODEL AFTER LEAVING REHAB IS ONE OF THE MOST IMPORTANT PARTS OF TREATMENT. CONTINUING CARE EXTENDS INTO A LONG-TERM APPROACH TO WELLNESS BY UTILIZING ASPECTS OF RECOVERY PROGRAMS WHICH ARE DESIGNED TO MAINTAIN POSITIVE HEALTH OUTCOMES.

EXAMPLES OF PROGRAMS WITH A CONTINUING CARE MODEL INCLUDE SUPPORT MEETINGS (N.A., A.A.) PSYCHOTHERAPY FOR YOURSELF OR FAMILY MEMBERS, RECOVERY CENTERS, PEER-SUPPORT PROGRAMS, MEDICATION MONITORING WITH A PSYCHIATRIST, RECOVERY HIGH SCHOOLS AND OUTPATIENT SERVICES.







Recovery is a process of change through which an individual achieves improved health, wellness and quality of life.

Recovery is a complex and dynamic process encompassing all the positive benefits to physical, mental and social health that can happen when people with an addiction to alcohol or drugs, or their family members, get the help they need.

The process of recovery may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches.

A person's recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.



Recovery support services, such as recovery community centers, help individuals remain engaged in treatment and/or the recovery process by linking them together both in groups and in one-on-one relationships with peer leaders who have direct experience with addiction and recovery.

Depending on the needs of the adolescent, peer leaders may provide mentorship and coaching and help connect individuals to treatment, 12-step groups, or other resources.

Peer leaders may also facilitate or lead communitybuilding activities, helping recovering adolescents build alternative social networks and have drug- and alcoholfree social options.

RECOVERY HIGH SCHOOLS

Recovery high schools are schools specifically designed for students recovering from substance use issues.

Recovery high schools are part of the public school system in New Jersey and allows adolescents newly in recovery to be surrounded by a group of peers who are supportive of recovery efforts and attitudes.

12-STEP 8 SELF HELP PROGRAMS

12 Steps & Other Types of Self-Help:

What comes after substance use disorder treatment is very important and there are multiple pathways to aftercare. If meetings is the pathway chosen, traditional 12-step fellowships like AA and NA, SMART Recovery, and Celebrate Recovery will be beneficial.

Family Support:

Because substance use disorder affects the entire family system, it might also be important for families to engage in meetings as well. This could be meetings such as AL-ANON or C.R.A.F.T (Community Reinforcement & Family training).



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MEDICATED-ASSISTED TREATMENT (MAT) IS THE USE OF FDA APPROVED MEDICATIONS, IN COMBINATION WITH COUNSELING AND BEHAVIORAL THERAPIES, TO PROVIDE A "WHOLE-PATIENT" APPROACH TO THE TREATMENT OF SUBSTANCE USE DISORDERS. (SAMHSA,2018)

OPIOID USE MEDICATIONS

THE THREE MOST COMMONLY USED MEDICATIONS TO TREAT OPIOID ADDICTION INCLUDE METHADONE, NALTREXONE , AND BUREPENOPRHINE.

METHADONE-PREVENTS WITHDRAWAL FROM OCCURRING BY "TRICKING" THE BRAIN INTO THINKING IT IS STILL RECEIVING THE SUBSTANCE WHICH REDUCES THE CRAVING FOR OPIOIDS. BUPRENORPHINE- PREVENTS WITHDRAWAL AND REDUCES CRAVING FOR THE OPIOID SUBSTANCE. COMMON MEDICATIONS INCLUDE, SUBOXONE & SUBUTEX. NALTREXONE- WHEN TAKING THIS MEDICATION A PERSON WILL NOT FEEL THE EFFECTS OF OPIOIDS. THIS IS BECAUSE, IT BLOCKS OPIOIDS AND STOPS THE HIGH OF THE DRUG.

SCIENTIFIC EVIDENCE OVERWHELMINGLY SHOWS THAT MEDICATIONS FOR OPIOID ADDICTION ARE ONE OF THE BEST FORMS OF TREATMENT. PUBLIC STIGMA ABOUT THIS TYPE OF MEDICAL TREATMENT HOLDS BACK SUCCESSFUL AND LIFE SAVING TREATMENT INTERVENTIONS.



Naloxone is a drug that reverses the deadly effects of an opioid overdose.

HOW DOES IT WORK?

Naloxone can be a nasal spray or an injectable device. It is safe and effective for both children & adults. When naloxone is administered to someone who is experiencing an opioid overdose, the naloxone molecules travel through the body to the brain and attach to the receptor site in the brain, displacing the opioid molecule. This reverses the fatal effects of an overdose. Naloxone ONLY works for OPIOID overdoses and will not work for overdose involving other drugs or medications.

HOW DO I GET NALOXONE?

You can purchase Narcan over the counter at your local pharmacy. Jersey Shore Addiction Services (JSAS) hold multiple free community-wide trainings at various times in the year. Visit www.jsashc.org for more information.

THE NEW JERSEY GOOD SAMARITAN LAW δ OVERDOSE PREVENTION ACT



A person who, in good faith seeks medical assistance for themselves or another person experiencing a drug overdose is immune from being: arrested, charged, prosecuted, or convicted for obtaining, possessing, using, being under the influence of, or failing to make lawful disposition of, a controlled substance. The Good Samaritan Law does not protect people from arrest for other offenses, such as selling or trafficking drugs, possession with intent to distribute, or driving under the influence.

SAFELY DISPOSING OF UNUSED AND EXPIRED MEDICATIONS

According to the 2016 National Survey on Drug Use and Health, 6.2 million Americans abuse controlled prescription drugs. Many of these individuals began abusing prescription drugs by simply opening up the family medicine cabinet.

According to a 2017 study, it was found that about one-third of Americans hadn't cleaned out the medicine cabinet in the past year; nearly one-fifth hadn't done so in the past three years.

It is very important that parents and caregivers remove expired or unused medicines from their home as quickly as possible to help reduce the chance that others may accidentally take or intentionally misuse the unneeded medicine.

The safe disposal of medications should be done by depositing them through authorized medication disposal sites.

In your community, authorized medication disposal locations may be in retail pharmacies, hospital or clinic pharmacies, and law enforcement facilities.

Union County authorized medication disposal sites include:

Clark Police Department Cranford Police Department Elizabeth Police Department Fanwood Police Department Linden Police Department Mountainside Police Department Plainfield Police Department Rahway Police Department Roselle Police Department Roselle Park Police Department Scotch Plains Police Department Springfield Police Department Summit Police Department Union County Division of Police Union Township Police Department Westfield Police Department

Educational Services Professional Terminology

SCHOOL SOCIAL WORKER. School social workers address the psychological and social well-being of students--ranging from elementary school to university. They provide information and counseling to help students, parents, and school staff work together to solve problems by communicating and providing referrals to other resources.

SCHOOL NUBSE: School nurses receive specialized training to provide services and supports to prevent and treat general health and wellness concerns of students and to promote a safe and healthy school environment. A school nurse certification is required for nurses to practice in schools. Nurses are often the first school staff member to be consulted for students with emerging health concerns.

SCHOOL PSYCHOLOGIST: School psychologists are doctorallevel behavioral health providers trained to provide psychological testing, assessment, prevention and intervention services in a school setting.

STUDENT ASSISTANCE COUNSELOR (SAC). They have many functions but their primary goal is to work with students and families to address social-emotional issues that may hinder academic and social success. The SAC's work is closely aligned with the district's goals; namely, improving academic achievement, closing the achievement gap and enabling all students to remain in their home district in the least restrictive setting. SACs are also required to have SUD expertise.

Medical Clínical Professional Terminolog

Psychiatrist A psychiatrist is a medical doctor (completed medical school and residency) with special training in psychiatry. A psychiatrist is able to conduct psychotherapy and prescribe medications and other medical treatments.

Psychologist- Clinical Psychologists assess, diagnose, and treat mental, emotional, and behavioral conditions. Clinical psychologists help people deal with problems ranging from short term personal issues to severe, chronic conditions.

Licensed Social Worker(LSW)- A Licensed Social Worker(LSW) is an individual with a master's level degree of social work that works in a wide variety of settings to provide emotional support mental health evaluations, therapy and case management services to people experienceing psychological, emotional, medical, social, and/or familial challenges.

An LSW must complete a certain amount of clinical hours and pass a clinical licensing exam to be titled as a Licensed Clinical Social Worker

Licensed Clinical Social Worker(LCSW) A Licensed Clincal Social Worker works in a variety of settings to provide emotional support, mental health evaluations, clinical therapy/psychotherapy, and case management services to people experiencing psychological, emotional, medical, social, and/or familial challenges. LCSWs can diagnose for SUD and have met the minumim required amount of supervision.

Clinical social work is a unique field that combines mental and emotional diorder knowledge and treatment planning with an understanding of socioeconomic, cultural, and familial impacts on an individual's wellbeing.

Medical/Clinical Professional Terminology

Licensed Associate Counselor (LAC)- A Licensed Associate Counselor(LAC) is someone who possesses a Master's level degree and offers professional counseling services to children, adolescents, and adults.

Licensed Professional Counselors(LPC)- Licensed professional counselors (LPC) are mental health service providers who possess a Master's level degree. LPCs are trained to work with individuals, families, and groups in treating mental, behavioral, and emotional problems and conditions.

To become an LPC, a person must first be licensed as an LAC.

Certified Alcohol and Drug Counselor (CADC)- Certified Alcohol and Drug Counselor(CADC) is a bachelor's level clinician who specializes in substance use disorder treatment, who is supervised by a Licensed Clinical Alcohol & Drug Counselor(LCADC).

Licensed Clinical Alcohol and Drug Counselor (LCADC)- A Licensed Clinical Alcohol & Drug Counselor(LCADC) is a Master's level clinician who specializes in diagnosing and treating substance use disorders.

SUBSTANCE USE DISORDER SERVICES

Union County Outpatient Services- Adolescents

High Focus	800-877-3628
PROCEED, Inc	908-469-3200
Trinitas Medical Center	908-994-7223
Summit Behavioral	844-643-3869
Summit Oaks Hospital	.908-522-7071

Short Term Residential Rehab- Adolescent

Day Top New Jersey	973-543-5656
New Hope BHCare	732-946-3030
Newark Renaissance House	973-623-3386

Prevention Education, Early Intervention, Recovery High School, Recovery Support Services

Prevention Links.....732-381-4100

Experience, Strength, Hope Recovery Center.....908-793-9800

Raymond Lesniak Experience,Strength, Hope Recovery High School......908-793-9800

24 Hour Emergency Psychiatric Services

Trinitas Regional Medical Center	.908-994-7131
Union County Mobile Response & Sta	lbilization
Services/PerformCare (for Children)	877-652-7624
Overlook Hospital	.908-522-2000
RWJ University Hospital-Rahway	.732-381-4200

Children's Services

Child/Family Therapy and Medication Mgt.

Performcare	877-652-7624
CenterPath Wellness	.908-756-6870
Cooperative Counseling Services	908-731-7100
The Lamberts Mill Academy	908-233-7581

Day Treatment/After School Therapeutic Treatment

Trinitas Regional MC......908-994-7722

Division of Child Protection & Permanency (DCPP)

Cranford	908-497-1488
Elizabeth	908-820-3000
Plainfield	800-847-1750



Family Support for Children & Parents

Families & Communitites Together(FACT)	.908-789-8500
Family Support Organization	.908-820-3000
Family Crisis Intervention Unit(FCIU)	.908-558-2520
Youth Advocate Program	973-624-1520

Grief Counseling

Imagine- A Center for Coping with Loss.....908-264-3100

Home Based Services

Cooperative Counseling Services	908-731-7100
Family & Children's Services	908-352-7474
Family Preservation Services	973-372-8079
United Fam. & Children's Society	908-755-4848

Inpatient Hospital Treatment

Summit Oaks Hospital, Ages 5-17	908-522-7071
Trinitas Regional MC	

Residential Treatment

Davis House, Ages 5-10	973-485-3314
New Point Residential Treatment	.908-994-7395

Counseling

Counseling Services for Youth & Families

CenterPath Wellness(Plainfield)	.908-756-6870
Children's Specialized Hospital(Mountainside)	908-233-3720
Cooperative Counseling Services(Union)	908-731-7100
Counseling Center for Human Development	908-276-0590
Family Resource Center(Cranford)	908-276-2244
Family Crisis Intervention Unit(FCIU)	908-558-2520
Family & Children's Services(Elizabeth)	908-352-7474
GenPsych	855-436-7792
High Focus(Cranford)	800-877-3628
Jersey Behavioral Care	908-352-8375
Mount Carmel Guild	908-497-3968
Overlook Hospital(Summit)	888-247-1400
PROCEED	908-469-3200
Resolve Community Counseling(Scotch Plains).	908-322-9180
Trinitas Medical Center(Adults)	
Trinitas Medical Center(Children)	908-994-7223
United Family & Children's Society(Westfield)	908-755-4848
Youth & Family Counseling(Westfield)	908-233-2042



Community Support

Children & Family

Performcare	877-652-7624
Prevention Links	732-381-4100
NAMI of Union County	908-233-1628
Mental Health Association UC	908-810-1001
Elizabeth Coalition to House the Homeless	908-355-2060
ESH Recovery Center	732-381-4100
Bridgeway Supportive Housing	908-249-4100
Homeless Outreach of Bridgeway	908-289-7330
Bayway Family Success Center	908-289-0136
Trinitas TLC Program	908-994-7543
Mount Carmel Guild	908-497-3927
Family Crisis Intervention Unit(FCIU)	908-558-2520





2019-2020 Family Toolkit 1st ed.

RESOURCES:

-Electronic Cigarettes https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.html

-Igen: why today's super-connected kids are growing up less rebellious, more tolerant, less happy--and completely unprepared for adulthood (and what this means for the rest of us) Jean Twenge - Atria Paperback - 2018

-Medication-assisted Treatment (mat) Chanell.baylor - https://www.samhsa.gov/medication-assisted-treatment

-Mental Health and Substance Use Disorders Allison.bradbury - https://www.samhsa.gov/find-help/disorders

-Never enough: the neuroscience and experience of addiction Judith Grisel - Doubleday - 2019

-National Institute on Drug Abuse (nida) National Institute on Drug Abuse - https://www.drugabuse.gov/

-Opioid Overdose Reversal with Naloxone (narcan, Evzio) National Institute on Drug Abuse - https://www.drugabuse.gov/related-topics/opioid-overdosereversal-naloxone-narcan-evzio

-Psychology: the science of behavior, third edition R. Ettinger - Horizon Textbook Publishing - 2008

-Prescription Stimulants

National Institute on Drug Abuse - https://www.drugabuse.gov/publications/drugfacts/prescriptionstimulants

-Reports and Detailed Tables From the 2017 National Survey on Drug Use and Health (nsduh) https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH

-Substance Abuse and Mental Health Services Administration https://www.samhsa.gov/

-The Problem With Expired Medication Lisa Gill - https://www.consumerreports.org/drug-safety/the-problem-with-expired-medication/

-To Begin Addressing Your Child's Drug Use, Start Talking https://drugfree.org/article/start-talking/

-Trauma https://www.integration.samhsa.gov/clinical-practice/trauma

DONATE TODAY!

To continue creating health & wellness in our communities we ask that you donate to Prevention Links!

BE A PART OF THE SOLUTION!

To donate please visit our website www.preventionlinks.com and click on "donate" to help prevent and treat substance use!

THANK YOU FROM ALL OF US AT PREVENTION LINKS!





2019-2020 Family Toolkit 1st ed.

developed by: Sean Keagan Foley, MSW, LSW &

Lisa Federico, MA, LCADC, LAC

Prevention Links is a private, not-for-profit organization, which takes a leadership role in the prevention of drugs, alcohol, and related issues. With community being defined as any environment where people live, work, or learn, the goal of Prevention Links is to pull together all available resources to eliminate the deleterious effects of drugs, alcohol, violence, and inadequate educational and health institutions in our communities.

Prevention Links focuses on identifying and enhancing existing strengths within the individual, family, school, and work setting to serve as the first and most valuable resource in sustainable revitalization of all types of community. Prevention Links implements training programs and evidence based strategies, practices and programs that are outcome based and empower all segments of a community to be actively engaged in changing their environments.

Mission Statement

Prevention Links mission is to foster, healthy, sustainable communities by empowering people through education, collaboration and linkages to resources.

Thank you for reading!



When we are no longer able to change a situation, we are challenged to change ourselves. -Victor Frankl