

OPIATE & DRUG AWARENESS TOOLKIT

A Resource for Prevention, Treatment and Recovery



Jefferson County
Drug Free Coalition



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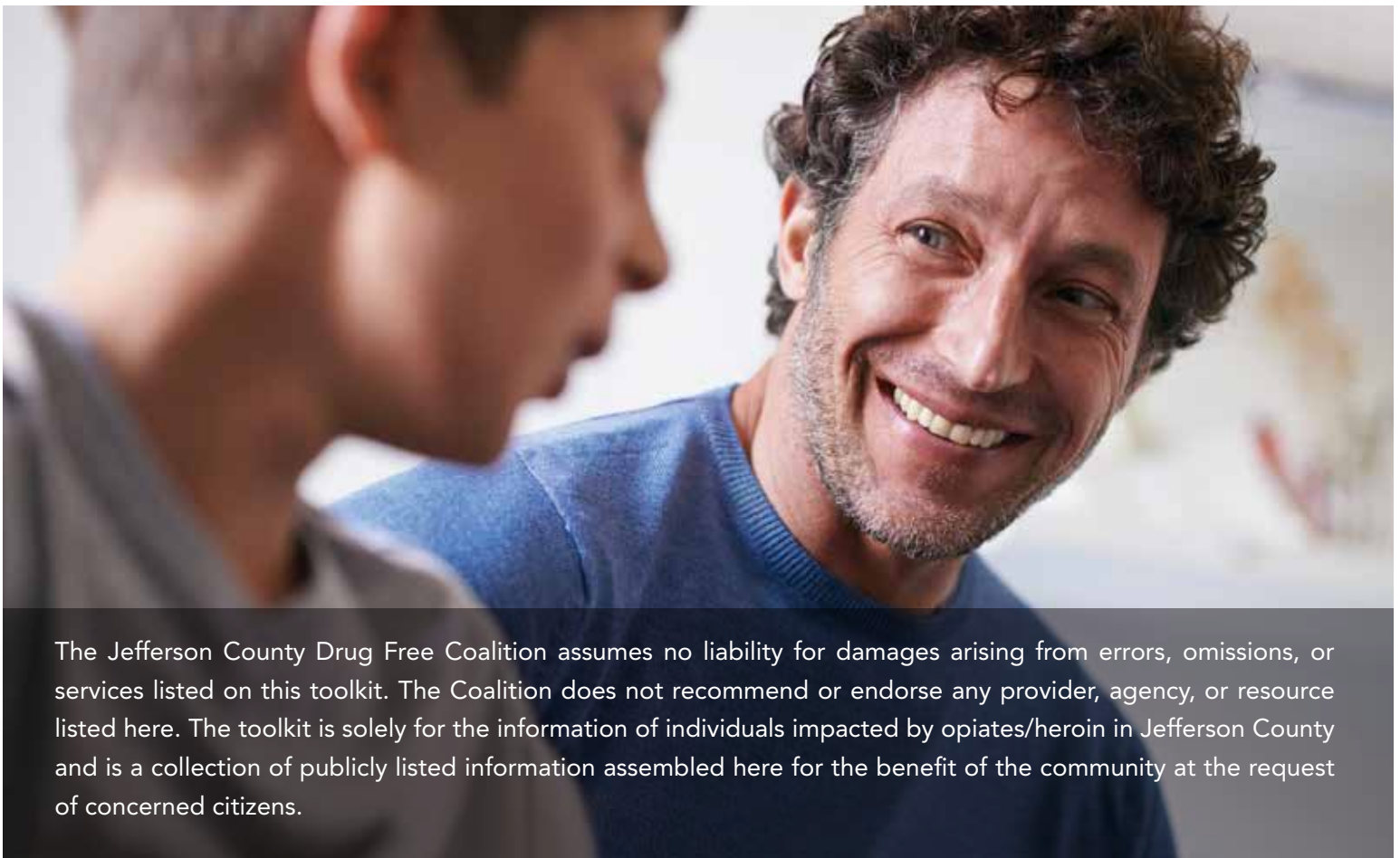


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A Resource for Prevention, Treatment and Recovery

The Jefferson Drug Free Coalition aims to prevent and reduce the abuse of alcohol, tobacco, and drugs among youth and the greater community through county-wide collaboration. Through these collaborations we have developed this Alcohol and Drug Awareness toolkit for you to better educate yourself and others about the ongoing opioid epidemic and other drug use.

— The Jefferson County Drug Free Coalition

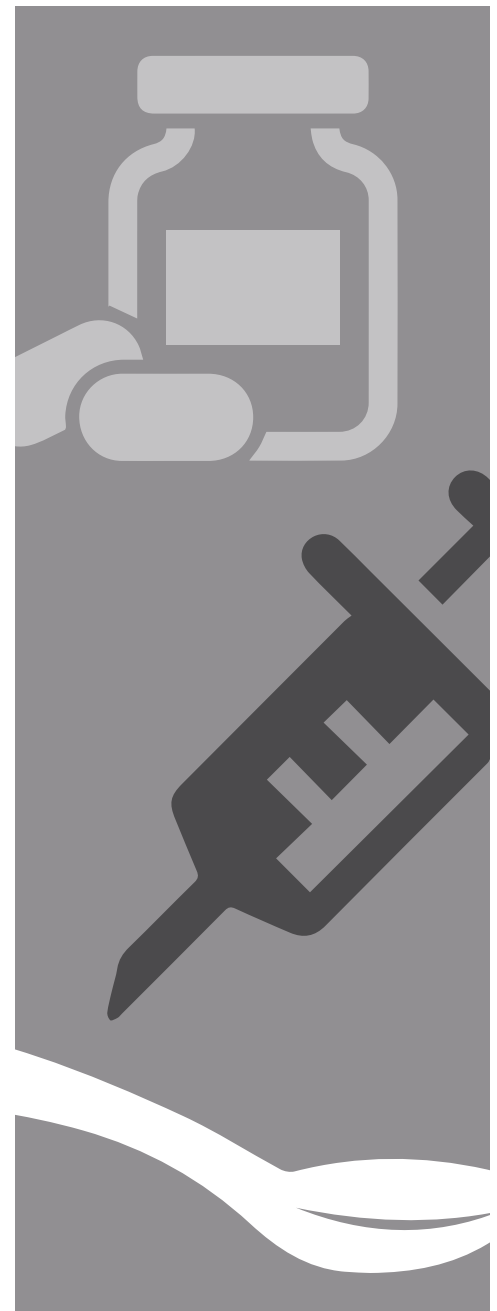


The Jefferson County Drug Free Coalition assumes no liability for damages arising from errors, omissions, or services listed on this toolkit. The Coalition does not recommend or endorse any provider, agency, or resource listed here. The toolkit is solely for the information of individuals impacted by opiates/heroin in Jefferson County and is a collection of publicly listed information assembled here for the benefit of the community at the request of concerned citizens.



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Alex's Story

I believe drugs took Alex the day he was first diagnosed with ADD, the day his first prescription was filled to alter his behavior, to make him more manageable. He didn't like the way they made him feel, and he didn't want to take them. As he grew older, he experimented with things that did make him feel better. By the time he was 14, he was a full blown addict. I was beside myself. I stalked him. I listened to his phone calls. I called other parents when I found out who he was talking to. I visited other homes with very little, or no success. His moods would swing from catatonic to delirium. I remember one time when he was talking quickly, pacing, sweating, trying not to take drugs, trying to tough it out. He couldn't. He just couldn't stop. Drugs took him. It was then I realized he needed drugs to feel normal. Unsuccessful, "call for help" suicide attempts became the norm. There were times that I thought he might be better if he succeeded; he was in such pain.

Being a parent of a drug addict is full time hell. It consumes all of you. You are the enemy. You are the hurdle between him and his "cure." Ultimately, while high on drugs and booze, Alex burned my condo. He was convicted of arson and went to prison for four years. This one event saved his life by getting him off the street, and the drugs.

Most of the advice I got about how to handle this was do this, or do that, a lot of very judgmental stuff. It's not very helpful, and it shows how truly out of touch people and society are when it comes to this topic.

Since Alex was released from prison three years ago, he's gone to college and has maintained a job as a trainer. He's completely absorbed into helping people, another addiction, albeit a good one. But, the trail of his past life follows him. Getting back to normalcy is difficult, with CCAP and a felony conviction, it's hard for him to even find someone who will rent to him, or date him for that matter. But, that's his reality today, and he's dealing with it. Drugs are no longer a part of his life. But, it's a life that continues to follow him.



— Alex

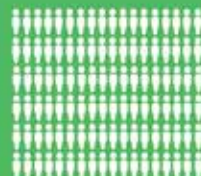
For every **1** overdose death there are...



10 treatment admissions for Rx abuse



26 ER visits for Rx misuse or abuse



108 people who abuse or are dependent



733 nonmedical users

Source: www.cdc.gov/drugoverdose



Katie's Story

I have often heard people in recovery describe their early drug use with a sort of romantic nostalgia. Some believe they fell in love instantly. Some believe they completely connected with the feeling. Not me. What I did fall in love with almost instantly was the feeling of identity that drug use gave me. I have always been shy. Not just regular shy but painfully shy and very socially awkward. When I started to experiment with drugs in seventh grade, the choice to be on the outside suddenly shifted. I wasn't on the outside because I didn't fit in; I was on the outside because it was MY choice. A whole new world was opened to me.

After graduating high school, my identity changed a little. I began to forge an identity as a partier. I also started to lose control over my use. I dropped out of college twice. I got a DUI. I got fired from a succession of jobs.

My twenty-first birthday was a disaster. I woke up in a medical detox facility, with no recollection of how I got there. I found out later I had attempted to drink twenty-one shots and was found putting cigarettes out on my hand and slamming my head into a wall. A month later, in a drunken tirade, I beat someone up and was charged with battery and disorderly conduct. It was my first offense so I was placed in a deferred prosecution program.

If things in my life were messy and chaotic before, they were downright insane now. I was in and out of jails, rehabs, mental institutions and hospitals. I started using and got hooked on heroin. Life had lost all of its meaning. It was a dark time, but I couldn't seem to stop myself.

It was a trip to Mexico that was the catalyst for change in my life. I had just been kicked out of rehab for relapsing yet again and was told I could no longer live at home. It was February in Wisconsin and I had nowhere to go. I had burned so many bridges. Feeling so trapped, I decided that I was going to move to Mexico and start my life over. I broke into my parent's house, stole their credit cards and booked a flight. Needless to say, that plan didn't work out too well for me and I was arrested, deported and charged with two felonies.



My sweet and heartbroken mother showed up to my court date and begged the judge to send me to an inpatient treatment program. She told him that I was worth a second chance. She firmly believed that I could overcome this. She believed in me and stood by me even though she was the victim of many of my crimes. That judge did exactly what she asked. I was sentenced to a year-long inpatient treatment program and five years probation. Even though I was furious at the time, I would soon come to realize that sentence was the best thing that could have ever happened to me.

My faith gave me a solid foundation when I wanted to give up. I am not going to lie and say that I didn't struggle in those very early months of recovery. I did. It wasn't an easy path. But through my faith I was given a beautiful gift.

I tell my story openly because I want to give other people hope. I want people to know that recovery is possible. That people can and do change. It isn't as far out of reach as it seems to be. I just celebrated 12 years of sobriety, something I never thought would be possible. I no longer cling to a single identity as a means of expressing who I am, but try each and every day to simply embrace and love the whole of who I am.

— Katie



Erika's Story

Growing up I saw a lot of physical and verbal abuse in my home. I was the middle child and my parents divorced when I was a teenager. I went to private grade schools, then later attended Watertown High School. When I was a freshman, I started smoking pot. Later, I dated a guy whose mom was a crack user. When I was 15, I was smoking crack daily, and soon after, I started using Oxycontin. Later on, when I got pregnant with my son, I stopped using drugs, but started using again after he was born. My family stepped in to care for him because I could not. I stole from my great uncle and was put on probation. While on probation, they caught me using drugs and I was sent to jail.

After my time in jail, I tried Vivitrol, a medication to assist with my addiction, but I wasn't doing the work I needed to figure out who I was. I didn't have custody of my child. I found out I was pregnant again and continued to use drugs during this time. I didn't know how to ask for help. In my mind, I thought I could stop and no one would know...except, I couldn't stop. Child Protective Services was notified of my drug use which I denied. The part of your brain that allows you to have a conscience does not work when you are using drugs. When I was using drugs, it didn't matter if I had unborn child or that my child was watching me use drugs. Nothing mattered except for using drugs.



I finally admitted to using drugs while in the hospital during labor. At that point, I had burned my bridges and I had very little support from family and friends. I had no one except the County. Child Protective Services kept me and my child safe by making sure that my friend, aunt or my uncle was with me 24 hours a day while I was with my baby. I got a job, my driver's license and did all that was being asked of me. I got into counseling to figure out why I was doing what I was doing. The counseling sessions were hard because I had a lot of guilt associated with using drugs while pregnant. But in the end, it was the reality of having a child that helped me get clean. My child was born with drugs in his system and he didn't have a chance without a person to care for him. I needed to stay clean for him, but I also realized that I needed to stay clean for me.

I started on Vivitrol 7 days after my son was born and also started counseling. I truly believe that if it were not for the counseling I received at Jefferson County Human Services, I would not be where I am. I have a full time job and day care for my son. I went through depression and the challenges that come after having a baby. Through it all, my counselor was there for me. If I could give advice to any pregnant woman who is using, I would tell her there are people who are there to help. They don't want to take your child away. They just want to keep you safe.

I look back on my life and think of the years I wasted and I don't want to waste one more minute in that horrible cycle. I am on my 10th Vivitrol shot and I am hoping to be off the medication completely after another year. There are still times when I look to fill that icky feeling of not being good enough or not being okay with me just being me, but I look for the things that make me feel good, like reading a book, journaling, going for walks – things I didn't do before. I love being with my kids and it makes me feel good. Being in recovery has given me everything of value that I have in my life – integrity, honesty, fearlessness, faith, a relationship with God, and most of all, gratitude.

— Erika

*Name changed to protect her identity.



Addiction is a Disease

Addiction, which is also referred to by the medical community as “Substance Use Disorder,” is a progressive brain disease that, if left untreated, may result in death. When individuals develop the disease of addiction, it is to one or more of the mind altering substances – including alcohol, marijuana, prescription pills, cocaine, methamphetamine, opiates and/or heroin.

Addiction is a disease, just as diabetes, cancer, heart failure and arthritis are. Addiction is not simply a weakness. Individuals’ brains are highly complex. Why some individuals develop addiction and others do not is not understood. Early exposure to alcohol and other drugs is a significant predictor of developing this disease.

Addiction is more prevalent than many realize. Over 20 million people in the United States have this disease - with many people going untreated. People from all backgrounds develop this disease. The disease does not discriminate. 90% of the time addiction develops/starts during the teenage years.

The disease of addiction affects the brain by impacting priorities, physiology, and thought process. The “reward system” of the brain is rewired by the drug, leading to a strong urge to seek and use the drug (heroin, alcohol, marijuana, opioids or other mind altering substances) despite harmful or potentially harmful consequences.

Substance use disorders are classified as mild, moderate or severe, depending on how many of the diagnostic criteria are met. There are 11 criteria for the diagnosis of this disease. Two or more criteria presenting in a 12 month period is evidence of mild addiction. More criteria equates to moderate or severe addiction.

1. **Hazardous use:** You’ve used the substance in ways that are dangerous to yourself and/or others, i.e., overdosed, driven while under the influence, or blacked out.
2. **Social or interpersonal problems related to use:** Your substance use has caused relationship problems or conflicts with others.
3. **Neglected major roles to use:** You’ve failed to meet your responsibilities at work, school or home because of your substance use.
4. **Withdrawal:** When you’ve stopped using the substance, you’ve experienced withdrawal symptoms.
5. **Tolerance:** You’ve built up a tolerance to the substance so that you have to use more to get the same effect.
6. **Used larger amounts/longer:** You’ve started to use larger amounts or use the substance for longer amounts of time.
7. **Repeated attempts to control use or quit:** You’ve tried to cut back or quit entirely, but haven’t been successful.
8. **Much time spent using:** You spend a lot of your time using the substance.
9. **Physical or psychological problems related to use:** Your substance use has led to physical health problems like liver damage or lung cancer, or psychological issues, such as depression or anxiety.
10. **Activities given up to use:** You’ve skipped activities or stopped doing activities you once enjoyed in order to use the substance.
11. **Craving:** You’ve experienced cravings for the substance.



Factors That Can Increase the Chance of Addiction

Home and Family

- Influence during childhood is a very important factor
- Parents or older family members who abuse drugs or engage in criminal behavior can increase a child's risk of developing their own drug problems

Peers and School

- Drug-using peers can sway even those without risk factors to try drugs
- Academic failure
- Poor social skills can put a child at further risk for using drugs

Biological Factors

- Genetic factors account for 40%-60% of a person's vulnerability to addiction
- Effects of environmental factors on the function and expression of a person's genes
- A person's stage of development and other medical conditions
- Adolescents and people with mental disorders are at greater risk of drug abuse and addiction than the general population

Early Use

- Research shows that the earlier a person begins to use drugs, the more likely he or she is to develop serious problems
- This reflects the harmful effect that drugs can have on the developing brain
- It remains that early use is a strong indicator of problems ahead, including addiction

Method of Administration

- Smoking a drug or injecting it into a vein increases its addictive potential
- Both smoked and injected drugs enter the brain within seconds
- This intense "high" can fade within a few minutes, taking the abuser down to lower, more normal levels



Check out this great resource:
drugabuse.gov/news-events/nida-notes

As with any other disease, the capacity to become addicted differs from person to person. In general, the more risk factors a person has, the greater the chance that taking drugs will lead to abuse and addiction. (Excerpted from *Drugs, Brains, and Behavior: The Science of Addiction* by NIDA)



Commonly Abused Prescription Medications

Pain Medications – This class of drugs is the most abused of prescription medications among adults and teens. Opiates can be ingested in various ways. Prescription opiates are typically taken in pill form. They can be crushed to sniff, snort or can be injected. Some commonly abused medications include:

- Codeine [Promethazine Syrup with Codeine; Tylenol w/Codeine]
- Hydrocodone [Vicodin, Lorcet, Lortab, Norco]
- Hydromorphone [Dilaudid]
- Meperidine [Demerol]
- Methadone
- Morphine [MS Contin]
- Oxycodone [Oxycontin, Roxicodone, Percocet, Endocet, Percodan]
- Buprenorphine [Suboxone/Subutex]
- Fentanyl [Sublimaze]



Percocet
5 mg



Percodan
4.5 mg



OxyContin
20 mg



OxyContin
80 mg



OxyContin
160 mg

Sedatives – The most commonly abused anti-anxiety medications include:

- Alprazolam [Xanax]
- Clonazepam [Valium, Diazepam]
- Lorazepam [Ativan]
- Temazepam [Restoril]
- Zolpidem [Ambien]
- Temazepam [Restoril]

Stimulants – These medications are used to treat ADHD/ADD:

- Amphetamine [Adderall]
- Methylphenidate [Ritalin, Concerta]

Steroids – These steroids are prescribed and also abused:

- Anabolic steroids [Anadrol, Durabolin, Depo-Testosterone]

Please visit these sites for detailed information about prescription medications:



www.theantidrug.com
www.drugfree.org
www.nida.nih.gov

Commonly Abused Street Drugs

- Marijuana
- Cocaine
- Solvents/Aerosols
- Bath Salts
- Heroin
- LSD





Steps to Prevent Prescription Drug Abuse



What's in your medicine cabinet? On your nightstand? On the kitchen counter? In your purse? Naturally, you keep prescription medicines and cold and cough remedies handy for you to take when needed. They are also handy for everyone else to take without you knowing it.

LOCK UP YOUR MEDS Only 4.7% of individuals who abuse prescription drugs say that they get the medication from a stranger, drug dealer or via the internet. Lock them up or take them out of your house.

TAKE INVENTORY Use a home medication inventory card to record the name and amount of medications you currently have. Check regularly to make sure none are missing. For a printable home medication inventory card, visit www.trumbullmhrb.org/pdfs/Inventory-Card.pdf



EDUCATE YOURSELF AND YOUR CHILD Learn about the most commonly abused types of medications (pain relievers, sedatives, stimulants and tranquilizers). Then communicate the dangers of abusing these medications to your child regularly. ONCE IS NOT ENOUGH.

SET CLEAR RULES AND MONITOR BEHAVIOR Do not allow your child to take prescription drugs without a prescription. Monitor your child's behaviors to ensure that rules are being followed. Lead by example!

PASS IT ON Share your knowledge, experience and support with the parents of your child's friends. Work together to ensure that your children are safe and healthy.

DISPOSE OF OLD AND UNUSED MEDICATIONS Medications can be disposed of at permanent drug disposal boxes located throughout Jefferson County. (Locations listed on page 29).

Between 2014 and 2018, **61 lives have been lost to opiates or heroin abuse in Jefferson County.**



Health Consequences of Prescription Medication Abuse

The potential for physical and psychological addiction is very real! Drug use and abuse, including the illegal use of prescription medication, is associated with strong cravings for the drug, making it difficult to stop using. Most drugs alter a person's thinking and judgment, which can increase the risk of injury or death from drugged driving or infectious diseases, such as:

- HIV/AIDS
- HEPATITIS B & C
- CHLAMYDIA
- GONORRHEA
- HIGH RISK HPV
- GENITAL WARTS
- HERPES AND SYPHILIS



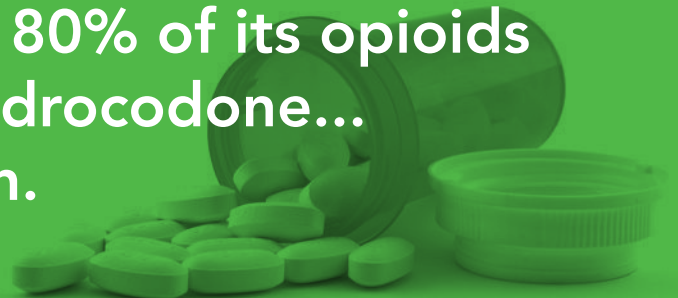
Unfortunately, all of these diseases can occur from the practice of unprotected sex and/or needle sharing.

In addition, drug use during pregnancy can lead to neonatal abstinence syndrome, a condition in which a baby can suffer from dependence and withdrawal symptoms after birth.

Be aware. Drug use and abuse also weakens the immune system. www.drugabuse.gov

The U.S. makes up only 4.6% of the world's population, but consumes 80% of its opioids and 99% of the world's hydrocodone... the opiate that's in Vicodin.

ABC News





Why Would My Child Use Drugs?

In general, people begin taking drugs for a variety of reasons:

To feel good. Most abused drugs produce intense feelings of pleasure. This initial sensation of euphoria is followed by other effects, which differ with the type of drug used. For example, with stimulants such as cocaine, the “high” is followed by feelings of power, self-confidence and increased energy. In contrast, the euphoria caused by opiates such as heroin is followed by feelings of relaxation and satisfaction.

To feel better. Some people who suffer from social anxiety, stress-related disorders, and depression begin abusing drugs in an attempt to lessen feelings of distress. Stress can play a major role in beginning drug use, continuing drug abuse or relapse in patients recovering from addiction.

To do better. Some people feel pressure to chemically enhance or improve their cognitive or athletic performance, which can play a role in initial experimentation and continued abuse of drugs such as prescription stimulants or anabolic/androgenic steroids.

Curiosity and “because others are doing it.” In this respect adolescents are particularly vulnerable because of the strong influence of peer pressure. Teens are more likely than adults to engage in risky or daring behaviors to impress their friends and express their independence from parental and social rules.

(Excerpted from *Drugs, Brains, and Behavior: The Science of Addiction* by NIDA)





Access to Medication

What Are Your Kids Being Prescribed? Think before you fill a prescription pain medication for your child. Do they really need such a strong medication or will something else do? Pain medications, like Vicodin, OxyContin and other versions are very strong. We live in a high-prescribing region of the state. Youth are not an exception. They are being prescribed large quantities of very strong medications for things as simple as sports injuries and dental procedures. Be an advocate while you can and look into all options. Pain is no fun, but it's better than starting an addiction in your child.

Questions to ask your physician before filling a prescription:

- What are some alternatives for pain management?
- Can you prescribe a non-opioid pain medication?
- If my child must take opioids for pain relief, how can I minimize risks of dependency?
- If you must prescribe an opioid, can you limit the quantities?



According to the Center for Disease Control (CDC) , enough painkillers will be prescribed this year to medicate every American adult around the clock for a month.





PLEASE LOCK UP YOUR PRESCRIPTIONS

DID YOU KNOW?

It is a felony to sell or give a prescription to anyone other than the person to whom the drug was prescribed.

ADULTS



OPIOIDS



SEDATIVES



STIMULANTS

COLLEGE STUDENTS



OPIOIDS



SEDATIVES



STIMULANTS

Adults misuse or abuse opioids more than other age groups.
College students misuse or abuse stimulants more than other age groups.



Heroin Use is Part of a Larger Substance Abuse Problem

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

HEROIN is a highly addictive opioid drug with a high risk of overdose and death.

PEOPLE WHO ARE ADDICTED TO....



Alcohol
are
2X



Marijuana
are
3X



Cocaine
are
15X

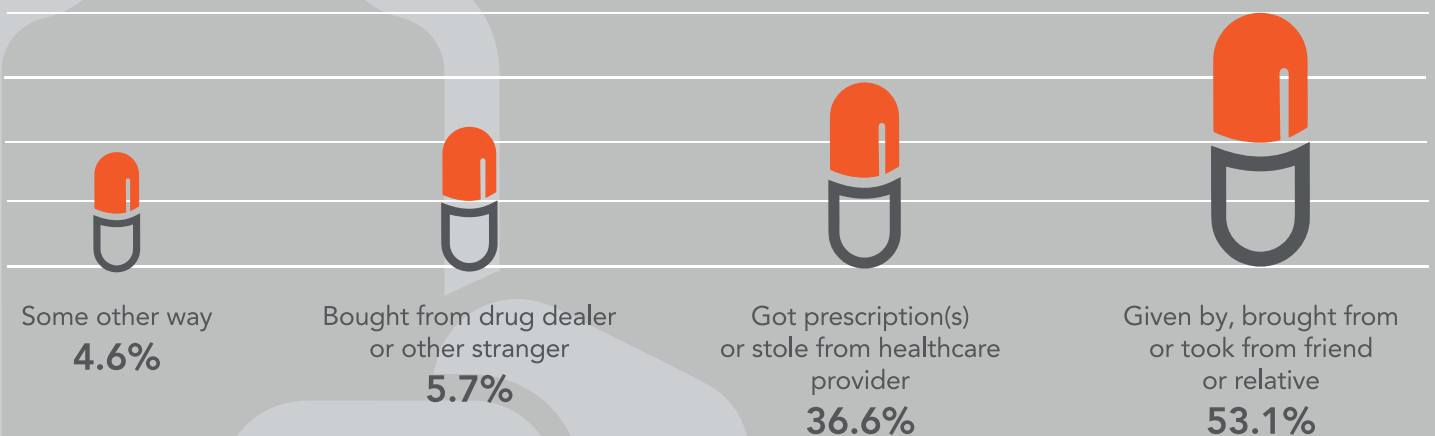


Rx Opioids
are
30X

... MORE LIKELY TO BECOME ADDICTED TO HEROIN.

Source: National Survey on Drug Use and Health (NSDUH), 2100-2013

WHERE PAIN MEDICATION WAS OBTAINED FOR MISUSE AMONG PEOPLE AGED 12 AND OLDER



Source: SAMHSA



Effects During Pregnancy

Neonatal Abstinence Syndrome (newborn withdrawal) - Include symptoms that a baby may have when a mother takes certain medications or other drugs during her pregnancy. These substances may include methadone, suboxone, heroin and other prescription medications such as oxycontin and vicodin. Babies exposed to these drugs have an 80% chance of developing withdrawal symptoms.

SYMPTOMS OF WITHDRAWAL INCLUDE:

- High-pitched crying or difficult to console
- Poor feeding/spitting/vomiting/diarrhea
- Difficulty sleeping
- Overly vigorous suck or uncoordinated suck
- Tremors/jitteriness
- Occasionally seizures can occur
- Frequent hiccups and/or sneezing
- Mild fever
- Sweating

If these symptoms occur, your newborn baby may spend more time in the hospital than other newborns. The exact length of time it takes to wean these substances differs from baby to baby. It is not unusual for babies to be in the hospital for 2-16 weeks.

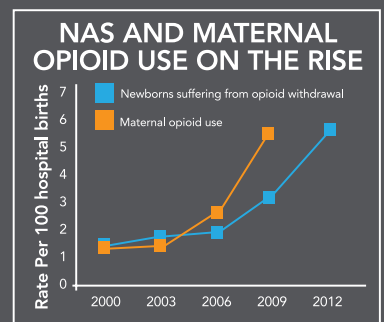
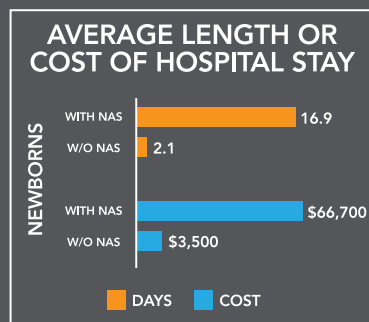


DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

The use of opioids during pregnancy can result in a drug withdrawal syndrome in newborns called Neonatal Abstinence Syndrome (NAS), which causes lengthy and costly hospital stays. According to a new study, an estimated 21,732 babies were born with this syndrome in the United States in 2012, a 5-fold increase since 2000.



**EVERY 25 MINUTES,
A BABY IS BORN
SUFFERING FROM
OPIOID WITHDRAWAL.**



**Pregnant women
never take pills alone**



Drug Exposed Children: What Caregivers and Educators Should Know

What is a Drug Exposed Child? A drug exposed child can be identified as any child whose brain and/or body has been affected because his/her parents used drugs or alcohol during pregnancy, and/or who is living in a home where drugs are abused and/or illegally made, traded or given away.

EMOTIONAL SIGNS:

- Seems sad or does not enjoy activities
- Takes on a lot of guilt and blames themselves for what goes wrong
- Feels their life will always be bad
- May attach to strangers too easily, but have difficulty trusting caregivers

COGNITIVE SIGNS:

- Difficulty talking and listening
- Difficulty remembering a list of things
- Difficulty remembering what they were just told
- Often do not learn from mistakes or experiences

BEHAVIORAL SIGNS:

- Likes to be alone
- Finds change difficult
- Doesn't get along well with other people
- Doesn't seem to care about what happens to them
- More interested in sex and drugs or may know more about sex and drug-related topics than most children their age
- Tells detailed stories involving drug use, drug deals or other indications of illegal activity, such as suspicious adult behavior. Mom sometimes takes medicine and sleeps all day.
- Has a strong distrust of authority figures and the police

Understand the Behaviors



Helping a Drug Endangered Child that you care for: Prenatal drug exposure can cause damage to the developing brain. What you think is "odd" or difficult behavior might be something the child cannot control. Try to understand that the "behaviors" you see might be the only way that child can express their feelings. You can help by:

- Being repetitive, doing things the same way, every time, over and over again
 - Keeping things quiet and calm
 - Being realistic about what you expect, and understand that drug exposed children may not act their age
 - Giving support and encouragement
 - Helping them feel safe
 - Helping them separate the parent from the substance abuse
 - Allowing them periods of grief
 - Teaching them empathy by showing understanding, sympathy and compassion
- Remember, not every behavior indicates a specific concern.



If You Suspect Your Loved One May Be Using

While it may be necessary at some point, harsh confrontation, accusation and/or searching their room or personal belongings can be disastrous. The first step is an honest conversation.

5 Tips for talking with kids about drugs and alcohol:

1. Be open
2. Be non-judgmental
3. Treat them as individuals
4. Don't make assumptions
5. Don't move too fast

Research shows that the earlier a person begins to use drugs the more likely they are to develop an addiction later in life.

Some suggested things to tell your loved one:

- I LOVE you and am worried that you might be using drugs or alcohol
- I KNOW that drugs may seem like the thing to do, but doing drugs can have serious consequences
- I FEEL worried and concerned about you when you do drugs
- I am here to LISTEN to you
- You WANT them to be a part of the solution
- You tell them what you WILL do to help him/her

Know that you will have this discussion many, many times. Talking to your child about drugs and alcohol is not a one time event



DOSE OF REALITY
PREVENT PRESCRIPTION PAINKILLER ABUSE IN WISCONSIN.

**NARCOTIC AND OPIOID
PAINKILLERS CAN PUT ANYONE
AT RISK OF ADDICTION.**

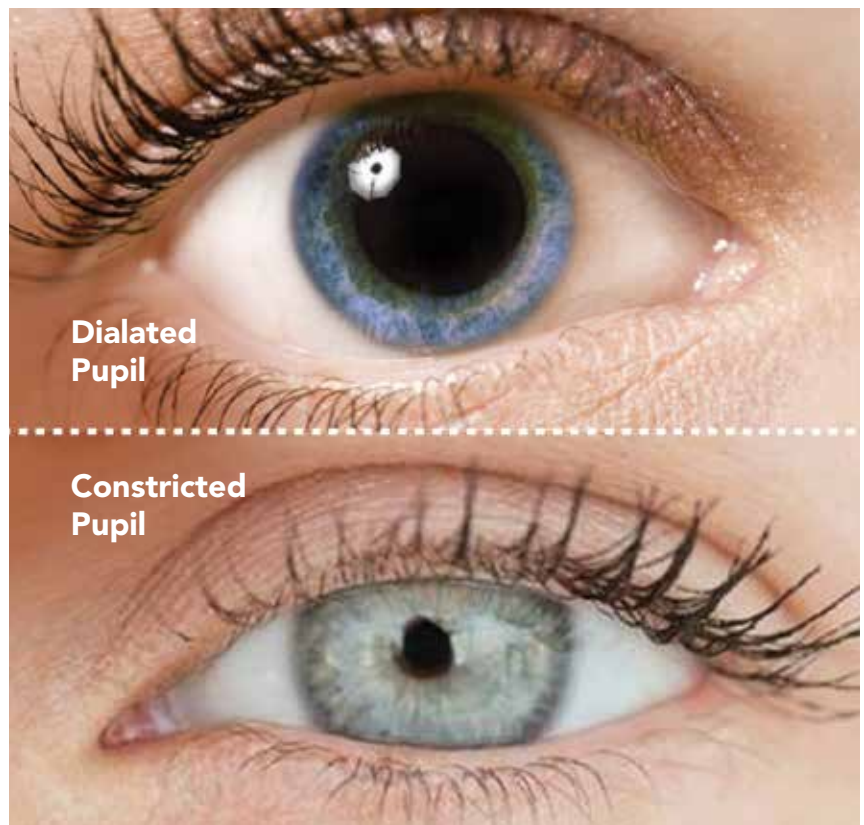


Signs and Symptoms

The duration of a dose of heroin can last 3-6 hours and be detected up to two days.

Physical and behavioral signs & symptoms of opiate intoxication include:

- Constricted/pinpoint pupils
- Sweating
- Clouded mental function
- Lower body temperature
- Euphoria followed by drowsiness
- Flushed skin
- Decreased appetite
- Dry mouth/thirsty
- Itching/scratching
- Slurred speech
- Slowed reflexes
- Depressed breathing
- Asthma attacks in asthmatic individuals who inhale the drug
- Decreased heart rate
- Decreased blood pressure
- Suppressed pain
- Mood swings
- Apathy
- Euphoria
- Depression
- Feeling of heavy limbs
- Track marks
- Impaired coordination



Lifestyle changes that can be related to opiate addiction:

- A change in peer group
- Missing classes, skipping school or work
- Loss of interest in favorite activities
- Trouble in school or with the law
- Changes in appetite or sleep patterns
- Losing touch with family member and friends
- Money loss; asking for money loans or missing items from family/friends



Did You Know?

- Heroin can be snorted, injected, swallowed and inhaled
- Crushed pills can be snorted and inhaled using short straws, rolled dollar bills and other small tubing
- Users utilize mirrors, razors or credit cards in preparing the drug
- Syringes, rubber tubes, syringe caps, droppers and spoons are used when preparing or injecting the drug
- Pipes or pieces of rectangular aluminum foil can be used

What is Fentanyl?

- Fentanyl is a man-made opioid 50 times more potent than heroin and 100 times more potent than morphine.
- There are two types of fentanyl:
 - Pharmaceutical fentanyl is primarily prescribed to manage severe pain, such as with cancer and end-of-life palliative care.
 - Non-pharmaceutical fentanyl is frequently referred to as illicitly manufactured fentanyl (IMF). It is often mixed with heroin and/or cocaine or pressed into counterfeit pills—with or without the user's knowledge.

Slang

Heroin: Black, Black Eagle, Black Pearl, Black Stuff, Boy, Brown, Brown Crystal, Brown Rhine, Brown Sugar, Brown Tape, Chiba, China, China White, Chiva, Dope, Dragon, H, Junk, Mexican Brown, Mexican Horse, Mexican Mud, Number 3, Number 4, Number 8, Sack, Scat, Skag, Smack, Snow, Snowball, White, White Boy, White Girl, White Horse, White Lady, White Nurse and White Stuff

Using Heroin: Channel swimmer, Chasing the Dragon, Daytime (being high), Dip and Dab, Do up, Evening (Coming off the high) Firing the Ack Ack Gun, Give Wings, Jolly Pop and Paper Boy.

Heroin + Alprazolam (Xanax)=Bars

Heroin + Cocaine=Belushi, Boy-Girl, He-She, Dynamite, Goofball, H&C, Primo, Snowball

Heroin + Marijuana (THC)=Atom Bomb, Canade, Woola, Wookie, Woo-Woo

Cocaine: Coke, Blow, Rock, Crack, Yayo, Snow, Sniff, Sneeze, White, Nose Candy, Line, Dust, Flake.

Crystal Meth: Crystal, Meth, Cristy, Tina, Crank, Crissy, Tweak, Glass, Ice, Shards, chalk.

LSD: Acid, L, Lucy, Lucy in the Sky with Diamonds, Cid, Tabs.

OxyContin, Percocet, Vicodin and other painkillers: Big Boys, Cotton, Kicker, Morph, Tuss, Vike, Watson-387

Using Prescription Drug Use and Abuse: Pharming, Pharm Parties, Recipe (mixing with alcohol), and Trail Mix



Legal Consequences of Drug Abuse

Wisconsin Penalties

- Consequences for Operating While Intoxicated (OWI) is a fine of \$150-\$300, additional surcharge of \$435
- License suspension: 6 to 9 months

Social Host Liability Law: Adults can be criminally prosecuted for hosting teen alcohol parties and be liable for injuries and property damage that results from providing alcohol to teens.

What Happens When You Are a Convicted Felon?

If you are convicted of a felony in Wisconsin you cannot:

- Vote until your jail time and probation is complete
- Apply for federal loans/students loans
- Possess a firearm

In addition, you must disclose you are a felon on all applications—university and employment. It is then per university or employer policy as to whether you are eligible for admittance or employment.

Len Bias Law

Leonard Kevin “Len” Bias was a first-team All-American college basketball forward at the University of Maryland. He was selected by the Boston Celtics as the second overall pick in the 1986 NBA Draft on June 17, and died two days later from cardiac arrhythmia induced by a cocaine overdose. He is considered by some sportswriters to be one of the greatest players not to play at the professional level.

In 1988, the U.S. Congress passed a stricter Anti-Drug Act that is known as “The Len Bias Law.” It was backed by both parties and reinforced the War on Drugs with stiffer penalties and expanded the DARE program. Specifically, this law allows the District Attorney to charge the supplier of a drug with homicide when the user dies.

Overdose deaths are treated as homicides and law enforcement responds accordingly. This is important because it sends a strong message to drug dealers: consequences for dealing are stiff.





Alcohol & Vaping

Alcohol

Alcohol is involved in 60% of fatal burn injuries, drownings, and homicides; 50% of severe trauma injuries and sexual assaults; and 40% of fatal motor vehicle crashes, suicides, and fatal falls.

What Is a Standard Drink?



Each beverage portrayed represents one standard drink defined in the United States as any beverage containing .6 fl oz or 14 grams of pure alcohol. The percentage of pure alcohol, expressed here as alcohol by volume (alc/vol) varies within and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.

Health problems: Heavy drinkers have a greater risk of liver disease, heart disease, sleep disorders, depression, sexually transmitted infections from unsafe sex and several types of cancer. They may also have problems managing diabetes, high blood pressure and other conditions.

Birth defects: Drinking during pregnancy can cause brain damage and other serious health problems in the baby. Because it is not yet known whether any amount of alcohol is safe for a developing baby, women who are pregnant or may become pregnant should not drink.

Alcohol use disorders: Generally known as alcoholism and alcohol abuse, alcohol use disorders are medical conditions that doctors can diagnose when a patient’s drinking causes distress or harm. In the United States, about 18 million people have an alcohol use disorder.

Drinking Levels Explained:

Moderate Drinking: Up to 1 drink per day for women and up to 2 drinks per day for men.

Binge Drinking: 5 or more alcoholic drinks for males or 4 or more alcoholic drinks for females on the same occasion (i.e., at the same time or within a couple of hours of each other)

Vaping/Smoking

Vaping is the term for using electronic cigarettes or vaporizers – devices that heat up small quantities of liquid or oil until they produce an inhalable aerosol. Vape oils and “vape juices” usually contain propylene glycol or vegetable glycerin, flavoring, nicotine, other chemicals and metals. Both Juuls and Mods contain nicotine. On average, the nicotine contained within these vaping devices is equal to or greater than to a single pack of cigarettes.



Juul (pronounced jewel): The most popular E-cigarette that looks like a computer flash drive. This device contains liquid nicotine and often comes in various fruity flavors to attract youth.

Mods: Modified e-cigarettes and vaping pens most often referring to the modification of the battery that powers the device. This enhances the delivery of the intensity or flavor the nicotine vapor.

Center for Disease Control and Prevention (2018), www.cdc.gov/alcohol/ Wisconsin Department of Human Services (2018). www.dhs.wisconsin.gov



Marijuana

Commonly referred to as weed, pot, dope, or cannabis, the drug comes from the dried flowers and leaves of the cannabis plant. The plant contains mind-altering (e.g. psychoactive) compounds such as THC, as well as other active compounds like Cannabidiol, or CBD, that are not mind-altering.

There are many ways of using marijuana, and each one affects users differently. The most common way is being rolled up and smoked like a cigarette (a joint) or a cigar (a blunt). It can also be smoked in a pipe. Some people mix it in food and eat it or brew it as a tea (edibles). The use of smoking oils, concentrates, and extracts from the marijuana plant are on the rise. People call this practice “dabbing.”



The Effects of Marijuana Use:

Mental Health: Frequent use and use in high doses can cause disorientation, and sometimes cause unpleasant thoughts or feelings of anxiety and paranoia. Users are significantly more likely than nonusers to develop temporary psychosis and long-lasting mental disorders, including schizophrenia.

Brain Health: Marijuana use directly affects the brain — specifically the parts of the brain responsible for memory, learning, attention, decision making, coordination, emotions, and reaction time.

What are the short-term effects of marijuana on the brain?

Heavy users of marijuana can have short-term problems with attention, memory, and learning, which can affect relationships and mood.

What are the long-term effects of marijuana on the brain?

Long-term marijuana use can affect brain development. People who began using as youth can experience problems with attention, memory and learning. The effects of marijuana on brain functions can last a long time or be permanent.

The long and short-term effect of marijuana use depends on many factors and can differ from person to person. Some factors include: the amount used, the potency or strength, the frequency with which it is used, the age of first use, and the concurrent use of other substances (e.g., tobacco and alcohol).

Marijuana and the developing brain:

The developing brains of babies, children, and teenagers are especially susceptible to the harmful effects of marijuana. Although scientists are still learning about the effects of marijuana on the developing brain, studies show that marijuana use by mothers during pregnancy may be linked to problems with attention, memory, problem-solving skills, and behavior problems in their children.



CBD vs. Synthetic Marijuana

Cannabidiol (CBD): CBD is the second most common active ingredient in cannabis (marijuana) after THC. While CBD is an essential component of medical marijuana, it is derived directly from the hemp plant, which is a cousin of the marijuana plant. CBD is largely an unregulated supplement and its health benefits are still being debated. CBD oils are oils that contain concentrations of CBD. The concentrations and uses of CBD oil vary.

Synthetic Cannabinoids (K2/Spice): Synthetic cannabinoids are human-made, mind altering chemicals that mimic natural marijuana. Despite laws prohibiting the sale of synthetic marijuana, it is still widely available, often in colorful packages with cartoon-like characters and attractive brand names. Synthetic marijuana has been known to cause overdoses, accidental poisonings, and death.



Jefferson County Alcohol and Drug Treatment Courts

Jefferson County partners with Wisconsin Community Services, Inc. to offer both Alcohol Treatment Court (ATC) and Drug Treatment Court (DTC). These comprehensive programs offer supervision, treatment and support to individuals with substance use disorders to break the cycle of addiction and criminal activity. Successful program graduates can expect to see reduced incarceration or possibly reduced/dismissed charges. Participants who successfully complete their supervision and substance abuse treatment increase their chances of long-term recovery. They also experience improved relationships with family and friends as well as improved physical and mental health.

Highlights of Alcohol Treatment Court: **78%** graduation rate for 2014-2018
5,734 jail bed days saved through program incentives.



When Someone You Love is Addicted

- 1. Educate yourself about addictions.** Search credible online resources such as government, university, medical and research-based sites for the most updated information on addiction. Look to local resources for information and steps to take to stay involved.
- 2. Be aware of “Doctor Shopping.”** That’s the practice of requesting care from multiple physicians or medical practitioners at the same time without coordinating care between the practitioners for the purpose of obtaining narcotic prescription medications from more than one practitioner at the same time.
- 3. Attend family support groups.** Al-Anon, Ala-Teen and Nar-Anon provide support as well as ideas and resources and connect individuals who are faced with similar challenges. Attend an Al-Anon meeting if you cannot locate/attend a Nar-Anon meeting.
- 4. Set boundaries and limits.** It’s a fine line between enabling and support. Do not provide money or access to money and other valuables. Consider providing food and other life necessities as an alternative. Do not accept unacceptable behavior such as violence or abuse, drugs in your home and drugs around children. Call local law enforcement if needed.
- 5. Focus conversations toward recovery, not blame.** Do not threaten or shame your loved one. Reinforce that the addiction is an illness and that you are there to assist in the recovery process.
- 6. Offer to attend therapy and be part of the recovery process.** Clinicians and treatment providers cannot legally talk to you unless your loved one asks them to and then signs a written consent form allowing you to communicate with the treatment provider. Ask that your loved one take care of this.
- 7. Take care of yourself!** Loving someone with an addiction can take a major toll on your physical and mental well being. You need to take care of yourself to provide the best support that you can. Take care of basic needs such as sleep, healthy eating and exercise. Engage in pleasurable activities regularly and seek support for yourself.





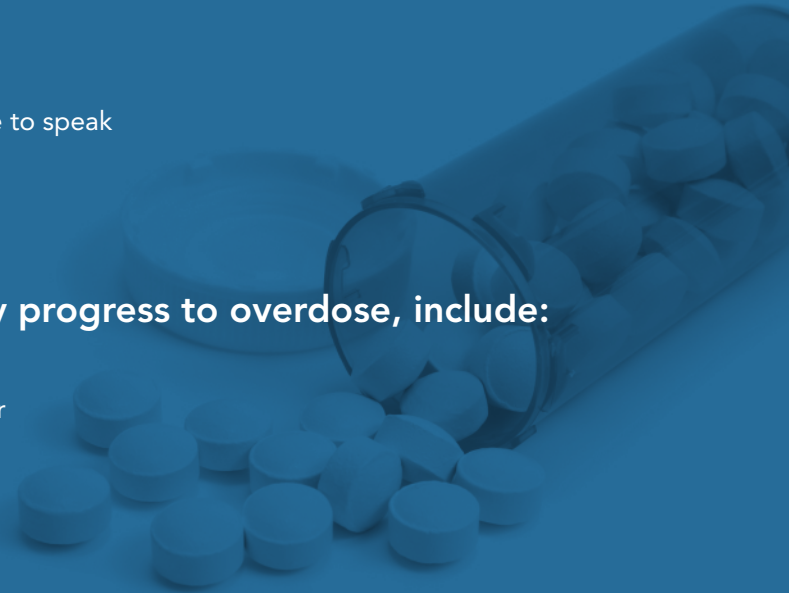
If You Suspect An Overdose...

Signs of an OVERDOSE, which is a life-threatening emergency, include:

- Face is extremely pale and/or clammy to the touch
- Body is limp
- Fingernails or lips have a blue or purple cast
- The individual is vomiting or making gurgling noises
- Individual cannot be awakened from sleep or is unable to speak
- Breathing is very slow or stopped
- Heartbeat is very slow or stopped

Signs of OVER MEDICATION, which may progress to overdose, include:

- Unusual sleepiness or drowsiness
- Mental confusion, slurred speech, intoxicated behavior
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat, low blood pressure



If an Overdose Occurs

Check the person's breathing and heart rate.

Call 911 and give first aid as directed by 911 operators.



Jefferson County Human Services

If you are concerned about a loved one's use,

call us at 920-674-3105
to schedule an assessment.



Do's and Don'ts in Responding to Opioid Overdose

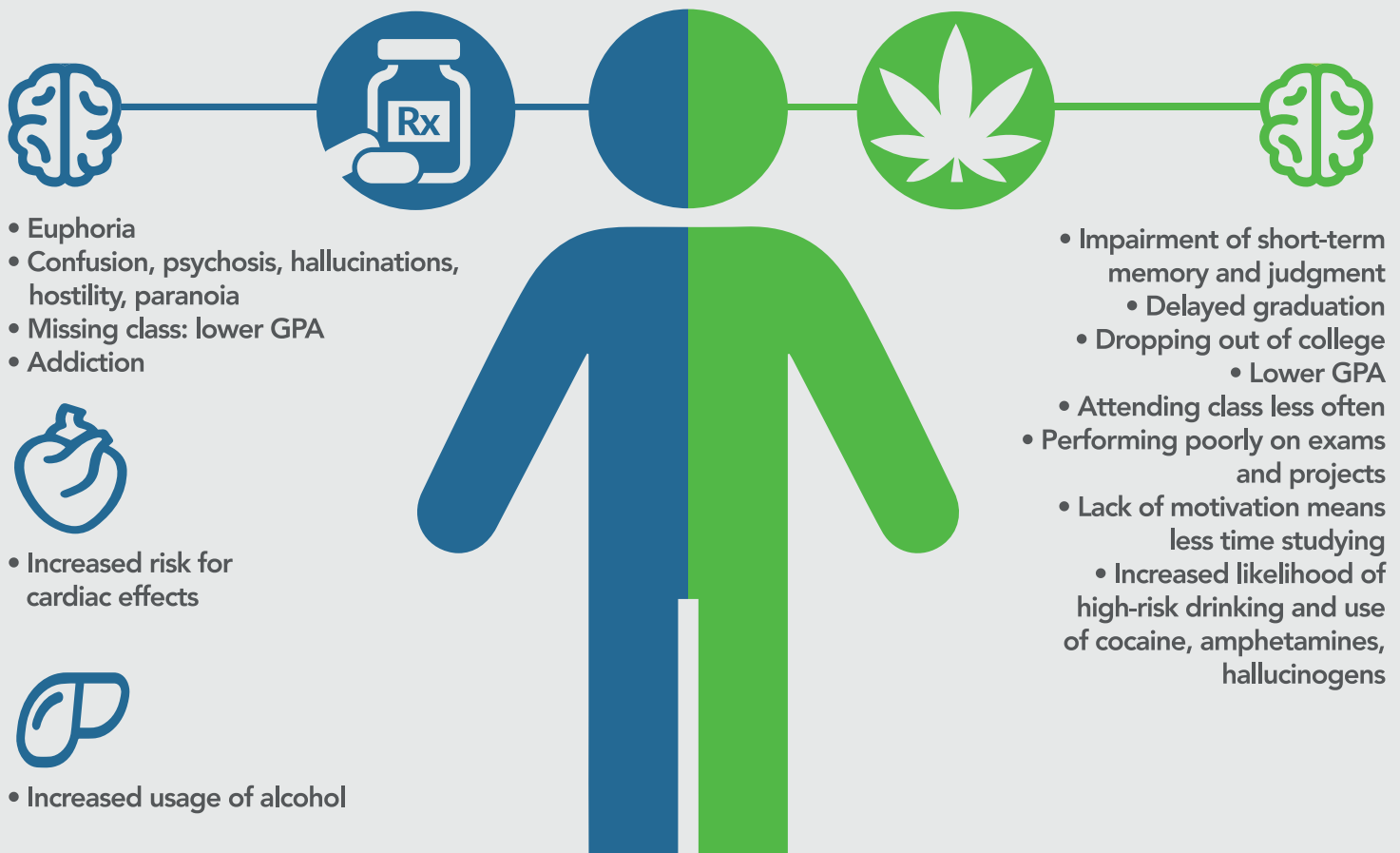
Call for help, dial 911. AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION.

All you have to say is: **"Someone is not breathing."**

Be sure to give a clear address and/or description of your location.

- **DO** support the person's breathing by administering oxygen or performing rescue breathing
- **DO** administer naloxone (NARCAN)
- **DO** stay with the person and keep him/her warm
- **DON'T** slap or try to forcefully stimulate the person—it will only cause further injury, If you are unable to wake the person by shouting, rubbing your knuckles on the sternum or light pinching, he or she may be unconscious
- **DON'T** put the person in a cold bath or shower. This increases the risk of falling, drowning or going into shock
- **DON'T** inject the person with any substance (salt water, milk, "speed," heroin, etc). The only safe and appropriate treatment is naloxone
- **DON'T** try to make the person vomit drugs that he or she may have swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury. www.samhsa.org

How the Drug may Impact the Body





Harm Reduction | Keeping Them Safe and Alive

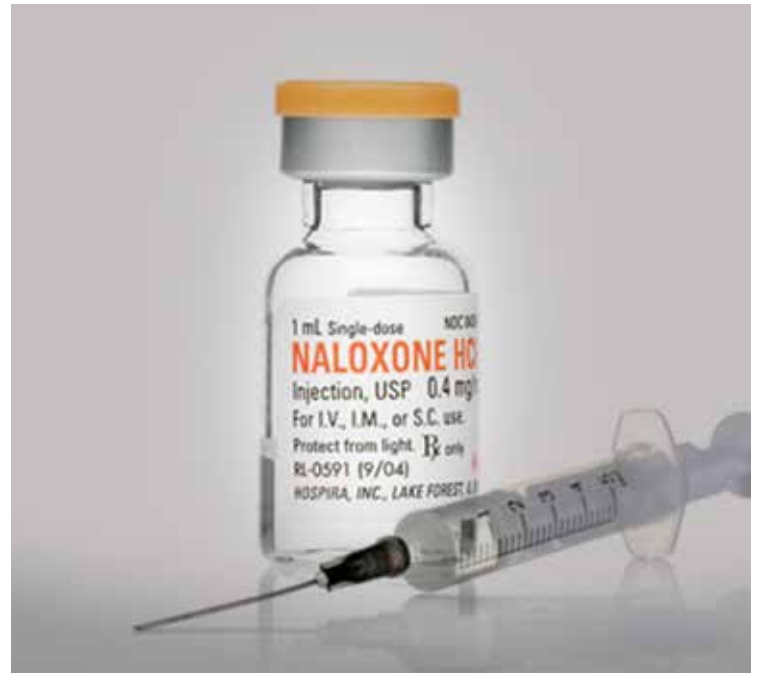
Harm reduction is a set of practical strategies aimed at reducing negative consequences associated with drug use.

HOPE LAWS

Heroin, Opiate Prevention and Education (H.O.P.E.) In 2014 Governor Walker signed all seven of Rep. John Nygren’s HOPE Agenda bills into law to help prevent and fight the growing heroin and prescription drug epidemic in our state. For more information about these bills, visit legis.wisconsin.gov

OVERDOSE NALOXONE (NARCAN)

EMTs, police and first responders are trained to administer Narcan. **Assembly Bill 446:** Provides all levels of EMTs, first responders, police and fire the ability to be trained to administer Naloxone (Narcan), a drug used to temporarily counter the effects of opiate overdose, such as a heroin overdose. Under this law any person who administers the drug is immune from civil or criminal liability provided their actions are consistent with Wisconsin’s Good Samaritan Law, Act 200.



HAVE NARCAN ON HAND

Narcan can be given by intramuscular injection into the muscle of the arm, thigh or buttocks or with a nasal spray device (into the nose). Don’t wait for help if you are with someone who is overdosing. With basic training, friends and family members can recognize when an overdose is occurring and give Narcan.

Contact your local pharmacy for more information on how to obtain Narcan.

CLEAN NEEDLES TO PREVENT HEPATITIS C

The use of unclean needles is very dangerous. Drug users that are injecting are at risk of contracting Hepatitis C. This is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness that attacks the liver. It results from infection with the Hepatitis C virus which is spread primarily through contact with the blood of an infected person. www.cdc.gov/hepatitis/



IF YOU ARE WITH SOMEONE WHO IS OVERDOSING, CALL 911 WITHOUT RISK

Assembly Bill 447, provides limited immunity from certain criminal prosecutions for a person who seeks assistance from police or medical professionals for another individual who has overdosed on controlled substances. Act 194



What's Relapse?

Sometimes people quit their drug use for a while, but start using again no matter how hard they try not to use. This return to drug use is called a relapse. People recovering from addiction often have one or more relapses along the way.

Drug addiction is a chronic (long-lasting) disease. That means it stays with the person for a long time, sometimes for life. It doesn't go away like a cold. A person with an addiction can get treatment and stop using drugs. However, if they started using again, they would:

- Feel a strong need to keep taking the drug
- Want to take more and more of it
- Need to get back into treatment as soon as possible
- Be just as hooked on the drug and out of control as before

Recovery from addiction means you have to stop using drugs AND learn new ways of thinking, feeling and dealing with problems. Drug addiction makes it hard to function in daily life. It affects how you act with your family, at work and in the community. It is hard to change so many things at once and not fall back into old habits.

Recovery from addiction is a lifelong effort. www.drugabuse.gov

Resources

Need Help? Simply Call 2-1-1

2-1-1 HELPLINE is a free and confidential service that helps people find the local resources they need in Jefferson County 24 hours a day, 7 days a week.

Search Online – www.impactinc.org/impact-2-1-1/

Text for Help – Text your Zip Code to TXT-211[898-211] and IMPACT 2-1-1 will respond promptly.





Medication & Drug Disposal Information

Don't toss in the trash or dump down the drain or flush!

Empty all pill type MEDICATIONS into sandwich size, sealable bags.

Keep LIQUIDS & OINTMENTS in original containers and place in plastic bags or tape the caps shut.

Toss EMPTY CONTAINERS in your home recycling bin.

MERCURY THERMOMETERS should be brought to a Clean Sweep Event.

Place SHARPS, NEEDLES, EPI - PENS, SYRINGES in a rigid container and take to:

Jefferson County Health Department, 1541 Annex Road, Jefferson

or **Watertown Health Department**, 515 S. 1st Street, Watertown

For more information:

Phone: 920-674-7430 Email: jeffco@jeffersoncountywi.gov www.jeffersoncountywi.gov/CleanSweep

Drop-Off Locations | No Questions Asked

Jefferson County Sheriff Lobby, 411 S. Center Ave Open 24 Hours

POLICE DEPARTMENTS

Jefferson – 425 Collins Rd – Monday – Friday 7 am – 11 pm

Johnson Creek – 119 Depot St – Monday – Friday 8 am – 4 pm

Lake Mills – 200A Water St – Monday – Friday 7 am – 5 pm

Palmyra – 126 N. First St – Monday & Thursday 9 am – 3 pm

Waterloo – 136 N. Monroe St – Monday – Friday 7 am – 3:30 pm

The following are open 24 hours:

Fort Atkinson – 101 S. Water St.

UW Whitewater – 734 W. Starin Rd

Watertown – 106 Jones St

Whitewater – 312 W. Whitewater St





Support for Recovery in Emergency Departments

What is peer support?

Peer support is the process of giving and receiving encouragement and assistance to achieve long-term recovery. Peer support is provided by a peer support specialist or recovery coach who uses his or her life experiences related to recovery from mental illness and/or substance use addiction, plus skills learned through training to help people promote mind-body recovery and resiliency. [SAMHSA definition].

What do peers do?

Peer support providers help people on their personal journey towards recovery. They offer emotional support, share knowledge and skills, and connect people with resources, opportunities, and community of support. In addition, peer providers:

- See the individual who has an addiction or mental illness as a person, not their illness
- Recognize strengths that can help in recovery
- Listen and offer kindness and understanding
- Talk about common experiences related to recovery
- Motivate through hope, inspiration and recognize successful accomplishments
- Help individuals identify their role in their recovery, in their family and in the community
- Offer guidance to plan steps for the future

What is the role of peer support providers in a hospital-based setting?

Peer support providers are available in some emergency departments to talk to patients who have medical complications due to substance abuse. They meet with the patient and offer support and resources. They also encourage the patient to maintain a peer relationship with them to provide on-going support. Peer support providers may also talk to friends and/or family members who arrive at the hospital and answer their questions.

Free Home Drug Testing

- Visit www.TestMyTeen.com and click on "Products"
- Add the "10 Drug Home Test Kit" to your shopping basket
- Enter this special voucher code 5R8H4 when prompted, during checkout
- The cost of the kit will drop to \$0.00 and all that will remain are the shipping and handling charges.
- Note: Limit one per family. Subject to terms and conditions listed at <http://www.testmyteen.com/Terms.aspx>

**Prescription
painkillers
cause more
deaths than
all other
drugs.**



Treatment Options

DETOX OR DETOXIFICATION IS THE FIRST STEP TOWARD RECOVERY. This is when an individual will stop using heroin or other drugs and begin to overcome physical dependence on the drug. Often individuals will return to use to stop the pain and adverse effects of the heroin withdrawal. The effects of withdrawal will vary from person to person depending on various factors including the frequency and dose of use as well as the length of time using. Individuals can seek assistance with the withdrawal from a local emergency room, a primary care physician or at a behavioral health unit.

INPATIENT refers to a behavioral health unit or a psychiatric hospital with a length of stay from a couple of days to a couple of weeks. Inpatient care involves the detox process as well as limited individual and group therapy.

RESIDENTIAL TREATMENT is a 28-90 day program in which an individual resides in a facility specific to substance abuse treatment. Individuals are immersed in treatment throughout their day.

PARTIAL HOSPITALIZATION AND DAY TREATMENT involve attending treatment daily at a facility while staying at home at night.

INTENSIVE OUTPATIENT is a group therapy that is held 2-4 times per week for more than an hour at a time.

OUTPATIENT COUNSELING/THERAPY is individual counseling that is held 1-2 hours per week to address any previous trauma or pain that may have led to and been a result of their drug use. Counseling can also help identify any triggers and assist in preventing relapse.

MEDICALLY ASSISTED TREATMENT (MAT) uses medications; Suboxone, Naltrexone, Methadone or Buprenorphine, to alleviate the withdrawal symptoms and physical dependence of opioids. Medically assisted treatment is combined with counseling and support groups to provide the best chance of success for recovery.

TRANSITIONAL LIVING OR HALF WAY HOUSES are sober group living environments. There are no substance abuse treatments in the home. Rather it is a group of individuals living in a structured environment, in an effort to maintain sobriety.

SUPPORT GROUPS such as a 12 step Narcotics Anonymous or Alcoholics Anonymous are peer driven meetings to offer social supports and connections. These groups are facilitated by trained professionals who provide education to help the individuals in these programs and their families understand the disease of addiction. Participants share their stories and encourage others, while learning coping and communication skills to deal with the effects of a substance abuse disorder.

Contact your insurance company to find out what providers and treatments are available to you.





Local Resources

MENTAL HEALTH HELP LINES:

- Jefferson County Emergency Mental Health Line: (Available 24/7): 920-674-3105
- National Suicide Prevention Lifeline: 800-273-8255, www.suicidepreventionlifeline.org
- Peer Support Line (non-mental health crisis) 262-409-2752 Hours: Sunday 2:00-6:00 pm Monday 6:00-9:00 pm Thursday 6:00-9:00 pm Friday 6:00-9:00 pm and Saturday 2:00-6:00 pm

TREATMENT FOR SUBSTANCE ABUSE AND MENTAL HEALTH:

- Aurora Behavioral Health: multiple locations, 877-666-7223, www.aurorahealthcare.org
- Directions Counseling Center: Watertown Regional Medical Center 123 Hospital Dr. Ste 110, Watertown, WI 53098, 920-262-4800
- Family Resources Associates Inc.: Jefferson: 248 S. Wisconsin Dr. 920-541-3706; Watertown: 1315 W. Main St., 920-261-4100
- Fort Healthcare: 611 Sherman Avenue E. Fort Atkinson, WI 53538, 920-568-5000, www.forthhealthcare.com
- Integrated Counseling Services Catholic Charities: 734 Madison Ave, Fort Atkinson, WI 53549, 920-563-9375
- Jefferson County Human Services: 1541 Annex Rd. Jefferson, WI 53549, 920-674-3105, www.jeffersoncountywi.gov/departments/human_services/
- Rogers Memorial Hospital: multiple locations, 800-767-4411, www.rogersbh.org
- University of Wisconsin Health: multiple locations, 608-263-6400 (main) or 800-323-8942 (toll-free), www.uwhealth.org

RESOURCE CENTERS:

- Community Action Coalition: 114 E. Main St. Watertown, WI 53094, 920-262-9667, www.cacsw.org
- People Against Domestic & Sexual Abuse (PADA): 152 W. Garland St. Jefferson, WI 53549, 920-674-6768 (24 hr call or text), www.padajc.org
- Protect Advocate Validate Educate (PAVE): Crisis Line: 800-775-3785 Text line: 920-344-0123
- Wisconsin Addiction Recovery Helpline: 211 or 833-944-4673, <https://211wisconsin.communityos.org/>
- Workforce Development Center: 874 Collins Rd, Jefferson, WI 53549, 920-674-7500

SUPPORT/RECOVERY GROUPS:

- AA-Alcoholics Anonymous: www.aa.org
- American Lung Association: Freedom From Smoking, 800-LUNGUSA, www.freedomfromsmoking.org
- Dave Gallup Foundation: 314 Madison Ave. Fort Atkinson, WI 53538, 262-470-8269
- NA-Narcotics/Heroin Anonymous: www.na.org
- Wisconsin Tobacco Quitline, 800-QUIT-NOW

ADDITIONAL INFORMATION:

- Center for Disease Control and Prevention: www.cdc.gov
- Jefferson County Alcohol and Drug Treatment Courts: 311 S. Center Ave. Jefferson, WI 53549, 920-674-8723 (during office hours 7:30 am – 4:30 pm) or 920-674-8719
- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov
- Recovery Month: www.recoverymonth.gov
- U.S. Department of Health & Human Services: www.hhs.gov
- Wisconsin Department of Health Services: www.dhs.wisconsin.gov
- National Alliance on Mental Illness (NAMI) Wisconsin: www.namiwisconsin.org/

Learn from yesterday, live for today, hope for tomorrow. – Anonymous



10 Guiding Principles of Recovery

Hope. The belief that recovery is real provides the essential and motivating message of a better future.

Person-Driven. Self-determination and self-direction are the foundations for recovery.

Many Pathways. Recovery pathways are highly personalized because they are built on the multiple capacities, strengths, talents, coping abilities, resources and inherent value of each individual.

Holistic. Recovery encompasses an individual's whole life, including mind, body, spirit and community.

Peer Support. Mutual support from those who are in recovery who share their stories, knowledge and skills.

Relational. The presence and involvement of people who believe in the person's ability to recover.

Culture. Culture and cultural background are keys in determining a person's journey to recovery.

Addresses Trauma. The experience of trauma is often a precursor to, or associated with, alcohol, drug use and mental health.

Strengths/Responsibility. Take responsibility for their own self-care and should be supported in speaking for themselves.

Respect. Steps toward recovery may require great courage and belief in one's self.

[Source: SAMHSA 2012. Available at: <https://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf>]





Notes



DOSE OF REALITY
PREVENT PRESCRIPTION PAINKILLER ABUSE IN WISCONSIN.

**SAVE LIVES. LOCK UP YOUR
PRESCRIPTION PAINKILLERS
AND OTHER MEDICATIONS.**

Special thanks to the Jefferson County Drug Free Coalition and its partners for their expertise in creating this toolkit.



Jefferson County Drug Free Coalition



WISCONSIN DEPARTMENT
of HEALTH SERVICES

jchd



Fort
HealthCare
FOR HEALTH



United Way Jefferson &
North Walworth Counties

