

Wells County SUBSTANCE USE PROTOCOL

February 2016

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WELLS RESOURCES
AVAILABLE FOR PEOPLE & PROVIDERS



In collaboration with:

- FCS (Family Centered Services, Inc)
- Wells County Probation Department
- Purdue Extension - Wells County Office
- Bluffton Police Department
- Indiana Department of Child Services - Wells County

TABLE OF CONTENTS

PREFACE
<i>What is Substance Use?</i>
<i>Degree of Use</i>
<i>Cycle of Use</i>
<i>Physical/Psychological Addiction</i>
<i>Impact of Substance Use</i>
<i>Cost of Addiction and Risky Use</i>
<i>Risk and Protective Factors</i>
WELLS COUNTY PROTOCOLS
<i>Mental Health</i>
Park Center - Bluffton Office
Meridian Health Services
<i>Law Enforcement</i>
Wells County Probation
Bluffton Police Department
Wells County Sheriff's Department
<i>Healthcare</i>
Caylor-Nickel Clinic
Wells County Health Department
Walgreens Drug Store
<i>Social Services</i>
Wells County DCS
FCS (Family Centered Service)
Aging and In-Home Services
Veterans Service Office
<i>Education</i>
Bluffton High School
Northern Wells Community Schools
<i>Clergy</i>
Wells County Ministerial Association
DIRECTORY
<i>Substance Use Resources/Wells County</i>
<i>Internet Resources</i>
<i>Specific Internet Resources</i>
<i>Studies and Data</i>
APPENDIX
<i>Substances</i>
<i>Commonly Abused Drugs</i>
<i>Commonly Abused Prescriptions</i>

Drug Guide for Parents
Drug Dictionary / Street Slang
Drug Classifications
Signs of Substance Use
True Addiction
Drug Abuse & Addiction Help Guide
Overdose
Emerging Trends
Drug Information Fact Sheets
Adverse Effects of Meth on the Body
Household Items Used to Make Meth
Medical Evaluation of Children Found in Drug Labs
Tips for Property Owners
Cleaning Former Drug Labs
Home Visitor Safety Tips / Possible Meth Activity
First Responder Safety Tips
Prescription Drug Fact Sheet
Prescription Drug Abuse in the Elderly
Alcohol Overdose
Alcohol Dependence
Do you Suspect a Drug Endangered Child?
Drug Exposed Children: What Care-givers Should Know
Schedules of Controlled Substances
Indiana Lifeline Law
FAQ's About Alcohol and Drugs
Window of Detection
<i>Treatment</i>
6 Steps to Treatment
4 Levels of Treatment
Designing an Addiction Treatment Plan: Therapies and Medications
What are 12-Step Programs?
Helping a Family Member or Friend
Warning Signs of Relapse

DISCLAIMER

This manual contains general information that is not intended to be comprehensive addressing all issues related to substance use. Every effort has been made to ensure accuracy of the information on these pages, and it is to the best of our knowledge that these pages are accurate and up to date at this time. We will do our best to keep the information up to date but this printed information will become outdated. Every attempt will be made to inform you of any changes as they occur via email. The most updated copy of this manual can be found online at <https://www.wellscounty.org/citizens-drug-abuse/>.

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November 20, 2014

Re: Wells County Substance Use Protocol Manual

To Whom It May Concern:

Substance use is a pervasive problem that impacts our society at every level. This social problem breaches our community's health, safety, welfare and economy. It exponentially increases medical expenses, psychological problems and intergenerational violence. It separates families through incarceration and child removal.

Local Statistics:

- At the time of this manual preparation, the Wells County Department of Child Services (DCS) has around 140 foster children. Out of these children, around half of these children became involved with DCS due to substance use.
- Twenty-one percent of individuals tested through the Wells County Probation Department were positive for substance use in 2013. The largest number of individuals involved in probation for substance abuse at the end of a quarter in 2013 was 213 individuals. More details about this report can be found at <http://wellscounty.org/documents/2013-1status.pdf>.
- In 2013, The Wells County Health Department reported there were 5 deaths recorded as accidental multiple drug overdose, ages include 21 (2), 25, 48, and 50. Many more go unreported.

Substance use needs to be addressed on a community level. Local community leaders are in the best position to understand their needs and resources. What are ways that we can become more involved with preventing future substance use in the Wells County Community?

1. **EDUCATE** ourselves and others about substance use (Find information in this manual.)
2. **REFER** individuals to appropriate treatment (Find information in this manual.)
3. **JOIN** Citizens Against Drug Abuse (CADA) (Find more information at <http://www.wellscounty.org/cada.htm>)
4. **BUILD** Protective Factors in community members (Factors such as parental support, impulse control, academic competence, spirituality, and economic stability have all been shown to reduce substance use.)
5. **FILL** community service gaps through programming (Find more information from wellswrapp@yahoo.com)
6. **CONTRIBUTE** towards the cause (Prevention and treatment doesn't come free. Find more information from wellswrapp@yahoo.com)

With a goal to decrease area substance use, members of United Way of Wells County, Citizens Against Drug Abuse (CADA), Wells Resources Available for Providers and People (WRAPP), and Family Centered Services (FCS) created a countywide interdisciplinary protocol. The protocol suggests a strong public policy against substance use. We believe that this protocol accurately represents the important partners in the Wells County system that relate to substance use. While this is not an all-inclusive document, it is a statement of our community's commitment to recognize, address, and prevent substance use.

United Way of Wells County and CADA provided funding and partnerships for this project. If you would like more copies please contact CADA at cadaofwellscounty@yahoo.com. The most up to date copy will be accessible online at <http://www.wellscounty.org/cada.htm>.

You are being provided with a copy of the Wells County Substance Use Protocol because you are in a position to make a difference.

Sincerely,

United Way of Wells County
Citizens Against Drug Abuse (CADA)
Wells Resources Available for Providers and People (WRAPP)
Family Centered Services, Inc. (FCS)

Purdue Extension Office-Wells County
Wells County Probation Department
Wells County Department of Child Services
Bluffton Police Department



NATIONAL SUBSTANCE ABUSE

Prevention Month

2013

SAVE THE DATE

October is National Substance Abuse Prevention Month



Youth at Above the Influence event

The Office of National Drug Control Policy invites you to get involved. This year we are celebrating and recognizing:

Youth Parents Workplaces
Communities

In 2011, President Obama issued the first-ever Presidential Proclamation designating October as National Substance Abuse Prevention Month. This tradition will continue in 2013, as parents, youth, schools, businesses, and community leaders across the country join in this month long observance of the role that substance abuse prevention plays in promoting safe and healthy communities.

The economic costs of drug use are enormous: In 2007 alone, illicit drug use cost our Nation more than \$193 billion due to lost productivity, healthcare, and crime. But the human costs are worse. Science demonstrates that addiction is a disease of the brain—a disease that can be prevented and treated, and from which people can recover. The Administration’s drug policy reflects this understanding by emphasizing prevention and access to treatment over incarceration, pursuing “smart on crime” rather than “tough on crime” approaches to drug-related offenses, and support for early health interventions designed to break the cycle of drug use, crime, incarceration, and re-arrest.

This October, we invite your organization to join us in celebrating National Substance Abuse Prevention Month. For more information on how to get involved, please visit: whitehouse.gov/preventionmonth.

For more information, please contact Jamila Robinson at JRobinson@ondcp.eop.gov or Janice Petersen, Prevention Branch Chief, at JPetersen@ondcp.eop.gov
Office of Demand Reduction
#drugpolicyreform
#PrevMonth
wh.gov/drugpolicyreform

GET INVOLVED!

WEEK 1	Prevention
	Celebrate, educate, and raise awareness about substance use prevention
WEEK 2	Parents
	Educate parents about substance use
WEEK 3	Youth
	Host youth-led and youth-guided conversations
WEEK 4	Communities
	Engage communities, schools, and college campuses to raise awareness about the importance of community involvement
WEEK 5	Workplaces
	Engage workplaces to ensure drug and alcohol education is integrated into wellness services for employees



(established in 1988)
102 W. MARKET STREET, SUITE 205
BLUFFTON, IN 46714

October 8, 2013

Re: Wells County Substance Abuse Protocol

Dear Identified Key Partner:

Substance abuse is a pervasive and frequently lethal problem that continues to challenge Wells County. This social problem breaches our community's safety, health, and even the welfare of our society's children. It drains millions of dollars from our economy through increased medical problems, child removal, and crime. The Bluffton News-Banner recently began their series of the impact of drugs in Wells County. CHINS (Child In Need Of Services) cases have increased 287% from 2010-2013 particularly due to substance abuse. Currently, 1 in 3 Department of Child Services cases in Wells County are meth related. "Needles lie on the floor among feces and used tampons. Open bottles of alcohol sit on the countertop. Ash trays are overflowing. There's mold. Children eat and live among this filth." Prosecutor Michael Lautzenheiser Sr. explained that drugs and alcohol have a significant impact on our community's crime and estimates that we would have less than half the crime than we do now without the influence of drugs and alcohol."¹

It is all of our responsibility, as a community, to intervene effectively and offer organized options to those affected by substance abuse. It is important that this movement be community driven. A Wells County Substance Abuse Protocol is being developed in order to recognize, address, and prevent future substance usage. This coordinated effort will serve as a resource to promote an organized response to the drastic increase of substance usage in our community. We need your input to make this happen.

CADA (Citizens Against Drug Abuse) has made it possible for our taskforce to distribute copies of this manual upon completion. We also plan on having this document available on a website after it is completed. We are inviting you to attend because of your community involvement and experience with these types of issues. Please attend our community meeting to kick off this project at the **Wells County Community Center** at the **4H Park** on **Tuesday October 22, 2013** from **2:00pm-3:30pm**.

Sincerely,

Wells County Substance Abuse Protocol Committee

Angie Dial, CADA
Greg Werich, Wells County Probation
Jen Simpson, Family Centered Services
Jenny Tsakkos, Department of Child Services
Molly Hoag, Purdue-Extension Office
Pamela Beckford, United Way of Wells County
Tammy Schaffer, Bluffton Police Department

*This project is a partnership of CADA and Wells County Resources Available for Providers and People (WRAPP).

¹ Williams, J. (2013, September 30). Almost more than you can take in. *The News-Banner*. pp 1, 6.

PREFACE

WHAT IS SUBSTANCE USE?

Substance use does not discriminate against race, age, gender, or social class.¹ It is a very complex problem. Many people assume that drug abusers lack willpower or morals and if they choose to, they could stop using drugs. Because of brain changes that occur with substance use, quitting takes more than a strong will.² The Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) recognizes that individual's levels of self-control vary and this may be brain-based. Using substances impacts the brain's reward center. Different classes of drugs have varying diagnostic criteria; however, when an individual begins to neglect normal day activities, the use becomes clinically significant. Some individuals are more prone to developing problems when exposed to drugs.³ Factors such as biology, environment, and development all influence the risk of an individual becoming addicted to the drug they consume.²

The DSM-5 recognizes 10 distinct classes of drugs:

Alcohol

Caffeine

Cannabis

Hallucinogens

Inhalants

Opioids

Sedatives, Hypnotics, and Anxiolytics

Stimulants

Tobacco

Other or unknown substances³

¹ <http://www.drugpolicy.org/discrimination-against-drug-users>

² <http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction>

³ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author

DEGREE OF USE

Although there isn't a scientific formula to identifying an individual's degree of use, there is some agreement on stages that a substance user goes through which includes 1) Substance Use or Experimentation 2) Misuse of Substances 3) Abuse of Substances 4) Substance Addiction and Dependency. Individuals in the 3rd stage will most likely develop a full-blown addiction.

1) Substance Use or Experimentation

In this stage, the individual will use the drug without necessarily experiencing the negative consequences. This happens often in the American culture but should not be encouraged. Some individuals are more prone to addiction at this point as compared to other individuals as determined by biology, environment, and/or development.

2) Misuse of Substances

The misuse of substances occurs when the individual experiences some form of negative consequence from directly consuming the substance. An example of this is someone who goes to a party and becomes inebriated then gets pulled over as a consequence. This individual does not necessarily misuse alcohol on a normal basis.

3) Abuse of Substances

An individual frequently misuses drugs in spite of any negative social or legal consequences that may result from the substance use. The individual begins to use more of the substance to get the same effect. Using the substance begins to be the individual's focus. The individual needs referral for professional help at this time.

Substance Addiction and Dependency

When an individual is addicted and dependent on the substance, chemical changes have happened in the brain and it is imperative that they seek professional treatment. It is imperative that professional help is sought immediately or negative consequences including overdose could occur.¹

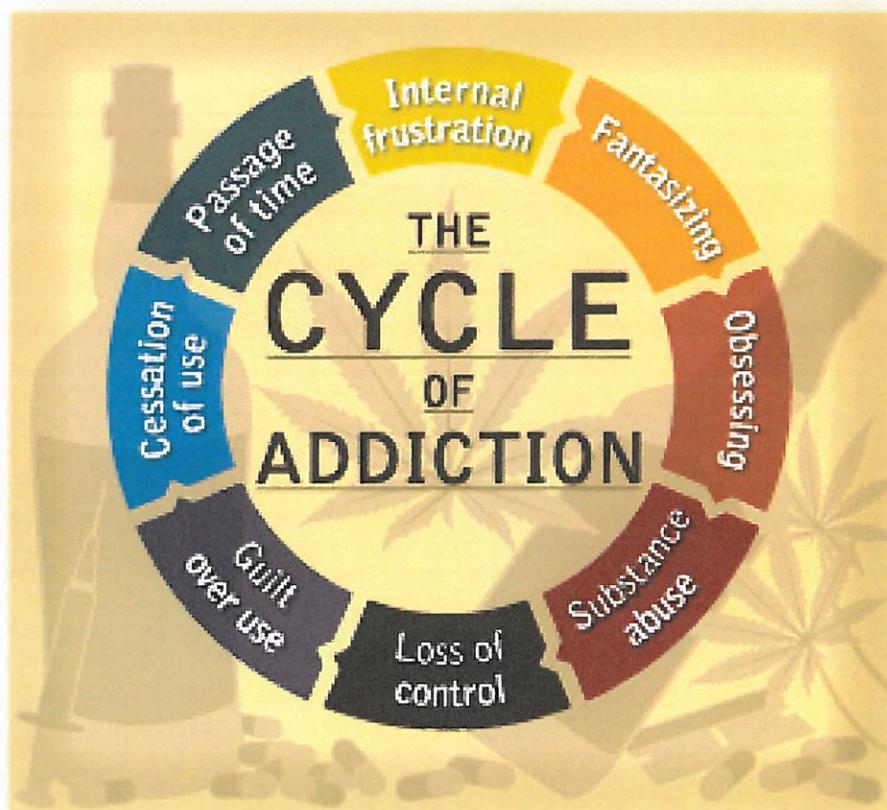
¹ <http://www.drugrehabadvice.org/stagesofaddiction.html>

CYCLE OF USE

Drug and alcohol addiction research has clearly demonstrated that the addicted brain is chemically and physiologically different from a normal brain. The idea of addiction being a neurological disorder is critical to understanding its development and the recovery process.

Eventually, from internal turmoil and conflict or through outside interventions, a person can try to stop the addiction cycle and enter a healthier lifestyle called recovery. It may take months, years or decades before this process leads one to the path of recovery. An addict or alcoholic may understand the cycle of addiction, but will remain unable to break the repetition of the cycle until they develop the insight to seek help.

For some, entry into a religious organization, self-help group or simply developing a better way of life can help. However, the vast majority of addicts require outside help from counselors, physicians and drug and alcohol rehab.¹



¹ <http://www.recoveryconnection.org/cycle-of-addiction/>

Nearly 100% of the time, a drug addiction begins with substance abuse, or using drugs and/or alcohol in an excessive and inappropriate manner. Eventually the behavior of using these substances becomes habit-forming. This is where substance abuse ends and addiction begins. No matter how hard the person tries to stop the behavior, they seem unable to. Addictions can be **PHYSICAL**, **PSYCHOLOGICAL**, or a combination of the two.

Physical Addiction

Once the body has developed a tolerance and the individual is using the substance in higher doses, the body “expects” to receive this substance regularly. If it doesn’t, the person may experience withdrawal symptoms such as headaches, nausea, diarrhea, irritability, and sleep disruption. People tend to think that withdrawal is something that only “hardcore” drug –users experience. This could not be further from the truth!

A physical addiction is very difficult to overcome because it requires the individual to have built up a tolerance and a dependency on the substance. Withdrawal is also known to be extremely painful and unpleasant, which can make quitting even more challenging because the individual no longer wishes to use the substance to “get high”, but rather is using it to *avoid* the pain and suffering that withdrawal symptoms bring.

PHYSICAL SIGNS:

- Requiring a larger dose of the substance in order to achieve the same results (tolerance)
- Sleep disruptions
- Changes in eating habits resulting in either weight loss or weight gain
- Nausea, vomiting and/or uncontrollable shaking when stopping use of the substance

Psychological Addiction

A psychological addiction means that they use of the substance has become so habitual and integrated as part of the person’s daily life that they experience a strong desire to have the drug. This desire can become extremely powerful and has the ability to consume the person’s mind and thoughts.

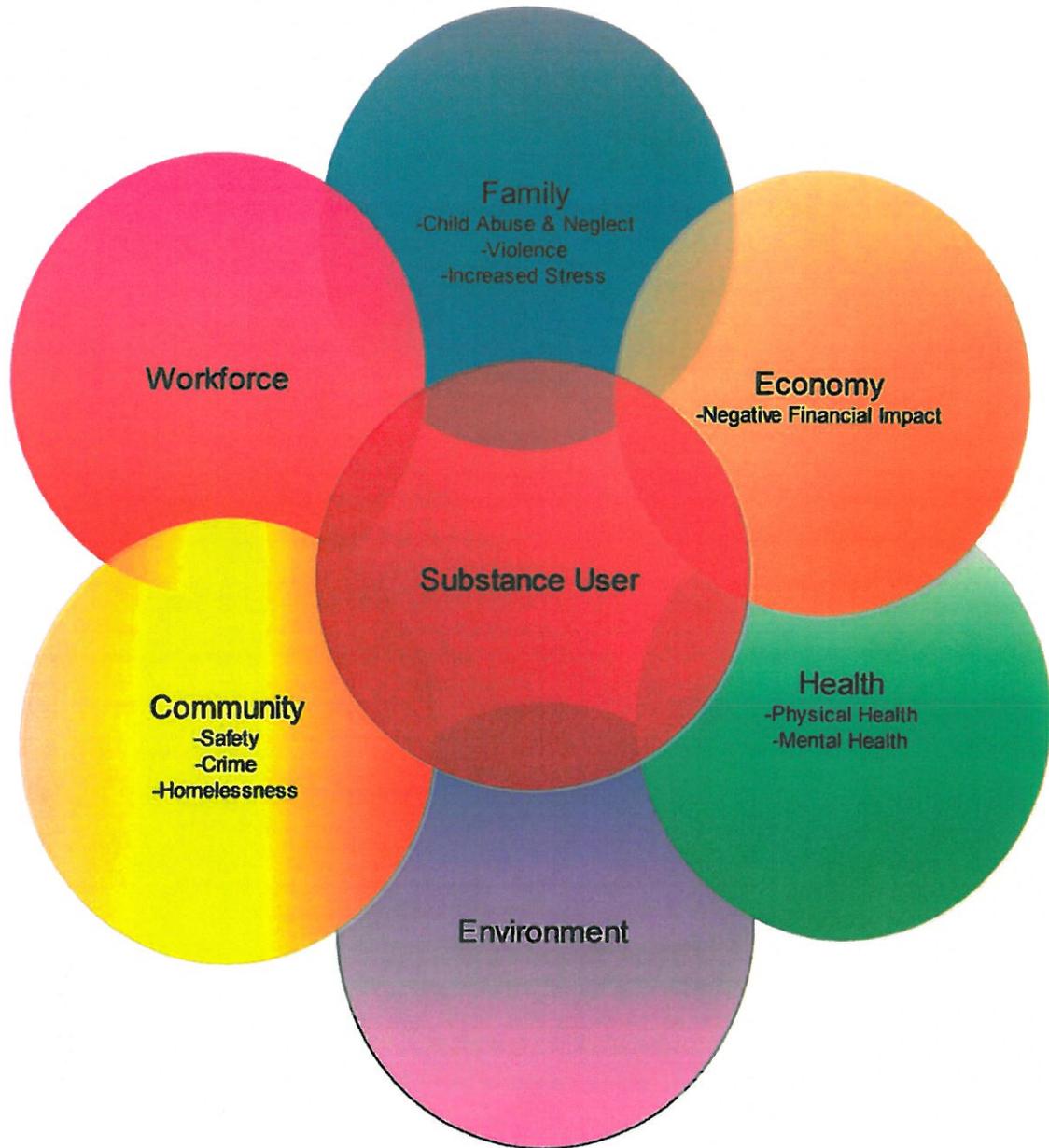
PSYCHOLOGICAL SIGNS:

- Hiding the substance use from friends and family; stealing money to purchase the drug
- Using drugs and/or alcohol as a means to escape problems or relax
- Losing interest in things that you once used to enjoy
- Becoming forgetful, disorganized, and confused
- Feeling unable to stop thinking about using the drug, or spending excessive amounts of time figuring out how to acquire the substance
- Increased feelings of anxiety, irritability or depression
- Being unable to cease using the substance, despite attempting to do so

Whether the addiction is physical, psychological, or a combination of both, the common factor is the loss of control the person feels regarding the use of the substance and the overbearing compulsion to acquire it and use it again.

Getting help for an addiction problem is the first step toward total recovery.

Impact Of Substance Use





16%
**OF STATE
BUDGETS ARE
SPENT ON
ADDICTION &
SUBSTANCE
USE**



Cost of Addiction and Substance Use

Spending on addiction and substance use consumes 10% of the federal budget and 16% of state budgets. Of this, 96% pays for the consequences of addiction and substance use. By understanding specifically how this money is used and its limited impact, we can support policies that reduce these costs by increasing investments in addiction prevention and treatment.

Health Care

The largest share of spending on the consequences of addiction and substance use falls to the health care system. Tobacco, alcohol and drug use cause or contribute to more than 70 other conditions requiring medical care, including cancer, lung disease, heart disease, HIV/AIDS, pregnancy complications, cirrhosis, ulcers and trauma. Nearly 1/3 of all hospital costs are linked to addiction and substance use.

Justice

The second-largest area of federal and state spending on the consequences of addiction and substance use is for costs linked to adult and juvenile corrections and the courts. 85% of all inmates in the adult corrections system are substance involved and 65% of inmates (nearly 1.5 million) have a history of an alcohol or drug problem. By the time young people enter the juvenile justice system, 78% are substance involved, and 44% meet clinical criteria for drug or alcohol problems.

Education

The third-largest area of federal and state spending on the consequences of addiction and substance use falls to the education system. Substance use interferes with academic performance and the learning environment, increasing the chances that adolescents will drop out of high school, not attend college or not obtain a college degree.

Public Safety

Because substance use poses serious problems for public safety, states must invest in highway patrol, special drug enforcement programs, local law-enforcement programs and highway-safety and accident-prevention programs.

Workforce

Substance use compromises workforce productivity and increases the costs of doing business. Substance use is associated with lower productivity, increased turnover, workplace accidents and higher health insurance costs. The effects of substance use can reach beyond personal job performance. For example, about 1 in 5 state employees report being subject to an injury or almost being injured, or having to work harder, redo work or cover for a coworker because of their coworker's alcohol use.

Other government services

Addiction and substance use place a burden on many other areas of federal and state spending, including welfare, mental health and developmental disabilities services, housing and employment assistance and food and nutrition assistance.

Key Features of Risk and Protective Factors

Risk and Protective Factors Exist in Multiple Contexts

Assessing the risk and protective factors that contribute to substance use disorders helps practitioners select appropriate interventions.

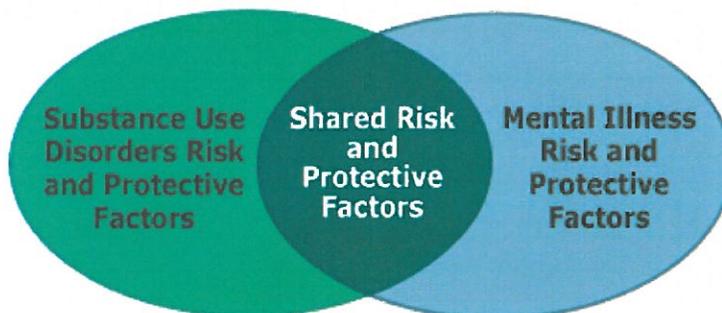
Many factors influence a person's chance of developing a mental and/or substance use disorder. Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed. Applying the Strategic Prevention Framework (SPF) helps prevention professionals identify factors having the greatest impact on their target population.

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. Some risk and protective factors are fixed: they don't change over time. Other risk and protective factors are considered variable and can change over time. **Variable risk factors** include income level, peer group, adverse childhood experiences (ACEs), and employment status.

Individual-level risk factors may include a person's genetic predisposition to addiction or exposure to alcohol prenatally.

Individual-level protective factors might include positive self-image, self-control, or social competence.



Key Features of Risk and Protective Factors

Prevention professionals should consider these key features of risk and protective factors when designing and evaluating prevention interventions. Then, prioritize the risk and protective factors that most impact your community.

Risk and Protective Factors Exist in Multiple Contexts

All people have biological and psychological characteristics that make them vulnerable to, or resilient in the face of, potential behavioral health issues. Because people have relationships within their communities and larger society, each person's biological and psychological characteristics exist in multiple contexts. A variety of risk and protective factors operate within each of these contexts. These factors also influence one another.

Targeting only one context when addressing a person's risk or protective factors is unlikely to be successful, because people don't exist in isolation. For example:

- **In relationships**, risk factors include parents who use drugs and alcohol or who suffer from mental illness, child abuse and maltreatment, and inadequate supervision. In this context, parental involvement is an example of a protective factor.

- **In communities**, risk factors include neighborhood poverty and violence. Here, protective factors could include the availability of faith-based resources and after-school activities.
- **In society**, risk factors can include norms and laws favorable to substance use, as well as racism and a lack of economic opportunity. Protective factors in this context would include hate crime laws or policies limiting the availability of alcohol.

Risk and Protective Factors Are Correlated and Cumulative

Risk factors tend to be positively correlated with one another and negatively correlated to protective factors. In other words, people with some risk factors have a greater chance of experiencing even more risk factors, and they are less likely to have protective factors.

Risk and protective factors also tend to have a cumulative effect on the development—or reduced development—of behavioral health issues. Young people with multiple risk factors have a greater likelihood of developing a condition that impacts their physical or mental health; young people with multiple protective factors are at a reduced risk.

These correlations underscore the importance of:

- Early intervention
- Interventions that target multiple, not single, factors

Individual Factors Can Be Associated With Multiple Outcomes

Though preventive interventions are often designed to produce a single outcome, both risk and protective factors can be associated with multiple outcomes. For example, negative life events are associated with substance use as well as anxiety, depression, and other behavioral health issues. Prevention efforts targeting a set of risk or protective factors have the potential to produce positive effects in multiple areas.

Risk and Protective Factors Are Influential Over Time

Risk and protective factors can have influence throughout a person's entire lifespan. For example, risk factors such as poverty and family dysfunction can contribute to the development of mental and/or substance use disorders later in life. Risk and protective factors within one particular context—such as the family—may also influence or be influenced by factors in another context. Effective parenting has been shown to mediate the effects of multiple risk factors, including poverty, divorce, parental bereavement, and parental mental illness.

The more we understand how risk and protective factors interact, the better prepared we will be to develop appropriate interventions.

Universal, Selective, and Indicated Prevention Interventions

Not all people or populations are at the same risk of developing behavioral health problems. Prevention interventions are most effective when they are matched to their target population's level of risk. Prevention interventions fall into three broad categories:

- **Universal preventive interventions** take the broadest approach and are designed to reach entire groups or populations. Universal prevention interventions might target schools, whole communities, or workplaces.
- **Selective interventions** target biological, psychological, or social risk factors that are more prominent among high-risk groups than among the wider population. Examples include prevention education for immigrant families with young children or peer support groups for adults with a family history of substance use disorders.
- **Indicated preventive interventions** target individuals who show signs of being at risk for a substance use disorder. These types of interventions include referral to support services for young adults who violate drug policies or screening and consultation for families of older adults admitted to hospitals with potential alcohol-related injuries.

PROTOCOL

Mental Health

Park Center, Inc - Bluffton Office

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem?

The Park Center has provided substance abuse services since it was first opened in the 1970's. Our primary referral sources are the legal system (probation and the courts) and Wells County DCS. If a person comes to our office in an intoxicated state, we will not allow them to attend services that day and will have them call a family member to pick them up. In cases where they have driven we will ask them to voluntarily give us their keys. If they are under the influence and become threatening, we call the police to intervene. We will not assess a new client if they are under the influence and will reschedule them.

I am not sure what is meant by how we tackle the problem but our role is mainly to provide a full treatment program that includes education groups, recovery groups, and individual therapy. Sometimes we provide case management services for those whose problems involve other issues that may include mentally ill family members, parenting issues, or assistance in securing more stable housing, or other entitlements. All participants in the program are expected to attend community support groups such as AA and NA and show proof of attendance. We provide random drug and alcohol screening as outcome measures.

As far as our participation in the project, much of it depends on the time we have to devote to the project. Our company places rigorous demands on its workers to meet specific productivity standards. Unfortunately in this day of lost revenues experienced by many mental health agencies, it does not leave lots of extra time to be involved in projects. We can be involved as our time allows.

2) Philosophy- What is your agency's belief relating to substance use?

We believe that recovery from mental illness and chemical dependency can be achieved through a collaborative effort between the client, their families and all involved agencies.

Park Center's Mission Statement is:

"By partnering with consumers, we strive to support and facilitate their journey toward health."

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

Park Center will not work with someone who is under the influence. If a person shows up for an appointment in a clearly intoxicated state, or appears to be under the influence of any other mind altering substance, our main priority is to get them home so that they will not pose a risk to themselves or others. If they are driving we will request their keys and ask them to call someone to come and pick them up. If they have no one to take them home, or they refuse to give their keys, or they become threatening or belligerent, we have had to ask for police assistance.

We have a full treatment program for substance abusers. This includes a recovery group weekly, urine drug screens, individual sessions, family sessions (if the individual requests, or appears to be needed),

and relapse prevention. Individuals are required to attend AA Meetings in the community in conjunction with the services we provide. Some addicted clients also have other mental health issues such as depression, bipolar disorder, anxiety disorders, or schizophrenia. Other mental health services may be recommended if it is thought that these symptoms are interfering with their recovery from their addiction.

In the spring of 2016 an additional Substance abuse group is being offered. It is an education group designed for client's who may be at risk to develop a more serious addiction. Members in the 12 group Education Group will learn about all aspects of addiction, what it does to the brain, and will explore different patterns of addictive behaviors. The goal of the group is for individuals who may be pre-contemplative to gain insight into their use and/or abuse and then make an informed decision to enter treatment. From education the hope is that individuals who may be "on the fence" about their use will come to realize the negative impact that substances have had on their lives.

To enter our Chemical Dependency treatment program, an individual may contact our office at 260-824-1071. Information will be taken and data is entered in our electronic medical record. We also have orientation meeting for people who are either referred, or who are considering treatment for their addiction every Monday @ 9 a.m., and Tuesday @ 3 p.m. While attendance at this meeting does not require an appointment it would be best to call ahead and let our office know if a person is planning to attend.

4) Intervention- What follow-up and referral do you offer?

Many clients who successfully complete the treatment are invited to come in for "aftercare" sessions with their assigned therapist. Cases can remain open for a period of 3 months to allow clients to call if they are experiencing relapse symptoms. Services may be resumed if they need some additional help to resume their recovery. Many individuals choose to continue in services in cases where they are referred by a referral source who asks them to be involved in therapy, home based services, adult case management services, and/or medication management.

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

Each person has a treatment contract that identifies the program they are involved in. Handouts depend on the topic. A copy of the treatment contract and description of the program will be attached. The education group provides handouts for each topic area.

6) Statistics- Are there any local statistics that you can share relating to substance use?

No Information

Art Hastings
Park Center, Inc.
ahastings@parkcenter.org

February 2016

Meridian Health Services

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem?

Meridian Health Services in Portland provides substance abuse education and treatment services which includes the Jay Superior Court Substance Abuse Program. Meridian Health Services has an Intensive Out-patient Treatment and Suboxone Treatment programs at our Muncie office. Anyone can utilize these services at these locations.

Treatment is not effective when a person is under the influence. Clients who come to the office for an appointment under the influence are directed to get a ride back home and return when they are not under the influence. Police are informed if a person under the influence leaves driving a vehicle. Resources can be made available to clients and/or loved ones (i.e. AA/NA meetings, Celebrate Recovery meetings, residential treatment programs, half-way houses).

Meridian Health Services is represented on the Jay County Drug Prevention Coalition board and on the Jay County Community Corrections Advisory Board.

2) Philosophy- What is your agency's belief relating to substance use?

High risk drug/alcohol choices increases the risk of impairment that can lead to a variety of negative consequences (i.e. social, legal, financial, occupational, physical, mental/emotional, spiritual). Addiction is a disease (identifiable symptoms, hereditary – higher risk with family history, progressive, treatable but not curable, potentially fatal) which can be overcome with treatment and development of a sober lifestyle.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

20 Hour advanced Substance Abuse Education Group (Portland – Greg Edie)
Relapse Prevention Treatment Group (Portland – Greg Edie)
Individual and Family Therapy (Portland – Emily Leas)
Intensive Out-patient Treatment Program (Muncie – Eldon Solomon)
Suboxone Treatment (Muncie – Eldon Solomon)

4) Intervention- What follow-up and referral do you offer?

Referrals are made based on client needs.
Clients are encouraged to use a sobriety plan that can include AA/NA meetings and/or Celebrate Recovery meetings for continued recovery.

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

The 20 Hour Advanced Substance Abuse Education group utilizes a workbook that cannot be copied/distributed.

6) Statistics- Are there any local statistics that you can share relating to substance use?

No information

Emily Leas
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Law

Enforcement

Wells County Probation Department

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem?

The probation department is a member of the judicial branch that advises the court on individuals convicted of crime, referred hereafter as probationers. Probation officers work with adult and juvenile probationers primarily through investigations and/or supervisions.

Investigations are completed by probation officers usually in a predisposition capacity. Probation officers typically interview the probationer and their significant others (family, therapists, clerical, etc.) to make recommendations to the court. In these situations, probation officers utilize evidence-based screening tools provided by the Indiana Judicial Center to determine the need for further evaluation by an approved substance abuse intervention practitioner. Recommendations are then made to the court for requiring probationers to submit to an approved program for evaluation and recommended therapy or education.

Conversely, supervisions by probation officers are generally post sentence functions where the probationer has been ordered to an approved substance abuse program as a condition of supervision. In addition to monitoring the probationers' compliance with the substance abuse program participation, probation officers primarily utilize drug test kits to determine if illegal drug use has occurred.

2. Philosophy- What is your agency's belief relating to substance use?

"The mission of the Wells County Probation Department is to serve the Wells Circuit and Superior Courts by providing legally mandated and individually assessed services to juvenile and adult offenders with the goal of eliminating delinquent and criminal behavior while balancing the needs and safety of the community."

3. Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

The Indiana Judicial Center has provided the essential written screening tools for use by probation officers. One is a simple tool used in presentence reports to determine if a probationer should be further evaluated by a substance abuse program practitioner. The others, similarly, are part of the State's case supervision system required by all probation and community corrections departments (IRAS for adult probationers, IYAS for juvenile probationers).

Probation refers probationers to approved substance abuse programs. The department's standards are available upon request (attached) and an agency desiring to receive regular referrals from probation officers must submit documents to demonstrate compliance with the standards. In cases where probationers have begun a substance abuse program prior to sentencing or if the probationer resides in another jurisdiction, probation officers will evaluate the program against the department's criteria and approve it on a case-by-case basis.

Probation officers monitor compliance of court orders and discourage continued drug abuse through the use of drug testing and observation. Probation officers utilize both saliva and urine drug collection kits to determine if a probationer have used drugs. Drug testing kits are regularly sent to a laboratory for forensic analysis with the results returned within 10 days. Probation officer may also use instant drug testing kits for immediate results; however, they are submitted for forensic analysis if they are to be used in court as evidence. The probation officer determines the type of test based on case-by-case factors (e.g., gender of probation officer and probationer, location and time of testing, required detection window, type of drug believed to have been used).

In conjunction with the drug testing kits, probation officers meet with probationers in the office and in community (e.g., homes and schools). Probation officers look for signs of illegal drug use in the probationers' appearance, behavior, or environment. When the probation officer suspects illegal drug use, further investigation will ensue which may include use of a drug testing kit.

If a probationer is determined to have used drugs illegally he is determined to be in violation of his probation. Two responses are available by the probation officer depending on the nature of the case: the probation officer may request a modification of the probationer's probation to include a substance abuse program, or a petition to revoke probation may be filed, which could result in a sanction.

Probation officer determine when to conduct test in one of three manners: by cause (information to lead probation officer to believe the probation may have used drugs illegally), by risk (testing frequency matrix was determined based on the defendant's risk and offense), and by random selection (a regular list of random probationers is made from the department's case management system, letters sent to them to report to the probation department within a specified time period). Some probationers, based on classification of Intensive Probation Supervision (a specific program for drug-abusing offenders), Re-Entry Case (persons being released from incarceration to community for supervision) and Disruption Noted Case (persons who substance abuse is an element of their offense) are required to call-in daily for drug testing requirements.

4. Intervention- What follow-up and referral do you offer?

Wells county probation officers monitor probationer's progress in substance abuse treatment programs with regular communication with the program agency. Probationers may be rewarded for compliance (e.g., less frequent reporting, or early release for eligible probationers), or sanctioned for non-compliance (e.g., more frequent reporting or probation violation petitions) of substance abuse programs expectations.

5. Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

A list of approved substance abuse program providers is maintained and regularly updated on the department's website at www.wellscounty.org. Additionally, support group meeting schedules and locations are also posted outside the probation department office area for anyone to see.

6. Statistics- Are there any local statistics that you can share relating to substance use?

The probation department maintains a database on drug tests administered to probationers while under supervision. Summaries of these test results are regularly posted on the department's website at www.wellscounty.org.

Gregory Werich
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Bluffton Police Department

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem?

Law enforcement is generally responding to the crisis as a result of substance abuse, be it a suicide, overdose, disorderly conduct, family violence response or other criminal matter. It is often, after the fact, resulting in an investigation. Some of those investigations are long term, like compiling charges on people who deal or possess the illegal substance. Law enforcement also tries to respond proactively by implementing the DARE program and any other preventative procedures that we can put in place. Sometimes, we talk to users or their family members about the dangers associated with substance abuse, once they have identified the problem.

The substance abuse is a very pervasive cause of other criminal activity, like theft. We will continue to investigate and respond accordingly. We will continue to implement preventative measures to delay the use.

2) Philosophy- What is your agency's belief relating to substance use?

Early education can help to prevent or delay use. If we can prevent or delay use, young people will be less inclined to participate in substance abuse. However, there will always be people who use illegal substances or legal substances in excess. We believe that there must be a multi-pronged response. Enforcement of laws will prevent some people from continuing to use due to the stigma of arrest. Incarceration is the only way to prevent others from using or dealing the illegal substances. Treatment is another necessary prong to combat substance abuse.

We feel it is our responsibility to enforce the laws that protect innocent persons and sometimes protect the offenders from their own behavior.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

None We would refer them to another agency like Park Center, Bluffton Regional Medical Center, Alcoholic Anonymous, Narcotics Anonymous, etc.

4) Intervention- What follow-up and referral do you offer?

None Our role is to enforce the laws of the State of Indiana and the Constitution. Any criminal activity that we gleaned from speaking to someone would put us in a position to respond accordingly.

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

We would provide pamphlets for House of Hope, or DETOURS (the program that Family Centered Service offer)

6) Statistics- Are there any local statistics that you can share relating to substance use?

No Information

Nate Huss, Chief of Police
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February 2016

Wells County Sheriff's Department

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem?

We arrest them, and we have an active two county drug task force to try to get some of the drugs and the dealers off the street.

2) Philosophy- What is your agency's belief relating to substance use?

We are to enforce the laws of Indiana so we are working hard to curtail the drug problem.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

Community Corrections does a substance abuse class in the jail, and if the person in jail has mental health needs we have a psychiatrist that comes to the jail once every two weeks..

4) Intervention- What follow-up and referral do you offer?

If the inmate is put on new medications, we watch the inmate to see how his behavior is and if we believe that the medications are not working, we will set up a follow-up apt.

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

That is handled by Community Corrections in their class's at the jail.

6) Statistics- Are there any local statistics that you can share relating to substance use?

This numbers are just drug cases handled by the Sheriff Dept, in 2013 we had 22 drug cases. in 2014 we had 61 drug cases and in 2015 we had 194 drug cases, these did not include alcohol arrest.

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Healthcare

Caylor-Nickel Clinic

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem? How will you participate with this project?

Given the nature of our clinic we see patients that have drug abuse problems/over use. We care for the needs of such individuals. The modality of treatment is variable. For some we send to behavioral health services, others pain management and for some we treat in the practice. Other patients may be terminated due to drug abuse problems.

2) Philosophy- What is your agency's belief relating to substance use?

We know that drug abuse is a major problem today. We recognize that we need to medically manage this in relationship to other clinical problems. Since we do not have behavioral health services in the clinic, our role is more passive than active treatment.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

We do not currently have any organized programs for drug prevention or use issues. Individual physician counseling is used when needed.

4) Intervention- What follow-up and referral do you offer?

We do make referrals to other practices or services that can provide longitudinal care for patients with addictions and drug use problems. These referrals vary.

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

We provide no printed material to the patients. Verbal counseling is used.

6) Statistics- Are there any local statistics that you can share relating to substance use?

We would need to receive patient approval to release relevant data. So we do not have any data that we could share.

Jim Hamilton
Caylor-Nickel Clinic
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August 2014

Wells County Health Department

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem?

2) Philosophy- What is your agency's belief relating to substance use?

Substance abuse is a larger part of our society than what any of us want to admit and is a public health problem. Several counties are going to a needle exchange program; no plans are in place to implement such a program in Wells County at this time.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

Free HIV testing is available, quarterly here at the Health Department thru Positive Resource. The test is confidential, no blood, and results are known within 20 minutes. Counseling and support is provided to those seeking the test.

4) Intervention- What follow-up and referral do you offer?

Positive Resource

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

Pamphlets and other materials available for distribution

6) Statistics- Are there any local statistics that you can share relating to substance use?

In 2015, only 2 persons sought the free HIV testing. We are seeing more response so far in 2016.

2 (two) Wells Residents died in Wells County due to drug overdose or multiple drug toxicity in 2015 – ages

2 (two) Wells Resident died in Allen County due to drug overdose – ages 67 & 77

Of the 107 births occurring in Wells County to Wells residents, 27 reported smoking during pregnancy

187 Wells residents delivered in Allen County, 17 of which reported smoking during pregnancy

Marlene Hoag, Deputy Administrator
Wells County Health Department
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Walgreens Drug Store

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem?

Walgreens fills prescriptions for pain-killers, stimulants, sleeping aids and anti-anxiety medications. While most medication is used for a legitimate medical condition, these medications may be abused or diverted to someone other than the intended user for abuse.

Walgreens sells pseudoephedrine, a precursor to methamphetamine. Most purchasers use it to control the symptoms of colds and allergies. Some is sold to cooks, users or smurfs, individuals paid to purchase pseudoephedrine.

2) Philosophy- What is your agency's belief relating to substance use?

Walgreens fills prescriptions for patients with a legitimate medical condition and a relationship with the prescriber. Indiana requires the use of tamper-resistant prescription blanks for controlled drugs. Pharmacists look for altered or forged prescriptions and contact police in such cases. Indiana requires a photo ID be presented at the time of filling a controlled prescription. Walgreens utilizes Indiana's INSPECT system to detect doctor shoppers or users of many pharmacies. Walgreens limits early filling/refilling of controlled prescriptions.

Indiana requires a photo ID be presented to purchase pseudoephedrine. A company program prevents the over purchase of products and a state program prevents patients from purchasing from multiple pharmacies.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

No Information

4) Intervention- What follow-up and referral do you offer?

No Information

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

No Information

6) Statistics- Are there any local statistics that you can share relating to substance use?

No Information

Mark Toetz, RPh

Walgreens Drug Store

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February 2016

Social Services

Wells County Department of Child Services

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem?

DCS Mission is to protect children from abuse & neglect by partnering with families and communities to provide safe, nurturing and stable homes.

The role of the Dept. of Child Services is to protect children from further abuse or neglect, & prevent, remedy or assist in solving problems that may result in abuse, neglect, exploitation or delinquency of children. If abuse or neglect is suspected, Child Protective Services (CPS) operates a toll-free Hotline (1-800-800-5556) 24 hours a day for people to call & report suspected cases of child abuse or neglect. Reports can also be made via correspondence, or fax to the Hotline.

Handling reports of caretakers (parents/guardians) using illegal drugs or abusing Rx drugs with children present in the home.

Because the situation in each report is different, each is independently evaluated by the local DCS office to determine what actions will be taken. As stated above, it is our goal to keep the children safely in the home and we work toward this by identifying family problems and assisting families in resolving them. Families receive services based on the severity of the abuse or neglect, an assessment of the child's and family's needs, and an assessment of the relative safety and risk to the child in the home.

If, through the assessment it is determined that some form of intervention is appropriate, it may include the following measures:

- 1) A referral to the Network for Safe Families
- 2) A court approved Informal Adjustment plan of services between a family and the Department.
- 3) A Non-emergency CHINS proceeding where removal of a child is not necessary but an order from the court is required for a child in need of services that are unlikely to be provided or accepted without the coercive intervention of the court.
- 4) An Emergency CHINS proceeding with the court when intervention by the court is necessary to provide for the safety and well-being of a child which action may involve the removal of the child from the home.

When getting reports of parents/guardians abusing drugs, we request them to voluntarily take a drug screen. Case Managers also note the parent's mental/physical condition at the time of the assessment as well as any history with our department. Just as with cases of domestic violence, we also look at the age of the child(ren) in the home and their physical or mental abilities. In addition, the condition of the home is also assessed.

If an assessment is warranted, we may work with our local law enforcement agency during the initial contact with the family. If it is deemed we can keep the children safely in the home, any number of services may be offered to the family—again depending on the outcome of the assessment. This may include but not limited to referrals to drug addiction programs, support groups, counseling, therapy, homemaker services or home-based family services.

2) Philosophy- What is your agency's belief relating to substance use?

As noted above, our first goal is the safety of children and to ensure that drug endangered children receive protection, advocacy and support through a multidisciplinary approach. We partner with families, providers, and other members of the community to keep families safely together and do this by assisting the family to identify problems (substance abuse is the symptom – we work with the family to identify the cause for the substance abuse), finding solutions and developing a supportive system.

Child & Family Team Meetings (CFTM) are initiated and family driven. Such meetings bring together a family and interested people like friends, neighbors, providers and community members with resources from child welfare, mental health, school and other helping agencies. The purpose is to keep children safe, promote children's well-being & support families.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

We do use drug screening as mentioned above and contract with other agencies to provide education, support, counseling, and therapy. We do not offer in "house programs."

4) Intervention- What follow-up and referral do you offer?

DCS refers clients to agencies who educate and address substance abuse issues. Such agencies include but not limited to Park Center, Phoenix & Associates, Bowen Center, Alcoholics Anonymous & Narcotics Anonymous.

We work with the counselors, therapists, home based workers who are meeting with the client/family on a regular basis through conferences, Child & Family Team Meetings, emails, faxes, and or written reports to monitor the progress of the client/family until the successful conclusion of the case.

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

We have an informational table in our lobby with flyers from various agencies regarding local services for dealing with various issues. In the past, we had flyers pertaining to drug abuse programs. Currently, the only flyer available is one on Prevention of Fetal Alcohol Syndrome.

We refer our clients to agencies that specialize in substance abuse and they provide the education/information to our families.

6) Statistics- Are there any local statistics that you can share relating to substance use?

All statistics come from the DCS Central Office.

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Wells County Dept. of Child Services (DCS)
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February 2016

Family Centered Services, Inc. (FCS)

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem?

Family Centered Services (FCS) offers two programs that prevent substance use with teens. The mission of **SIGNALS** (Setting Important Goals Now Against Lifethreatening Substances) is to provide substance abuse awareness, prevention, intervention and education to teens. The mission of **DETOURS** (Developing Emotional control; Treating Others respectfully; and Understanding the Realities of Substance abuse) is to provide an educational experience to help teens learn the importance of making responsible, mature and informed decisions.

FCS also works to prevent and address juvenile delinquency as well as child abuse and/or neglect. Many times the families/individuals that we serve are affected by substance use. In FCS home-based cases where substance use is a factor, FCS staff work with these individuals to ensure safety, meet the basic needs, refer to appropriate sources, and work to develop a plan for positive change.

FCS would like to continue to work to prevent substance use and provide appropriate referrals to agencies that specialize in substance use treatment. FCS plans to continue to collaborate with other professionals to work towards creating a healthy community for local citizens.

2) Philosophy- What is your agency's belief relating to substance use?

FCS strives to diminish abuse, neglect, violence and delinquency by strengthening and supporting families. Many times these social problems are linked to substance use. By supporting, educating, advocating and referring individuals affected by substance use to appropriate treatment, there is hope for a better future.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

For the FCS Healthy Families Program, all new clients are formally assessed for alcohol and/or drug problems. The assessment process is through self report. For the FCS **DETOURS** or **SIGNALS** programs the majority of the youth are referred because they have been arrested or caught for using substances. No other FCS programs have specific tools that are used to assess substance use but workers are trained to identify signs and symptoms of drug use.

While FCS offers preventative, educational teen programs specializing on substance use, the agency does not offer treatment relating to substance use. **SIGNALS** is a substance abuse awareness, prevention and education program made available through a collaborative effort between FCS and the Bluffton Police Department (BPD). The eight-hour class teaches teens about the destructive nature of substance abuse and chemical dependence by reviewing science-based facts of substances and their harmful effects on the mind, body, and spirit. This class also gives youth tools to make responsible and informed decisions in the future. **DETOURS** is a character education program also made possible through collaboration between FCS and the BPD. The five-hour class explores five relevant topics for

teens. The items relating to substance use that are included are “Dangerous Decisions, Learn to Think Before You Act” and “Mind Altering Chemicals, Alcohol, Tobacco, Inhalants, Marijuana, Prescription Drugs and Synthetics.”

4) Intervention- What follow-up and referral do you offer?

The only intervention that FCS implements regarding substance use is referral to places such as Park Center (Bluffton), Bowen Center (Huntington), Alcoholics Anonymous, and Narcotics Anonymous.

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

No information

6) Statistics- Are there any local statistics that you can share relating to substance use?

The only statistics that FCS has relating to substance use is the amount of individuals that participate in the DETOURS and SIGNALS programs. Six-teen juveniles and sixteen parents participated in DETOURS classes in 2015 with an average participant reporting an increase of 6% in knowledge post class completion. One juvenile and one parent participated in SIGNALS classes in 2015 with the average participant reporting an increase of .23% in knowledge post class completion.

Jen Simpson
Family Centered Services
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Aging and In-Home Services of Northeast Indiana, Inc.

- 1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem? How will you participate with this project?**

We offer referral and information services, assessments for our in-home service programs and ongoing case management. We provide some limited in-home care, transportation and meals.

We certainly may encounter persons with substance use issues. We would not provide any direct services related to substance use/abuse and would refer them to appropriate agencies to help with this.

- 2) Philosophy- What is your agency's belief relating to substance use?**

We have drug free policy for employees. We may have to discontinue case management services if the substance use of a client interferes with this.

- 3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.**

We do not provide direct services, we would refer to other professionals.

- 4) Intervention- What follow-up and referral do you offer?**

Refer to appropriate professional agencies.

- 5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?**

No Information

- 6) Statistics- Are there any local statistics that you can share relating to substance use?**

No Information

Beth Krudop
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August 2014

Veterans Service Office

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem? How will you participate with this project?

I would like to see a harsher fine for those caught using drugs. Our office personally does not participate in community events concerning drug use which means we do not have anything personally to tackle. Unfortunately this is a growing problem, so this organization is a much needed program in our town.

2) Philosophy- What is your agency's belief relating to substance use?

It needs to be stopped and help provided for those willing to use it and wanting to make that change. Drug use effects how people live their life-skills, how they treat others, and their overall health.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

We do not currently offer any substance classes or programs.

4) Intervention- What follow-up and referral do you offer?

No information

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

No information

6) Statistics- Are there any local statistics that you can share relating to substance use?

No information

Yvonne Clark
Veterans Service Office
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August 2014

Education

Bluffton High School

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem? How will you participate with this project?

Since we are a high school, substance use problems occur occasionally. If a student is suspected of being influenced by some type of substance as school, a drug test can be done immediately, law enforcement may be contacted, parents are contacted, etc. The assistant principal, Stacy Morrison, handles these situations. Students are typically expelled if using a substance while at school. We have a school-wide drug testing policy that has helped with this issue. We will participate in whatever capacity would be helpful to the community.

2) Philosophy- What is your agency's belief relating to substance use?

We believe that substance abuse interferes with the learning process, which ultimately interferes with a student's opportunities for college and a career. We want every student to reach their maximum potential, substance interferes with that potential.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

All students have DARE in their sophomore health class; speakers often address this issue during convocations. We do not provide any programs in the building but often offer a student the ability to return to school earlier from an expulsion if they enter a drug and alcohol counseling program.

4) Intervention- What follow-up and referral do you offer?

Typically probation and the court system handle this aspect.

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

Information offered through the DARE program.

6) Statistics- Are there any local statistics that you can share relating to substance use?

No information

Jodi Leas
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August 2014

Norwell Community Schools

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem?

Our community is students. If it happens on school property during school time, we involve the police. If it is on a weekend and we become aware of it later, we notify the parents and allow them to take action.

If we have someone who comes to our school and appears to be under the influence and are driving, we notify law enforcement.

2) Philosophy- What is your agency's belief relating to substance use?

That people with substance abuse issues need help and support. We offer them information and services.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

The school nursing staff completes a visual assessment for those under the influence. The school provides education individually, in the classrooms, and during school-wide assembly. Guidance counselors offer parents support and resources to get help and referrals to several different agencies.

4) Intervention- What follow-up and referral do you offer?

Guidance counselors follow up with families, kids, counselors, and probation on an as needed basis. Referrals are provided to a variety of agencies.

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

No information

6) Statistics- Are there any local statistics that you can share relating to substance use?

No information

Jan Vogleman
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February 2016

Clergy

Wells County Ministerial Association

1) Introduction-What is your agency's role in working with substance use in the community. How do you interact with persons under the influence of substances? What actions do you take to tackle the problem?

The church is a safe and healthy place for substance users to come and receive healing and support. The church shall bridge the gap between the physical world and the spiritual world while building a relationship with substance users and their families, referring them to appropriate services, offering education, and extending spiritual support.

2) Philosophy- What is your agency's belief relating to substance use?

There is both a chemical and a spiritual piece of healing for substance users. The church shall fulfill the spiritual piece of healing and refer to medical professionals who will address the chemical portion of the addiction.

3) Protocol- What assessment, education, treatment, and/or procedure do you offer relating to substance use or individuals under the influence of substances? Do you have any programs or services for a substance user? If so, please provide program contact information.

Currently, the only church that is involved with treatment of addictions is Hope Missionary Church through their Celebrate Recovery Program.

Celebrate Recovery is every Monday Night in the Hope Missionary Youth Chapel area at 7:00 pm
This nationally recognized ministry provides a support-group like atmosphere for anyone in the community or church family who struggles with an addiction of any type (alcohol, drugs, sex, etc.)

- Christ Centered
- Accountability
- Private and Confidential
- Your Own Pace
- It is For Everyone (Hurt, Hang Up, Habit)
- Sense of Community (Not Alone)
- Celebrating the Victories Along the Recovery
- Encouragement
- Self Worth and values restored as we discover Healing Choices
- No Financial Commitment (FREE!!)
- A Weekly Time Of Worship, Fellowship and a Lesson

4) Intervention- What follow-up and referral do you offer?

No Information

5) Resources- What printed or electronic materials relating to substance use do you use or distribute relating to substance use?

The church relies heavily on referrals to organizations that specialize in substance use treatment. Examples of these organizations include Park Center, Local Support Groups, Adams Memorial Hospital, Parkview Behavioral Health, and Halfway Houses in Fort Wayne, Indiana.

6) Statistics- Are there any local statistics that you can share relating to substance use?

No Information

Gary Aupperle
gary@hopemc.org

DIRECTORY

SUBSTANCE USE RESOURCES - Wells County

Agency	Phone	Address	Website
COUNSELING/TREATMENT			
Park Center (Bluffton)	260-824-1071	1115 South Main Street, Bluffton IN	parkcenter.org
Park Center Emergency Line	260-471-9440		
Children's Mental Health Initiative	260-481-2703		secure.in.gov/dcs/3401.htm
Caring About People, Inc (CAPS)	260-424-5814	1417 North Anthony Boulevard, Fort Wayne IN	caringaboutpeopleinc.com
Meridian Health Services	260-726-9348	931 West Water Street, Portland IN	meridianhs.org
Bowen Center	260-356-2875	2860 Northpark Avenue, Huntington IN	bowncenter.org
Mapps Counseling	260-728-2919	1620 Morningstar Boulevard, Decatur IN	
Hester-Hollis Concern Center	765-348-1303	118 East Washington Street, Hartford City IN	cornerstone.org
Pheonix Associates, Inc	260-424-0411	2200 Lake Avenue - Suite 260, Fort Wayne IN	pheonixassociates.net
Headwaters Counseling	260-744-4326	2712 South Calhoun Street, Fort Wayne IN	headwaterscounseling.org
Family Care Center	260-493-0055	7400 East State Boulevard, Fort Wayne IN	familycarectr.org
New Options Treatment Center	260-355-0717	35 W Market St, Huntington IN	
Center for Behavioral Health	260-420-61010	1414 Wells Street, Fort Wayne IN	celebraterrecoveryfortwayne.com
RESIDENTIAL			
Gateway Woods (youth)	888-443-4283	14505 Klopfenstein Road, Leo IN	gatewaywoods.org
Park Center - Harmony House	260-481-2700	1909 Carew Street, Fort Wayne IN	parkcenter.org
Indiana Dream Center	260-200-1155	501 North Jefferson Street, Huntington IN	indianadreamcenter.com
A Friend's House	260-824-5556	1001 Clark Avenue, Bluffton IN	helpforwomen.net
Hope House	260-424-3711	1129 Garden Street, Fort Wayne IN	hopehouseinc.us
Fort Wayne Women's Bureau - Transitions	260-744-9201	2417 Fairfield Avenue, Fort Wayne IN	womensbureau.org
Charis House	260-426-8123	431 Fairmount Place - PO Box 11116, Fort Wayne IN	therescuemission.net
Rose Home	260-424-1600	2208 Wayne Trace, Fort Wayne IN	therosehome.org
Freedom House	260-456-8097	806 Walnut St, Fort Wayne, IN	freedomhouseinc.com
House of Hope (Youth)	260-824-4774	417 South Main Street, Bluffton IN	houseofhopeinc.org
Road to Recovery	260-422-0223	2018 N Clinton, Ft Wayne IN	facebook.com/road2recoveryinc
Restoration House	260-426-7357	301 West Superior Street - PO Box 11116, Fort Wayne IN	therescuemission.net
13th Step House	260-424-2341	1317 West Washington Street, Fort Wayne IN	13stephouseinc.org
Shepherd's House	260-424-2500	519 Tennessee Avenue, Fort Wayne IN	shepherdshouse.org
EDUCATION			
Family Centered Services	260-824-8574	123 South Marion Street, Bluffton IN	fcs-inc.net
MEDICAL			
Parview Behavioral Health	260-373-7500	1720 Beacon Street, Fort Wayne IN	parview.com
St Joe Behavioral Health	260-425-3606	700 Broadway, Fort Wayne IN	stjoehospital.com
Adams County Behavioral Health	260-728-3906	805 High Street, Decatur IN	adamshospital.org

Bluffton Regional Medical Center	260-919-3170	303 South Main Street, Bluffton IN	blufftonregional.com
Markle Medical Center	260-824-0800	100 West Horton Street, Bluffton IN	
Caylor-Nickel Clinic	260-824-3500	1 Caylor Nickel Square, Bluffton IN	caylornickelclinic.com
VA Northern Indiana Health Care System	260-426-5431	2121 Lake Avenue, Fort Wayne IN	northernindiana.va.gov
Neighborhood Health Clinic	260-458-2641	1717 South Calhoun Street, Fort Wayne IN	nhci.org
INFORMATIONAL			
Wells County Health Department	260-824-6489	223 West Washington Street, Bluffton IN	wellscounty.org
WCHD - 24 Hour Access Line	260-615-3878		
211			211northeastindiana.org
SUPPORT			
Celebrate Recovery	260-824-1844	429 East Dustman Road, Bluffton IN	celebraterecoveryfortwayne.com
Reformers Unanimous Recovery Ministries	260-494-7429	1621 South 350 East, Bluffton, IN	rurecovery.com
Alcoholics Anonymous	260-471-6262		aartwayne.org
Alanon/Alateen	260-471-6262		indiana-al-anon.org
Families Anonymous	800-736-9805		familiesanonymous.org
Marijuana Anonymous	260-602-7669		marijuana-anonymous.org
Narcotics Anonymous	260-427-9113		naindiana.org
Cocaine Anonymous	260-460-4739		indiana-ca.org
Crystal Meth Anonymous	855-638-4373		crystalmeth.org
Wells On Wheels (WOW)	260-824-4969	225 Water Street, Bluffton	wellsonwheels.com
HELP LINES			
National Substance Abuse Helpline	800-662-HELP		
Partnership for Drug Free Kids Hotline	855-DRUGFREE		drugfree.org
Indiana Tobacco Quit Line	800-QUITNOW		quitnowindiana.com
Indiana Family Helpline	855-HELP1ST		ifhl.isdh.in.gov
Child Abuse Hotline	800-800-5556		
Poison Control	800-222-1222		poison.org
ENFORCEMENT			
Wells County Sheriff's Department	260-824-3426	1615 West Western Avenue, Bluffton IN	wellscountysheriff.com
Bluffton Police Department	260-824-3320	204 East Market Street, Bluffton IN	ci.bluffton.in.us
Ossian Police Department	260-622-7519	507 North Jefferson Street, Ossian IN	ossianin.com
Markle Police Department	260-758-2225	155 West Sparks Street, Markle IN	markleindiana.com
Zanesville Police Department	260-638-4080		
Indiana State Police - Fort Wayne Post	260-432-8661	5811 Ellison Road, Fort Wayne IN	in.gov/isp
Wells County Department of Child Services	260-824-3530	221 West Market Street - PO Box 495, Bluffton IN	
Wells County Probation	260-824-6496	102 West Market Street - Suite 404, Bluffton IN	wellscounty.org
Wells County Prosecutor	260-824-4102	102 West Market Street - Suite 405, Bluffton IN	wellscounty.org

Please contact us with any additions or corrections to this list: 824-8574 or CADA@WellsCounty@yahoo.com

February 2016

INTERNET RESOURCES

Agency	Website	Content									
		FACTS/DATA	TRENDS	PARENT INFORMATION	EDUCATION / PREVENTION	SUPPORT / TREATMENT	TRAINING	MATERIAL RESOURCES	SIGNS / SYMPTOMS		
Above the Influence	abovetheinfluence.com	X			X	X				X	
Al-a-ton / Alateen Anonymous	al-anon.alateen.org					X			X		
Alcoholics Anonymous	aafwayne.org					X			X		
American Academy of Child & Adolescent Psychiatry	aaccp.org	X		X	X	X	X		X	X	
Aware Awake Alive	awareawakealive.org			X	X				X	X	
Bitter Pill	bitterpill.in.gov	X		X	X					X	
Child Welfare Information Gateway	childwelfare.gov	X		X	X				X	X	
Clark County Prosecutor	www.clarkprosecutor.org	X	X								
DOJ/DEA Office of Diversion Control	diversion.usdoj.gov	X									
Drug Abuse Resistance Education	dare.org			X							
Drug & Alcohol Information Center	www.addict-help.com	x	x	x	x	x				x	
Foundation for a Drug Free World	drugfreeworld.org	X		X	X				X		
Get Smart About Drugs (DEA Parent Resource)	getsmartaboutdrugs.com	X	X	X	X		X		X	X	
Helpguide.org	helpguide.org	X		X	X	X				X	
Indiana Prevention Resource Center (IPRC)	drugs.indiana.edu	X	X	X	X		X		X		
Indiana Youth Institute	iyi.org	X		X	X		X		X		
Indiana Youth Services Bureau	indysb.org			X	X				X		
Just Think Twice	justthinktwice.com	X	X	X	X		X		X	X	
MADD (Mothers Against Drunk Driving)	madd.org	X		X		X					
Narcotics Anonymous	na.org					X			X		
National Alliance for Drug Endangered Children	nationaledec.org			X		X			X		
National Association of Children of Alcoholics	nacoa.org				X	X			X		
National Association of State Controlled Substances Authorities	nascsa.org		X						X		
National Center on Addiction and Abuse	casacolumbia.org	X			X	X			X		
National Center on Substance Abuse and Child Welfare	ncsacw.samhsa.gov	X	X						X		
National Council on Alcoholism & Drug Dependence, Inc	ncadd.org	X	X	X	X	X				X	
National Families in Action	nationalfamilies.org			X	X						
National Institute on Alcohol Abuse and Alcoholism	niaaa.nih.gov			X	X				X	X	
National Institute on Drug Abuse (NIDA)	drugabuse.gov		X	X	X		X		X	X	
Office of National Drug Control Policy	whitehouse.gov/ondcp	X		X	X				X		
Park Center, Inc	parkcenter.org					X			X		
Partnership for Drug Free Kids	drugfree.org	X	X	X	X	X			X	X	

INTERNET RESOURCES

Agency	Website	Content									
		FACTS/DATA	TRENDS	PARENT INFORMATION	EDUCATION / PREVENTION	SUPPORT / TREATMENT	TRAINING	MATERIAL RESOURCES	SIGNS / SYMPTOMS		
Peer X (NIDA for Teens)	teens.drugabuse.gov/peerx	X		X	X	X			X	X	
Project Alert	projectalert.com	X	X		X			X	X		
Substance Abuse & Mental Health Services Administration	samhsa.gov	X		X	X				X		
The Meth Project	methproject.org	X			X	X				X	
Treatment 4 Addiction	treatment4addiction.com	X			X	X			X	X	
US National Library of Medicine (Medline Plus)	nlm.nih.gov				X						
Indiana Code	ai.org/legislative/ic/code/in.gov										
State of Indiana	in.gov										
Indiana Criminal Justice Institute											
Indiana Alcohol and Tobacco Commission											
Indiana Tobacco Quitline											
Indiana State Excise Police											
Indiana State Police											
Indiana Methamphetamine Investigation System											
Wells County, Indiana	wellscounty.org										
Wells County Prosecutor's Office											
Wells County Probation Office											
Wells County Sheriff's Department											
Citizens Against Drug Abuse (CADA)											
Wells County Health Department											
City of Bluffton, Indiana	ci.bluffton.in.us										
Bluffton Police Department											
Town of Ossian, Indiana	ossianin.com										
Ossian Police Department											
Town of Markle, Indiana	markleindiana.com										
Markle Police Department											

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February 2016

SPECIFIC INTERNET RESOURCES:

The Substance Abuse & Mental Health Administration

samhsa.gov

Find Help and Treatment Options/Data

<http://www.samhsa.gov/find-help>

National Center on Addiction and Abuse

casacolumbia.org

Patient Treatment Guide

<http://www.casacolumbia.org/addiction-treatment/patient-guide>

National Alliance for Drug Endangered Children (NADEC)

nationaldec.org

National Guidelines for Medical Evaluation of Children Found in Drug Labs

<http://www.nationaldec.org/ourpublications.html>

Park Center

parkcenter.org

Recovery Plan Form

http://parkcenter.org/addiction_services.htm (scroll down to: more information and links)

National Institute on Drug Abuse (NIDA)

drugabuse.com

Preventing Drug Use Among Children and Adolescents Booklet

<http://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents>

Nationwide Trends and Drug Statistics for ages 12+

<http://drugabuse.gov/publications/drugfacts/nationwide-trends>

Emerging Trends (check for regular updates)

<http://www.drugabuse.gov/drugs-abuse/emerging-trends>

US National Library of Medicine

nlm.nih.gov

Comprehensive Prescription Drug Guide

<http://www.nlm.nih.gov/medlineplus/druginformation.html>

Comprehensive Prescription Drug Guide

http://www.rxlist.com/drugs/alpha_a.htm

Comprehensive Drug Dictionary/Street Slang Guide

<http://www.clarkprosecutor.org/html/substnce/drugs.htm>

Drugs of Abuse: A Resource Guide

<http://www.justice.gov/dea>

http://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf

Substance Use Resource Center

<https://www.childwelfare.gov/systemwide/substance/resources.cfm>

Model Laws**Substance Use Resource Center**

https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Substance_Use_Resource_Center/Home.aspx

State of Indiana Substance Abuse Prevention and Mental Health Strategic Plan 2012-2017

[http://www.in.gov/fssa/dmha/files/Substance_Abuse_Prevention_and_MH_Promotion_Strategic_Plan_2012-2017\(1\).pdf](http://www.in.gov/fssa/dmha/files/Substance_Abuse_Prevention_and_MH_Promotion_Strategic_Plan_2012-2017(1).pdf)

Addiction Services/Local Service Providers

<http://www.in.gov/fssa/dmha/index.htm>

<http://www.in.gov/fssa/dmha/2578.htm>

STUDIES/DATA:

Indiana Prevention Resource Center: Substance Use Survey

<http://www.drugs.indiana.edu>

UD Department of Health & Human Services: Adolescent Substance Abuse Facts

<http://www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/states>

Centers for Disease Control and Prevention: Youth Risk Behavior Surveillance System

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Drug Enforcement Administration: National Statistics (Arrests, Drug Seizures, Meth Lab Incidents)

<http://www.justice.gov/dea/resource-center/statistics.shtml>

US Department of State: International Narcotics Control Strategy Report

<http://www.state.gov/j/inl/rls/nrcrpt/index.htm>

Monitoring the Future: National Survey Results on Drug Use

<http://www.monitoringthefuture.org/>

The White House: National Drug Control Strategy

<http://www.whitehouse.gov/ondcp/national-drug-control-strategy>

SAMHSA: National Survey on Drug Use and Health

<https://nsduhweb.rti.org/respweb/homepage.cfm>

Partnership for Drug-Free Kids: Partnership Attitude Tracking Study

<http://www.drugfree.org/newsroom/in-the-news-the-2012-partnership-attitude-tracking-study/>

National Highway Traffic Safety Administration: Teens, Drugs & Driving Fact Sheet

http://ctbh.org/documents/ONDOP_factsheet_2013_v2.pdf

Kids Count Data Center: Safety and Risky Behaviors Studies

<http://www.datacenter.kidscount.org/topics>

APPENDIX

SUBSTANCES

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/How Administered**	Acute Effect/Health Risks
Tobacco			<i>Increased blood pressure and heart rate/chronic lung disease; cardiovascular disease; stroke; cancers of the mouth, pharynx, larynx, esophagus, stomach, pancreas, cervix, kidney, bladder, and acute myeloid leukemia; adverse pregnancy outcomes; addiction</i>
Nicotine	Found in cigarettes, cigars, bids, and smokeless tobacco (snuff, spit tobacco, chew)	Not scheduled/smoked, snorted, chewed	
Alcohol			<i>In low doses, euphoria, mild stimulation, relaxation; lowered inhibitions; in higher doses, drowsiness; slurred speech, nausea, emotional volatility, loss of coordination, visual distortions; impaired memory; sexual dysfunction, loss of consciousness; increased risk of injuries, violence, fetal damage (in pregnant women); depression; neurologic deficits; hypertension; liver and heart disease; addiction; fatal overdose</i>
Alcohol (ethyl alcohol)	Found in liquor, beer, and wine	Not scheduled/swallowed	
Cannabis			<i>Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety; panic attacks; psychosocial/cough; frequent respiratory infections; possible mental health decline; addiction</i>
Marijuana	Blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, trees, smoke, sensimilla, skunk, weed	Unsmoked, swallowed	
Hashish	Boom, gangster, hash, hash oil, hemp	Unsmoked, swallowed	
Opioids			<i>Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; feeling of heaviness in the body; slowed or arrested breathing/constipation; endocarditis; hepatitis; HIV; addiction; fatal overdose</i>
Heroin	<i>Diacetylmorphine</i> ; smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse, China white; cheese (with OTC cold medicine and antihistamine)	Injected, smoked, snorted	
Opium	<i>Laudanum, paragonic</i> ; big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked	
Stimulants			<i>Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy; mental alertness; tremors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior; psychosis/weight loss; insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction</i>
Cocaine	<i>Cocaine hydrochloride</i> ; blow, bump, C, candy, Charlie coke, crack, flake, rock, snow, boot	Unsnorted, smoked, injected	Also, for cocaine —nasal damage from snorting
Amphetamine	<i>Biphetamine, Dexedrine</i> ; bearnies, black beadies, crosses, hearts, LA turnaround, speed, truck drivers, uppers	Unswallowed, snorted, smoked, injected	Also, for methamphetamine —severe dental problems
Methamphetamine	<i>Desoxyri</i> ; meth, ice, crank, chalk, crystal, fire, glass, go fast, speed	Unswallowed, snorted, smoked, injected	
Club Drugs			<i>MDMA</i> —mild hallucinogenic effects; increased tactile sensitivity, empathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping/ sleep disturbances; depression; impaired memory; hyperthermia; addiction
MDMA (methylendioxyamphetamine)	<i>Rohypnol</i> ; forget-me pill, Mexican Valium, R2, roach, Roachie, roffies, roofnol, rope, rophies	Unswallowed, snorted	<i>Flunitrazepam</i> —sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination/addiction
Flunitrazepam***	<i>Gamma-hydroxybutyrate</i> ; G, Georgia home boy, gfrevious bodily harm, liquid ecstasy, soap, scoop, goop, liquid X	Unswallowed	<i>GHB</i> —drowsiness; nausea; headache; disorientation; loss of coordination; memory loss/ unconsciousness; seizures; coma
Dissociative Drugs			<i>Feelings of being separate from one's body and environment; impaired motor function/anxiety; tremors; numbness; memory loss; nausea</i>
Ketamine	<i>Ketalar</i> SY; cat Valium, K, Special K, vitamin K	Uninjected, snorted, smoked	Also, for ketamine —analgesia; impaired memory; delirium; respiratory depression and arrest; death
PCP and analogs	<i>Phencyclidine</i> ; angel dust, boat, hog, love boat, peace pill	I, Unswallowed, smoked, injected	Also, for PCP and analogs —analgesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations
Salvia divinorum	Salvia, Shepherdess's Herb, Maria Pastora, magic mint, Sally-D	Not scheduled/slurped, swallowed, smoked	Also, for DXM —euphoria; slurred speech; confusion; dizziness; distorted visual perceptions
Dextromethorphan (DXM)	Found in some cough and cold medications; RoboTripping, Robo, Triple C	Not scheduled/swallowed	
Hallucinogens			<i>Altered states of perception and feeling; hallucinations; nausea</i>
LSD	<i>Lysergic acid diethylamide</i> ; acid, blotter, cubes, microd, yellow sunshine, blue heaven	Unswallowed, absorbed through mouth tissues	Also, for LSD and mescaline —increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness; dizziness; weakness; tremors; impulsive behavior; rapid shifts in emotion
Mescaline	Buttons, cactus, mesc, peyote	Unswallowed, smoked	Also, for LSD —Flashbacks; Hallucinogen Persisting Perception Disorder
Psilocybin	Magic mushrooms, purple passion, shrooms, little smoke	Unswallowed	Also, for psilocybin —nervousness; paranoia; panic
Other Compounds			<i>Steroids</i> —no intoxication effects/hypertension; blood clotting and cholesterol changes; liver cysts; toxicity and aggression; acne; in adolescents—premature stoppage of growth; in males—prostate cancer; reduced sperm production; shrunken testicles; breast enlargement; in females—menstrual irregularities; development of beard and other masculine characteristics
Anabolic steroids	<i>Anadrol, Dandrin, Durabolin, Depo-Testosterone, Equipoise</i> ; roids, juice, gym candy, pumps	Uninjected, swallowed, applied to skin	<i>Inhalants (varies by chemical)</i> —stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing/cramps; muscle weakness; depression; memory impairment; damage to cardiovascular and nervous systems; unconsciousness; sudden death
Inhalants	<i>Solvents (paint thinners, gasoline, glue(s)); gases (butane, propane, aerosol propellants, nitrous oxide); nitriles (isoamyl, isobutyl, cyclohexyl); laughing gas, poppers, snappers, whippers</i>	Not scheduled/inhaled through nose or mouth	

Substances: Category and Name	Examples of Commercial and Street Names
Prescription Medications	
CNS Depressants	
Stimulants	
Opioid Pain Relievers	

For more information on prescription medications, please visit <http://www.nida.nih.gov/DrugPages/PrescriptionDrugsChart.html>.

DEA Schedule⁷/How Administered^{**}

Acute Effects/Health Risks

^{*} Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use. Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Some Schedule V drugs are available over the counter.

^{**} Some of the health risks are directly related to the route of drug administration. For example, injection drug use can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

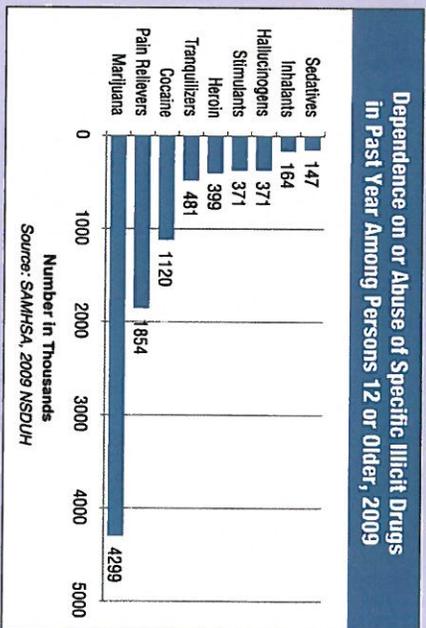
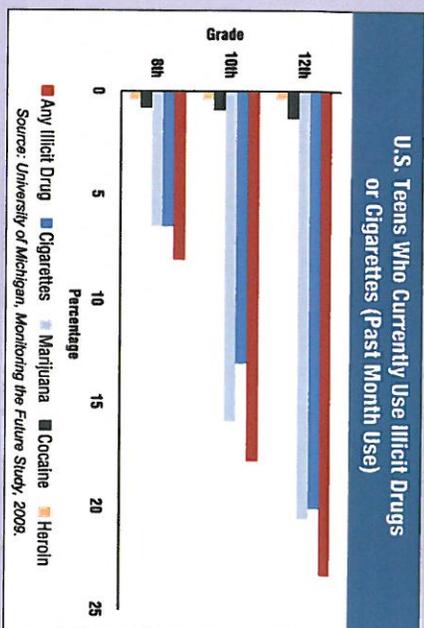
^{***} Associated with sexual assaults.

Principles of Drug Addiction Treatment

More than three decades of scientific research show that treatment can help drug-addicted individuals stop drug use, avoid relapse and successfully recover their lives. Based on this research, 13 fundamental principles that characterize effective drug abuse treatment have been developed. These principles are detailed in *NIDA's Principles of Drug Addiction Treatment: A Research-Based Guide*. The guide also describes different types of science-based treatments and provides answers to commonly asked questions.

- Addiction is a complex but treatable disease that affects brain function and behavior.** Drugs alter the brain's structure and how it functions, resulting in changes that persist long after drug use has ceased. This may help explain why abusers are at risk for relapse even after long periods of abstinence.
- No single treatment is appropriate for everyone.** Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success.
- Treatment needs to be readily available.** Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible.
- Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.** To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems.
- Remaining in treatment for an adequate period of time is critical.** The appropriate duration for an individual depends on the type and degree of his or her problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.
- Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.** Behavioral therapies vary in their focus and may involve addressing a patient's motivations to change, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** For example, methadone and buprenorphine are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use. Also, for persons addicted to nicotine, a nicotine replacement product (nicotine patches or gum) or an oral medication (bupropion or varenicline) can be an effective component of treatment when part of a comprehensive behavioral treatment program.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure it meets his or her changing needs.** A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may
 - require medication, medical services, family therapy, parenting instruction, vocational rehabilitation and/or social and legal services.** For many patients, a continuing care approach provides the best results, with treatment intensity varying according to a person's changing needs.
 - Many drug-addicted individuals also have other mental disorders.** Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.
 - Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.** Although medically assisted detoxification can safely manage the acute physical symptoms of withdrawal, detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence. Thus, patients should be encouraged to continue drug treatment following detoxification.
 - Treatment does not need to be voluntary to be effective.** Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.
 - Drug use during treatment must be monitored continuously, as lapses during treatment do occur.** Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.
 - Treatment programs should assess patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases.** Targeted counseling specifically focused on reducing infectious disease risk can help patients further reduce or avoid substance-related and other high-risk behaviors. Treatment providers should encourage and support HIV screening and inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among drug-abusing populations.

This chart may be reprinted. Citation of the source is appreciated.



NATIONAL INSTITUTE ON DRUG ABUSE
NIDA
DRUGPUBS

RESEARCH DISSEMINATION CENTER

Order NIDA publications from DrugPubs:
1-877-643-2644 or 1-240-645-0228 (TTY/TTDD)

Substances, Category and Name	Examples of Commercial and Street Names	DEA Schedule*/How Administered	Intoxication Effect/Health Risks
Depressants			
Barbiturates	<i>Amytal, Nembutal, Secoral, Phenobarbital</i> ; bars, rebs, red birds, phennies, toots, yellows, yellow jackets	II, III, IV/injected, swallowed	<i>Sedation/drowsiness, reduced anxiety, feelings of well-being, lowered inhibitions, slurred speech, poor concentration, confusion, dizziness, impaired coordination and memory, slowed pulse, lowered blood pressure, slowed breathing, tolerance, withdrawal, addiction; increased risk of respiratory distress and death when combined with alcohol</i>
Benzodiazepines	<i>Alivan, Halcion, Librium, Valium, Xanax, Klonopin</i> ; candy, downers, sleeping pills, tanks	IV/swallowed	<i>for barbiturates—euphoria, unusual excitement, fever, irritability/like-threatening withdrawal in chronic users</i>
Sleep Medications	<i>Ambien (zolpidem), Sonata (zaleplon), Lunesta (eszopiclone)</i>	IV/swallowed	
Opioids and Morphine Derivatives**			
Codeine	<i>Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine</i> ; Captain Cody, Cody, schoolboy; (with guaifenesin: doors & fous, loads, pancakes and syrup)	II, III, IV/injected, swallowed	<i>Pain relief, euphoria, drowsiness, sedation, weakness, dizziness, nausea, impaired coordination, confusion, dry mouth, itching, sweating, clammy skin, constipation/ slowed or arrested breathing, lowered pulse and blood pressure, tolerance, addiction, unconsciousness, coma, death; risk of death increased when combined with alcohol or other CNS depressants</i>
Morphine	<i>Roxanol, Duramorph</i> ; M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	<i>for fentanyl—80–100 times more potent analgesic than morphine</i>
Methadone	<i>Methadose, Dolophine</i> ; fizzes, amdone, (with MDMA: chocolate chip cookies)	II/swallowed, injected	<i>for oxycodone—muscle relaxation/twice as potent analgesic as morphine; high abuse potential</i>
Fentanyl and analogs	<i>Actiq, Duragesic, Sublimaze</i> ; Apache, China girl, dance fever, friend, goodfella, jackpot, murder 9, TNT, Tango and Cash	II/injected, smoked, snorted	<i>for codeine—less analgesia, sedation, and respiratory depression than morphine</i>
Other Opioid Pain Relievers:			<i>for methadone—used to treat opioid addiction and pain; significant overdose risk when used improperly</i>
Oxycodone HCl	<i>Tylox, Oxycontin, Percodan, Percocet</i> ; Oxy, O.C., oxycotton, oxycet, hillybilly heroin, pears	II, III, IV/chewed, swallowed, snorted, injected, suppositories	
Hydrocodone Bitartrate	<i>Vicodin, Lorab, Lorcet</i> ; wika, Watson-387		
Oxymorphone	<i>Dilaudid</i> ; juice, smack, D, footballs, dillies		
Meperidine	<i>Opana, Numorphan, Numorphone</i> ; biscuits, blue heaven, blues, Mrs. O, octagons, stop signs, O Bomb		
Propoxyphene	<i>Demerol, meperidine hydrochloride</i> ; demmies, pain killer		
<i>Darvon, Darvocet</i>			
Stimulants			
Amphetamines	<i>Biphetamine, Dexedrine, Adderall</i> ; beemies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	<i>Feelings of exhilaration, increased energy, mental alertness/increased heart rate, blood pressure, and metabolism, reduced appetite, weight loss, nervousness, insomnia, seizures, heart attack, stroke</i>
Methylphenidate	<i>Concerta, Ritalin</i> ; JF, MPH, R-tail, Skippy, the smart drug, vitamin R	II/injected, swallowed, snorted	<i>for amphetamines—rapid breathing, tremor, loss of coordination, irritability, anxiety, restlessness/delirium, panic, paranoia, hallucinations, impulsive behavior, aggressiveness, tolerance, addiction</i>
			<i>for methylphenidate—increases or decreases in blood pressure, digestive problems, loss of appetite, weight loss</i>
Other Compounds			
Dextromethorphan (DXM)	<i>Found in some cough and cold medications</i> ; RoboTripping, Robo, Triple C	not scheduled/swallowed	<i>Euphoria, slurred speech/increased heart rate and blood pressure, dizziness, nausea, vomiting, confusion, paranoia, distorted visual perceptions, impaired motor function</i>

* Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use. Schedule II drugs are available only by prescription and require a new prescription for each refill. Schedule III and IV drugs are available by prescription, and may be ordered orally. Most Schedule V drugs are available over the counter.

** Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms. Injection is a more common practice for opioids, but risks apply to any medication taken by injection.

Facts About Prescription Drug Abuse

Medications can be effective when they are used properly, but some can be addictive and dangerous when abused. This chart provides a brief look at some prescribed medications that—when used in ways or by people other than prescribed—have the potential for adverse medical consequences, including addiction.

In 2010, approximately 16 million Americans reported using a prescription drug for nonmedical reasons in the past year; 7 million in the past month.

What types of prescription drugs are abused?

- Three types of drugs are abused most often:
- Opioids—prescribed for pain relief
 - CNS depressants—barbiturates and benzodiazepines, prescribed for anxiety or sleep problems (often referred to as sedatives or tranquilizers)
 - Stimulants—prescribed for attention-deficit hyperactivity disorder (ADHD), the sleep disorder narcolepsy, or obesity.

How can you help prevent prescription drug abuse?

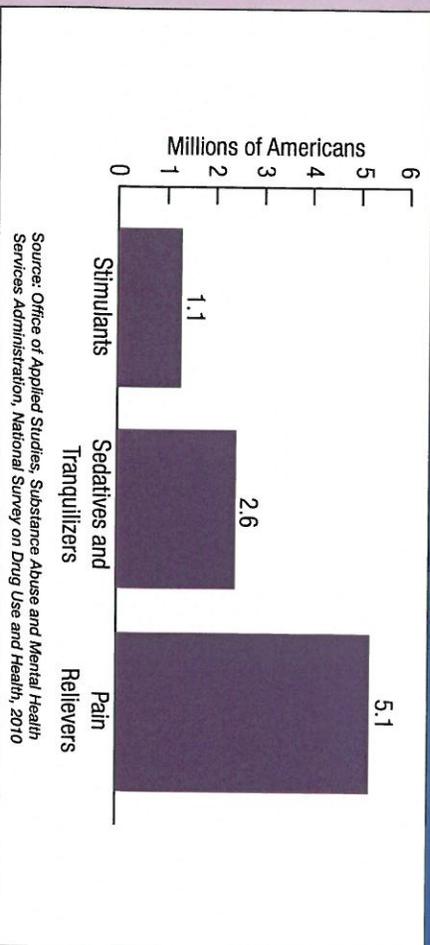
- Ask your doctor or pharmacist about your medication, especially if you are unsure about its effects.
- Keep your doctor informed about all medications you are taking, including over-the-counter medications.
- Read the information your pharmacist provides before starting to take medications.
- Take your medication(s) as prescribed.
- Keep all prescription medications secured at all times and properly dispose of any unused medications.



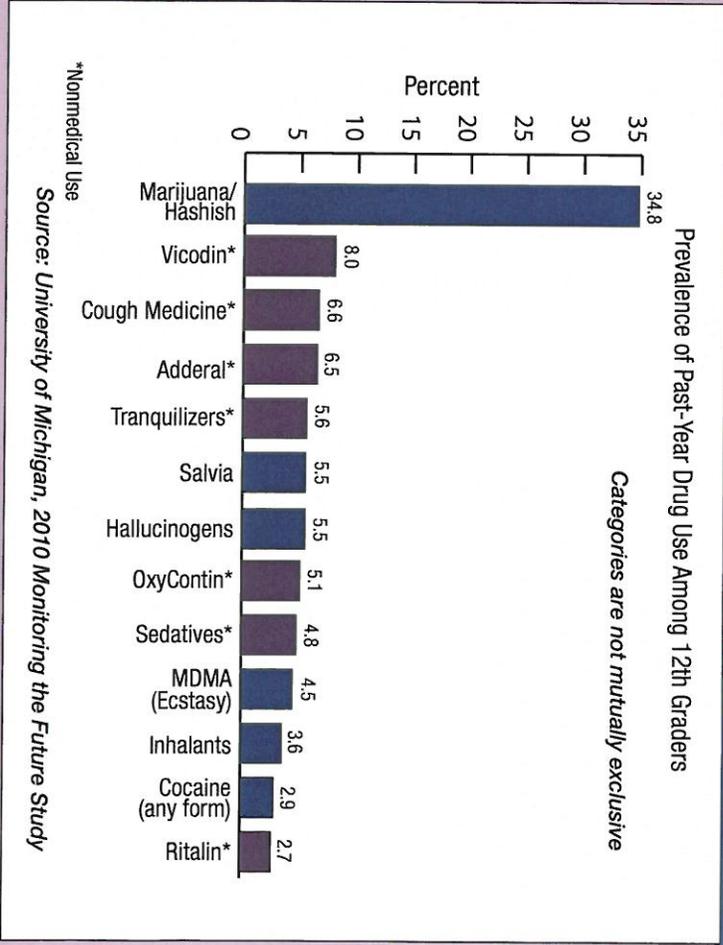
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This chart may be reprinted. Citation of the source is appreciated.

~7.0 Million Americans Reported Past-Month Use of Rx Drugs for Nonmedical Purposes in 2010



After Marijuana, Prescription and Over-the-Counter Medications* Account for Most of the Commonly Abused Drugs



DRUG GUIDE FOR PARENTS: LEARN THE FACTS TO KEEP YOUR TEEN SAFE

													
Alcohol	Booze	Big C, Blow, Burn, Coke, Nose Candy, Rock, Snow	Dex, Red Devil's, Rolo, Triple C, Tusin, Skittles, Syrup	Adam, Bean, E, Roll, X, XTC	Big H, Black Tar, Dope, Junk, Skunk, Snack	Whippets, Baggies, Huffing, Poppers, Snappers, Disting	Bunt, Boom, Dope, Grass, Hash, Herb, Mary Jane, Pot, Reel, Skunk, Weed	Ice, Chalk, Crank, Crystal, Fire, Glass, Meth, Speed	Codine, Oxycontin (Ox, O.C.), Percocet (Percs), Vicodin (Vic, Vicman V)	Mebaryl, Quaaluds, Xanax, Valium	Adderall, Dexerime, Ritalin	Juice, Rhoids, Stackers, Pumpers, Gym Candy	Cancer Sticks, Chew, Cigarettes, Dip, Fags, Smokes
Street Names / Commercial													
Looks Like	Liquid (types include beer, wine, liquor)	White crystalline powder, chips, chunks or white rocks	Liquid, pills, powder, gel caps	Branded tablets (Playboy bunnies, Nike swoosh)	White to dark brown powder or tar-like substance	Paint thinners, glues, nail polish remover, whipped cream aerosol, air conditioner fluid (Freon) and more	A green or gray mixture of dried, shredded flowers and leaves of the hemp plant	White or slightly yellow crystal-like powder, large rock-like chunks	Tablets and capsules	Multi-colored tablets and capsules; some can be in liquid form	Tablets and capsules	Tablet, liquid or skin application	Brown, cut up leaves
How It's Used/Abused	Alcohol is drunk	Cocaine can be snorted or injected; crack can be smoked	Swallowed	Swallowed	Injected, smoked, freebassed or snorted	Inhaled through nose or mouth	Smoked, brewed into tea or mixed into foods	Swallowed, injected, snorted or smoked	Swallowed or injected	Swallowed or injected	Swallowed, injected or snorted	Swallowed, applied to skin or injected	Smoked or chewed
What Teens Have Heard	Makes a boring night fun	Keeps you amped up; you'll be the life of the party	Causes a trippy high with various plateaus	Enhances the senses and you'll love everyone	Full-on euphoria but super risky	A cheap, 20-minute high	Relaxing, not dangerous and often easier to get than alcohol	Can keep you going for days	A free high, straight from the medicine cabinet	A great release of tension	Keeps you attentive and focused	Will guarantee a spot on the starting lineup	An oral fixation and appetite suppressant
Dangerous Because	Impairs reasoning, clouds judgement. Long-term heavy drinking can lead to alcoholism and liver and heart disease	Can cause heart attacks, strokes and seizures. In rare cases, sudden death on the first use	Can cause abdominal pain, extreme nausea, liver damage	Can cause severe dehydration, liver and heart failure and even death	Chronic heroin users risk death by overdose	Chronic exposure can produce significant damage to the heart, lungs, liver and kidneys. Can induce death	Can cause memory and learning problems, hallucinations, delusions and depersonalization	Chronic long-term use, or high dosages, can cause psychotic behavior (including paranoia, delusions, hallucinations, violent behavior, insomnia and strokes)	A large single dose can cause severe respiratory depression that can lead to death	Slows down the brain's activity and when a user stops taking them, there can be a rebound effect, possibly leading to seizures and other harmful consequences	Taking high doses may result in dangerously high body temperatures and an irregular heartbeat. Potential for heart attacks or lethal seizures	Boys can develop breasts; girls can develop facial hair and a deepened voice. Can cause heart attacks and strokes	Cigarette smoking harms every organ in the body and causes coronary heart disease, heart stroke, as well as many forms of cancer
Teen Usage (Grades 9-12)	1 in 2 teens drank alcohol in the last year	1 in 9 teens has abused cocaine or crack in their lifetime	1 in 8 teens has abused cough medicine in their lifetime	1 in 8 teens has abused Ecstasy in their lifetime	1 in 20 teens has abused heroin in their lifetime	1 in 6 teens has abused inhalants in their lifetime	1 in 3 teens has abused marijuana in their lifetime	1 in 14 teens has abused methamphetamine in their lifetime	1 in 5 teens has abused prescription pain relievers in their lifetime	1 in 11 12th graders has abused sedatives and/or tranquilizers in their lifetime	1 in 10 teens has abused Ritalin or Adderall in their lifetime	1 in 20 teens has abused steroids in their lifetime	1 in 4 teens smoked cigarettes in the last 30 days
Signs of Abuse	Slurred speech, lack of coordination, nausea, vomiting, hangovers	Nervous behavior, restlessness, bloody noses, high energy	Slurred speech, loss of coordination, disorientation, vomiting	Teeth clenching, chills, sweating, dehydration, anxiety, unusual display of affection	Track marks on arms, slowed and slurred speech, vomiting	Missing household products, a drunk, dazed or dizzy appearance	Slowed thinking and reaction time, impaired coordination, paranoia	Nervous physical activity, scabs and open sores, decreased appetite, inability to sleep	Medicine bottles present without illness, Rx bottles missing, disrupted eating and sleeping patterns	Slurred speech, shallow breathing, sluggishness, disorientation, lack of coordination	Lack of appetite, increased alertness, attention span and energy	Rapid growth of muscles, opposite sex characteristics and extreme irritability	Small on clothes and hair, yellowing of teeth and fingers that hold cigarettes
Important to Know	Being a child of an alcoholic places children at greater risk for developing alcohol problems	Cocaine is one of the most powerfully addictive drugs	The "high" from cough medicine is caused by ingesting a large amount of dextromethorphan (DXM), a common active ingredient	Can be addictive. A popular club drug because of its stimulant properties which allow users to dance for long periods of time	Heroin overdose is a particular risk on the street, where the purity of the drug cannot be accurately known	More than 1,000 common products are potential inhalants that can kill on the first use or any time thereafter	Contrary to popular belief, marijuana can be addictive	Meth has a high potential for abuse and addiction, putting children at risk, increasing crime and causing environmental harm	Abusing prescription painkillers is just as dangerous, addictive and deadly as using heroin	Using prescription sedatives and tranquilizers with alcohol can slow both the heart and respiration and possibly lead to death	Many teens abuse this prescribed medication to help them cram for exams or suppress their appetite	Teens who abuse steroids before the typical adolescent growth spurt risk staying short and never reaching their full adult height	Secondhand smoke contributes to more than 35,000 deaths related to cardiovascular disease

Find more tools and tips at www.drugfree.org.

Drug Dictionary / Street Slang

Street Names of Popular Drugs of Abuse

Alprazolam (Xanax)

Sticks, bars, handlebars, stikalix, Z-bars, School bus, yellow boys, white boys, footballs, bicycle parts.

Cocaine

Blow, C, candy, coke, freeze, girl, happy dust, Mama coca, mojo, monster, nose, shot, smoking gun, snow, sugar, sweet stuff, and white powder.

Crack Cocaine

Base, beat, blast, casper, chalk, devil drug, gravel, hardball, hell, kryptonite, love, moonrocks, rock, scrabble, stones and tornado.

Depressants

Backwards, blue heavens, downie, drowsy high, green dragons, idiot pills, joy juice, M&M, no worries, peanut, rainbows, red bullets, stoppers, stumbler, tooles and yellow.

Diazepam (Valium)

Ardins, candy, downers, french blues, sleeping pills, tranks, vallies, and wiltshire blues.

Fentanyl

Apache, China girl, China town, dance fever, friend, goodfellas, great bear, he-man, jackpot, king ivory, murder 8, poison, tango and cash and TNT.

Heroin

Aunt Hazel, big H, black pearl, brown sugar, capital H, charley, china white, dope, good horse, H, hard stuff, hero, heroina, little boy, mud, perfect high, smack, stuff and tar.

Hydrocodone (Vicodin, Lortab, Lorcet)

Vikes, Hydro, Norco

Hydromorphone (Dilaudid)

Drug store heroin, dillies, little d, lords, big d, d's, delats, delaud, delantz, delida, dust, juice, smack, D, footballs

Inhalants

Air blast, bolt, boppers, bullet bolt, climax, discorama, hardware, heart-on, highball, honey oil, huff, laughing gas, medusa, moon gas, satan's secret, thrust and whiteout.

Ketamine

Bump, cat killer, cat valium, fort dodge, green, honey oil, jet, K, ket, kit kat, psychedelic heroin, purple, special "K", special la coke, super acid, super C and vitamin K.

LSD (Lysergic acid diethylamide)

A, Acid, black star, blotter, boomers, cubes, Elvis, golden dragon, L, microdot, paper acid, pink robots, superman, twenty-five, yellow sunshine and ying yang.

Marijuana

420, Aunt Mary, baby, bobby, boom, chira, chronic, ditch, ganja, grass, greens, hash, herb, Mary Jane, nigra, Pot, reefer, rip, root, skunk, stack, torch, weed and zambi.

Drug Dictionary / Street Slang Continued

MDMA (Methylenedioxy-methamphetamine)

Adam, bean, blue kisses, clarity, club drug, disco biscuits, E, ecstasy, hug drug, love drug, lover's speed, Mercedes, New Yorkers, peace, roll, white dove, X and XTC.

Mescaline

Beans, buttons, cactus, cactus buttons, cactus head, chief, love trip, mesc, mescal, mezc, moon, peyote and topi.

Methamphetamine

Bennies, blue devils, chalk, CR, crank, crystal, crystal meth, fast, granulated orange, ice, meth, Mexican crack, pink, rock, speckled birds, speed, tina and yellow powder.

Opium

Ah-pen-yen, aunti, big O, black stuff, Chinese tobacco, chocolate, dopium, dover's deck, dream gun, hard stuff, hocus, joy plant, O, ope, pin yen, toxy and zero.

Oxycodone (OxyContin, Percocet, Endocet)

Oxy, OCs, ox, 40 (a 40-milligram tablet), 80 (an 80-milligram tablet), Blue, Hillbilly heroin, Kicker, Oxycotton.

PCP (Phencyclidine)

Angel dust, belladonna, black whack, CJ, cliffhanger, crystal joint, Detroit pink, elephant tranquilizer, hog, magic, Peter Pan, sheets, soma, TAC, trunk, white horizon and zoom.

Psilocybin/psilocin

Boomers, god's flesh, little smoke, magic mushroom, Mexican mushrooms, mushrooms, musk, sherm, shrooms, silly putty and simple simon.

Ritalin

Crackers, one and ones, pharming, poor man's heroin, R-ball, ritz an ts, set, skippy, speedball, ts and ritz, ts and rs, vitamin R and west coast.

Steroids

Abolic, anadrol, arnolds, bolasterone, dihydrolone, equipose, gym candy, juice, methyl testosterone, proviron, pumpers, stackers, therobolin, weight trainers and winstrol V.

Drug Classifications

The vast numbers of prescribed and recreational drugs fall into certain drug classifications.

Drug Classifications:

Stimulants (amphetamines, caffeine, nicotine and cocaine)

Depressants (opiates and opioids, alcohol, barbiturates, tranquilizers and benzodiazepines)

Anti-Psychotics

Anti-Depressants

Cannabis

Inhalants

*Prescription medications are the most commonly abused drug in the United States.

Other Highly Abused Drugs Include:

Nicotine and tobacco

Crack and Cocaine

Methamphetamine

OxyContin (a respiratory depressant)

Cannabis

Heroin

Hallucinogens

Ecstasy and Club Drugs

Barbiturates

Date Rape Drugs

Steroids

Commonly Abuse Prescription Drugs

Hydrocodone Combinations: Vicodin, Lorcet, Lortab, etc.

Oxycodone Derivatives: Percodan, Percocet, Tylox, Roxicet, etc.

Codeine Combinations

Alprazolam (Xanax)

Diazepam (Valium)

Methadone

Lorazepam (Ativan)

Propoxyphene, Propacet, Darvocet

Temazepam (Restoril) Chlordiazepoxide (Librium)

SIGNS OF SUBSTANCE USE

Physical warning signs of drug abuse

- Bloodshot eyes, pupils larger or smaller than usual
- Changes in appetite or sleep patterns
- Sudden weight loss or weight gain
- Deterioration of physical appearance, personal grooming habits
- Unusual smells on breath, body, or clothing
- Tremors, slurred speech, or impaired coordination

Behavioral signs of drug abuse

- Drop in attendance and performance at work or school
- Unexplained need for money or financial problems; may borrow or steal to get it.
- Engaging in secretive or suspicious behaviors
- Sudden change in friends, favorite hangouts, and hobbies
- Frequently getting into trouble (fights, accidents, illegal activities)

Psychological warning signs of drug abuse

- Unexplained change in personality or attitude
- Sudden mood swings, irritability, or angry outbursts
- Periods of unusual hyperactivity, agitation, or giddiness
- Lack of motivation; appears lethargic or "spaced out"
- Appears fearful, anxious, or paranoid, with no reason

TRUE ADDICTION

For an individual to be diagnosed with a Substance use disorder, they need to fit the diagnostic criteria defined specifically for their substance of choice. Substance use disorders are identified on a range from mild to severe which is rated according to the number of symptoms. A mild substance use disorder encompasses 2-3 symptoms, a moderate substance use disorder includes 4-5 symptoms, and severe is comprised of 6 or more symptoms. **Substance use becomes a problem when the individual continues to use after experiencing cognitive, behavioral, and/or psychological symptoms that negatively affect their daily lives.**

Examples of general criteria for substance use disorders includes:

- 1) The substance is taken in larger amounts over a longer period of time than intended
- 2) Unsuccessful efforts are made to discontinue use
- 3) The individual spends a great deal of time trying to obtain the substance, use the substance, or recover from the substance effects.
- 4) Intense cravings for the substance occurs
- 5) Repeated use of the substance may follow by failure to fulfill major role responsibilities at work, school, or home.
- 6) Substance use is followed by withdrawal from family or friends.
- 7) Substance use continues despite physical or psychological problems that have appeared as a result.
- 8) Withdraw symptoms occur when the individual attempts to discontinue use of the substance.¹

This Modified CAGE Test is a simple assessment tool that can be used by anyone to assist an individual in exploring whether they are addicted to a substance and whether further treatment should be recommended.

1. Have you ever felt you should Cut down your use of drugs?
2. Have you ever been Annoyed when people have commented on your use?
3. Have you ever felt Guilty or badly about your use?
4. Have you ever used drugs to Ease withdrawal symptoms, or to avoid feeling low after using?

If they scored 1, there is an 75% chance they are addicted.

If they scored 2, there is an 85% chance they are addicted.

If they scored 3, there is a 99% chance they are addicted.

If they scored 4, there is a 100% chance they are addicted.²

¹ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author

² <http://www.addictionsandrecovery.org/addiction-self-test.htm>

Drug Abuse & Addiction Help Guide

Why Do Some Drug Users Become Addicted, While Others Don't?

Family history of addiction

Abuse, neglect, or other traumatic experiences in childhood

Mental disorders such as depression and anxiety

Early use of drugs

Method of administration (smoking or injecting a drug may increase its addictive potential)

Drug Addiction & the Brain

Addiction is a complex disorder characterized by compulsive drug use. While each drug produces different physical effects, all abused substances share one thing in common: repeated use can alter the way the brain looks and functions.

- * Taking recreational drugs causes a surge in levels of dopamine in your brain, which triggers feelings of pleasure. Your brain remembers these feelings and wants them repeated.
- * If you become addicted, the substance takes on the same significance as other survival behaviors, such as eating and drinking.
- * Changes in your brain interfere with your ability to think clearly, exercise good judgment, control your behavior, and feel normal without drugs.
- * Whether you're addicted to inhalants, heroin, Xanax, speed, or Vicodin, the uncontrollable craving to use grows more important than anything else, including family, friends, career, and even your own health and happiness.
- The urge to use is so strong that your mind finds many ways to deny or rationalize the addiction. You may drastically underestimate the quantity of drugs you're taking, how much it impacts your life, and the level of control you have over your drug use.

Drug Abuse & Addiction Continued...

5 Myths about Drug Abuse and Addiction

Myth 1: Overcoming addiction is simply a matter of willpower. You can stop using drugs if you really want to. Prolonged exposure to drugs alters the brain in ways that result in powerful cravings and a compulsion to use. These brain changes make it extremely difficult to quit by sheer force of will.

Myth 2: Addiction is a disease; there's nothing you can do about it. Most experts agree that addiction is a brain disease, but that doesn't mean you're a helpless victim. The brain changes associated with addiction can be treated and reversed through therapy, medication, exercise, and other treatments.

Myth 3: Addicts have to hit rock bottom before they can get better. Recovery can begin at any point in the addiction process-the earlier, the better. The longer drug abuse continues, the stronger the addiction becomes and the harder it is to treat. Don't wait to intervene until the addict has lost it all.

Myth 4: You can't force someone into treatment; they have to want help. Treatment doesn't have to be voluntary to be successful. People who are pressured into treatment by their family, employer, or the legal system are just as likely to benefit as those who choose to enter treatment on their own. As they sober up and their thinking clears, many formerly resistant addicts decide they want to change.

Myth 5: Treatment didn't work before, so there's no point trying again. Recovery from drug addiction is a long process that often involves set backs. Relapse doesn't mean that treatment has failed or that you're a lost cause. Rather, it's a signal to get back on track, either by going back to treatment or adjusting the treatment approach.

February 2016

OVERDOSE

An overdose is when an individual takes more than the normal or recommended amount. This can result in serious, harmful symptoms or even death. When an individual takes something on purpose, it is called a deliberate overdose. When this happens by mistake, it is called an accidental overdose. Depending on the amount consumed and the substance ingested, appropriate treatment varies. With life-threatening overdose, call 911. Call 1 800 222 1222 to find your local poison control center.¹

Substance use affects the entire body. In an overdose, the side effects of the drug are more severe. Examples of these side effects include problems with vital signs (can be increased, decreased, or absent), sleepiness, confusion, nausea and/or vomiting, cool and wet skin or hot and dry skin, chest pain, shortness of breath, abdominal pain, and/or diarrhea.²

¹ <http://www.nlm.nih.gov/medlineplus/ency/article/007287.htm>

² <http://www.webmd.com/mental-health/addiction/drug-overdose>

EMERGING TRENDS

Fentanyl Overdose Deaths

This opioid is 30 to 50 times more potent than heroin. Hundreds of people have overdosed on fentanyl across the nation since 2013, often as a result of using heroin that has been laced with the much stronger substance. Opioid overdose can stop a person's respiration, and fentanyl can have this effect very quickly. In some cases users are unknowingly taking fentanyl in what they believe to be pure heroin, but a growing number of opioid users are deliberately taking fentanyl.

Fentanyl and other opioid overdoses can be reversed if the drug naloxone (Narcan) is administered promptly. In a growing number of states, naloxone is being distributed to injection drug users and other laypersons to use in the event of overdose.

Synthetic Cannabinoids ("Spice," "K2," etc.)

Across the U.S. there have been many hospitalizations and calls to poison control centers linked to consumption of synthetic cannabinoid products--sold under brand names like "Spice," "K2," "No More Mr. Nice Guy."

Synthetic cannabinoids are chemically related to THC, the active ingredient in marijuana, and are sometimes called "synthetic marijuana" or "legal marijuana," but actually the effects can be considerably more powerful and more dangerous than marijuana. Users can experience anxiety and agitation, nausea and vomiting, high blood pressure, shaking and seizures, hallucinations and paranoia, and they may act violently.

The Maryland notice lists several chemical compounds in materials from crime labs, including MAB-/AB-CHMINACA, FUBINACA, FUB-PB-22, and XLR11. Besides the brand names above, the New York State health alert lists other common names: Blonde, Summit, Standard, Blaze, Red Dawn X, Citron, Green Giant, Smacked, Wicked X, AK-47; recent reports have involved products with the names Geeked Up, Ninja, Caution, Red Giant, and Keisha Kole.

"Flakka" (alpha-PVP)

Use of a dangerous synthetic cathinone drug called alpha-pyrrolidinopentiophenone (alpha-PDP), popularly known as "Flakka," is surging in Florida and is also being reported in other parts of the country, according to news reports. Alpha-PVP is chemically similar to other synthetic cathinone drugs popularly called "bath salts," and takes the form of a white or pink, foul-smelling crystal that can be eaten, snorted, injected, or vaporized in an e-cigarette or similar device. Vaporizing, which sends the drug very quickly into the bloodstream, may make it particularly easy to overdose. Like other drugs of this type, alpha-PVP can cause a condition called "excited delirium" that involves hyperstimulation, paranoia, and hallucinations that can lead to violent aggression and self-injury. The drug has been linked to deaths by suicide as well as heart attack. It can also dangerously raise body temperature and lead to kidney damage or kidney failure.

Caffeine Powder

Bulk bags of pure caffeine powder are readily available online, and these products may be attractive to young people looking for added caffeine stimulation or for help losing weight, but they are extremely dangerous. Just a teaspoon of pure caffeine powder is equivalent to about 25 cups of coffee—a lethal amount. Besides death, severe caffeine overdose can cause fast and erratic heartbeat, seizures, vomiting, diarrhea, and disorientation—symptoms much more extreme than those of drinking too much coffee or tea or consuming too many sodas or energy drinks. Although caffeine is generally safe at the dosages contained in popular beverages, caffeine powder is so potent that safe amounts cannot be measured with ordinary kitchen measuring tools, making it very easy to overdose on them even when users are aware of their potency. The FDA thus recommends that consumers avoid caffeine powder altogether, and wishes to alert parents to the existence of these products and their hazards.

e-Cigarettes

E-cigarettes are increasingly popular battery-operated devices marketed as a safer alternative to smoking conventional cigarettes. They produce flavored nicotine aerosol that looks and feels like tobacco smoke but without the tar or other chemicals produced by burning tobacco leaves. However, while e-cigarettes do not produce tobacco smoke, it is still unclear how safe they are. They still deliver nicotine, which is a highly addictive drug. Also, vapor from some e-cigarette products has been found to contain known carcinogens and toxic chemicals. Until more studies are conducted, there is no way of knowing what the health consequences of repeated exposure to these chemicals may be, whether e-cigarettes are any safer than conventional cigarettes, or if they are useful to help a person quit smoking.

Drug Information

Fact Sheets



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Index

Bath Salts

Butane Hash Oil

Desomorphine

Dimethyltryptamine

Drunken Gummies

Energy Strips

Hookah

Gravel

Jimson Weed

K2

Mellow Munchies

Molly

Nek

Powdered Alcohol

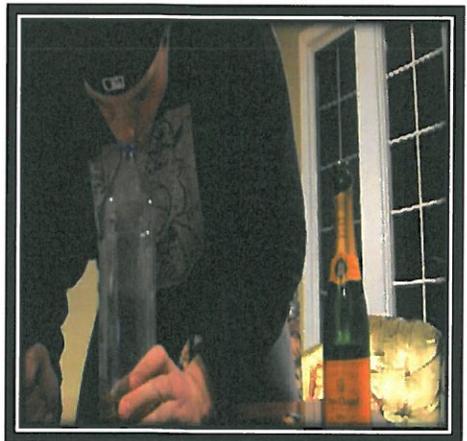
Sizzup



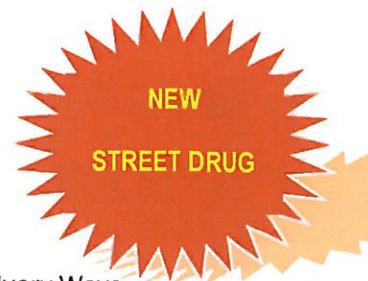
Smiles

Vodka Eye Shots

Weed Candy



Bath Salt



Street Names:

- Red Dove, Blue Silk, Zoom, Bloom, Cloud Nine, Ocean Snow, Lunar Wave, Vanilla Sky, Ivory Wave, White Lightning, Scarface and Hurricane Charlie

What is in the drug?

- The products are believed to contain Methylenedioxypropylvalerone, or MPDV, a chemical that is not approved for medical use in the United States

What is the drug classification?

- Stimulants

Effects of the drug?

- Has similar effects to ecstasy, cocaine and methamphetamine

How is the drug sold and what does it look like?

- Packages of the powdered substance labeled bath salts indicate that the products are "not for human consumption,"
- White, tan, or brown powdery substance
- Sold in 50mg to 500mg packets at head shops and over the internet and gas stations
- Some shops are selling the product as insect repellent or plant fertilizer



How is the drug used?

- Snorting, injecting or smoking

What does the drug do to the body?

- Increased heart rate
- Increased blood pressure
- Difficulty breathing
- Insomnia
- Muscle Spasms
- Hallucinations
- Paranoia
- Intense cravings for the drug
- Increased energy levels, increased mental stimulation
- Sexual stimulation
- Suicidal thoughts
- Death



What this drug can do:

FULTON, Miss. (AP) — When Neil Brown got high on bath salts, he took his skinning knife and slit his face and stomach repeatedly. Source USA Today

Source: American Association of Poison Control Centers, USA Today, DEA

Butane Hash Oil (Dabs)

Facts Sheet

What is it?

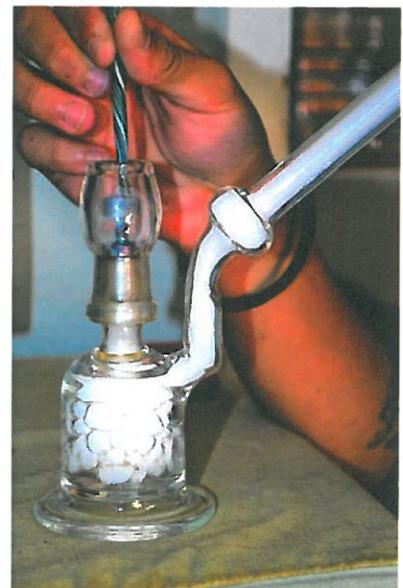
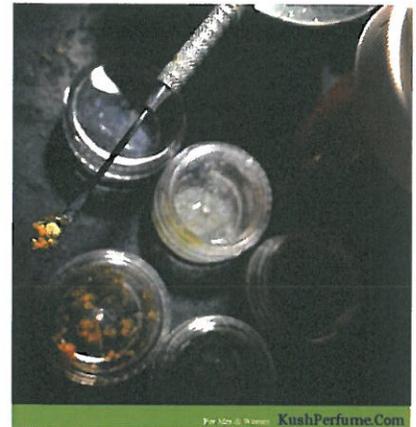
- Dabs, marijuana wax, wax, earwax, honey, honey oil, shatter—whatever you want to call Butane Hash Oil
- It's how people are getting stronger, faster, more expensive, and arguably more dangerous THC highs.
- A solid, waxy substance of concentrated butane hash oil
- 70 to 90 percent THC

Who is it marketed to?

- Anyone that uses marijuana
- Marijuana users looking for a stronger THC high
- Smokers that want high potency with little quantity so it's easy to hide and to transport

How does it work?

- The user uses a water pipe, a custom metal piece called a "nail" and a dome over the nail
- First the user heats the "nail" with a kitchen torch until the "nail" is red hot
- Then the user puts the dome over the "nail" and takes a "dab" of the butane hash oil and puts it on the hot "nail" while inhaling
- The user can also use a wax vaporizer that looks like an e-cigarette
- The butane hash oil is inserted into the middle of the vaporizer, the top is put back on, and a button's pressed on the outside, heating it up while inhaling



How it's made

- Most commonly created by a technique in which high quality pot is blasted with butane that is then extracted
- A glass tube, with a pinhole on one end and open at the other, is filled with marijuana
- The open end of the tube is covered with coffee filters and butane is injected into the pinhole at the other end
- The butane grabs onto the THC and filters out the other side into a glass dish
- The dish is placed on a warm surface and let to sit, to allow the butane to evaporate, leaving just the THC wax
- It is then scraped out onto wax paper and whipped into a circle while letting it cool down
- After it has cooled, it is then ready to be put into small containers to smoke and/or sell



'dab n go' pen
vaporizer
thevapeco.com

Health effects

- Impaired short-term memory
- Slow reaction time and impaired motor coordination
- Altered judgment and decision making
- Increased heart rate
- Altered mood
- Anxiety

Sources: USA Today, The Atlantic Wire, Westfield Police Department

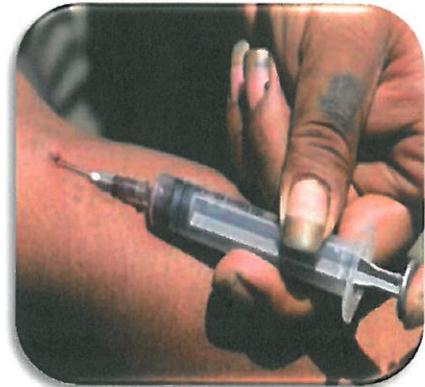
Developed by Zack Langbeen
Health Education Intern

Hamilton County Health Department
Health Education Division
www.hamiltoncounty.in.gov

DESOMORPHINE

WHAT IS THE DRUG?

- Synthetic opiate
- Three times cheaper than heroin
- This drug is reported to be ten-times stronger than heroin
- Easy to make
- Highly addictive



WHAT IS IN THE DRUG?

- Codeine, gasoline, paint thinner, hydrochloric acid, iodine and red phosphorus
- The drug isn't filtered before consumption, meaning that high amounts of industrial chemicals enter the body

STREET NAME?

- Crocodile, Krokodi and Russian Heroin

WHAT DOES THE DRUG LOOK LIKE?

- Carmel- colored (looks orange) liquid that is injected into the body

HOW LONG DOES THE HIGH LAST?

- The high last for 30 minutes

WHAT DOES THE DRUG DO TO THE BODY?

- This drug effects every system in the body
- Causes Euphoria, analgesic effects to the person
- Many users develop HIV from sharing needles with infected abusers
- Circulation is disrupted so severely it often leads to the death of a person's limbs which inevitably have to be amputated
- Ulcers appear on the body and a person literally rots alive



ADDICTION?

- The addiction is so high that abusers make and use this drug concurrently to avoid the painful withdraw
- It's common for an abuser to die within 2-3 years after starting the use of the drug

Source: DEA & Forensic Toxicology

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Dimethyltryptamine

WHAT IT IS?

- Dimethyltryptamine is a hallucinogenic and psychedelic drug.
- It is found in a variety of plants, seeds and bark of some trees and can be produced synthetically.
- The chemicals that are in DMT are made by our brains normally. When you go to sleep at night, your brain produces this chemical that is thought to be responsible for dreaming, as well as other experiences such as thought processing, near-death experiences and meditation.
- This drug affects the brain by enhancing auditory, visual and sensory perceptions.
- This drug is a Schedule I Drug, meaning that it is a dangerous substance with no currently accepted medical use and a high risk for addiction.
- DMT is considered a mix between PCP and LSD.
- This drug is said to be ten-times more powerful than LSD.

WHY IS THIS DRUG ABUSED?

- The abuser uses this drug to have a 'meaningful spiritual experience' or just the chance to go on a hallucinogenic "trip."

STREET NAMES:

- Businessman's trip
- Fantasia
- God's Drug
- N
- N-DMT
- Spirit Molecule

WHAT DOES IT LOOK LIKE?

- DMT is a white, strong-smelling crystal, but on the street it is normally a light brown powder.
- If it's prepared from the plant, it will generally be a greenish brown, thick sludgy liquid, which is difficult to swallow and then keep down.



Source: DEA



Source: DEA

HOW IS THE DRUG ABUSED?

- Sniffed
- Smoked
- Injected
- Eaten



Source: DEA

DOSE:

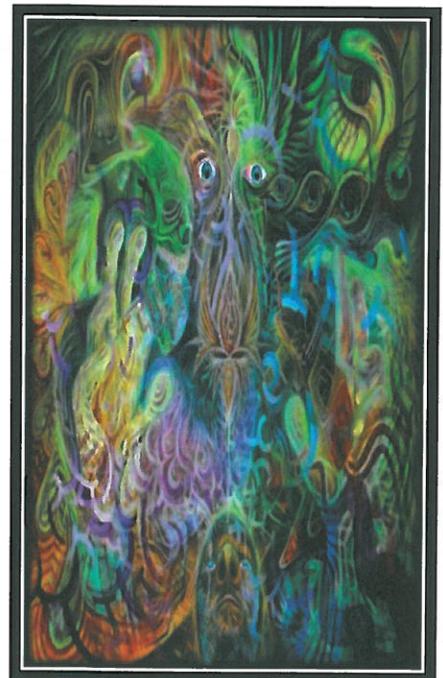
- A standard dose for smoked N or N-DMT is between 15-60mg. This is generally smoked in a few successive breaths until the user is unable (or unwilling) to take another hit off the pipe or bong.

EFFECTS:

- When smoked, DMT generally reaches full effects within 10-60 seconds of inhalation.
- The primary effects of N or N-DMT last approximately 5-20 minutes when smoked.
- For many people there is an additional period of time (one to two hours) before fully returning to "normal."
- The total time of the "trip" may last from 45 minutes to one hour.

MENTAL EFFECTS OF THIS DRUG:

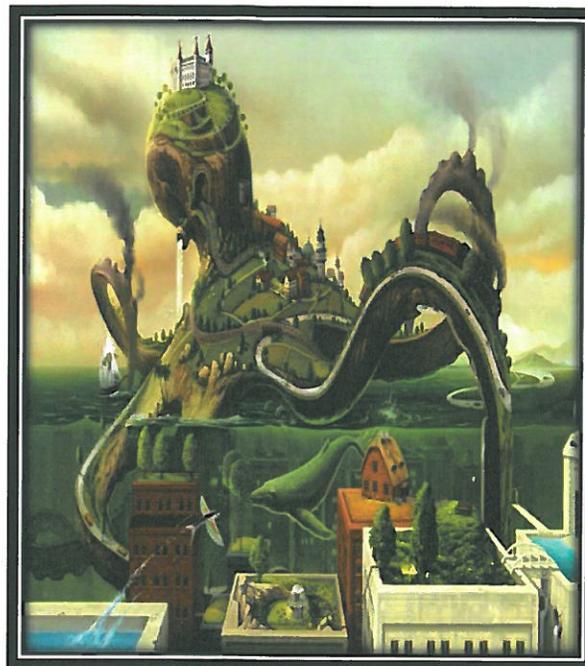
- "Visiting other worlds"
- Talking with other entities
- Fanciful dreams
- Out-of-body experiences / Loss of understanding of what's real and what's not
- Bright colors
- Panic attacks /
- Hysteria / Flash backs
- No control over one's mind or body
- Shifts in perception / Shift in identity



Shifts in perception

HEALTH EFFECTS OF THE DRUG:

- Elevated blood pressure / Elevated heart rate
- Cardiac arrest
- Increased pupil diameter / Nerve damage
- Vomiting
- Increased body temperature
- Lung irritation
- STD/STI's, HIV & Hepatitis B & C
- Sexual assault
- Sleep problems
- Coma / Death



“Visiting other worlds”

CAN A USER BECOME ADDICTED TO DMT?

- Yes, it can have a physical and psychological addiction.

Source: ABC News, DEA, Palo Alto Medical Foundation, The Partnership at Drug Free, Teen Rehab

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Drunken Gummies

What Is It?

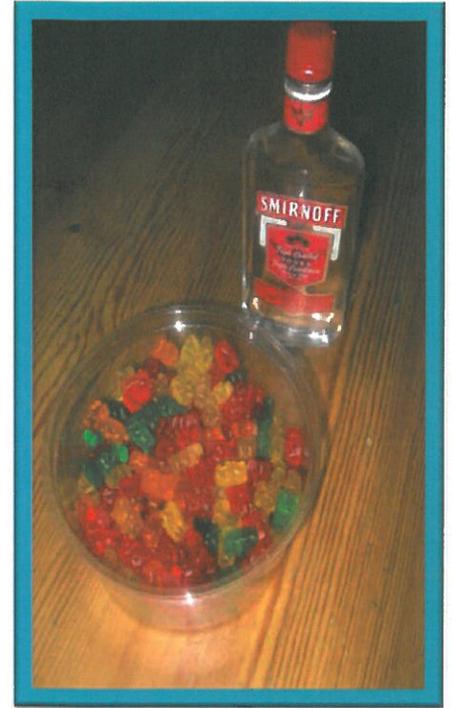
The new way young adults are becoming intoxicated is by mixing Vodka and Gummy Bears together. The Gummy Bears will soak up the Vodka, and then teenagers eat the Gummy Bears and become intoxicated.

What is The Dangers?

The Gummy Bears that have been mixed in Vodka can be odorless. The person eating them has no idea how much alcohol they are putting into their system.

Who Is Making “Drunk Gummies”

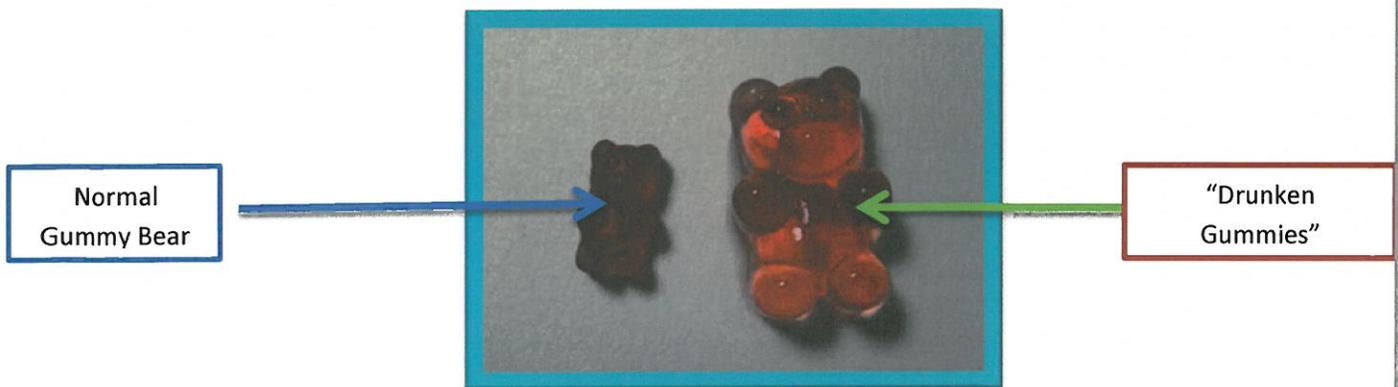
The group that is “make” this new “treat” are teenagers and young adults. You can find step-by-step instructions on how to make the gummies on Youtube.



What Is The Dangers Of “Drunken Gummies”

Teenagers and young adults eat the Gummy Bears like candy and they become intoxicated. Eating these “Drunken Gummies” can cause a person to become unconscious, stop breathing, and possibly death.

What Do Drunken Gummies Look Like?



Energy Strip Sheets Fact Sheet

What is it?

- “Energy Strip Sheets are the new way to do energy”.
- The product is a new form of energy drinks
- Energy Strip Sheets have 20 mg of caffeine in each strip.
- Four sheets = one energy drink.

Who is the product marketed to?

- Anyone who drinks energy drinks or who needs a “boost” of energy.
- Young adults and athletes.
- The product states that it has:
 - No sugar
 - No calories
 - No crash
 - Vitamins B6,B12, E



How does the product work?

- Place one sheet on the tongue and let the sheet dissolve, then swallow the sheet.
- Users will feel a cooling, refreshing kick and boost of energy.
- No after taste.
- Takes 15- 20 minutes to work.
- Company states that you should not exceed four sheets in three hours.

What is in the product?

- Vitamin E Acetate
- Vitamin B6
- Vitamin B 12
- Biotin
- Vitamin B 5
- Caffeine

What are the flavors?

- Cinnamon Rush
- Berry Blast



Health Effects:

- Nervousness
- Sleepiness
- Rapid heart rate
- High blood pressure
- Anxiety
- Heart Rhythm Changes

Who should not use this product?

- Children under the age of 12
- Pregnant women
- Nursing mothers

Source: Riley Children's Hospital

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www.hamiltoncounty.in.gov

Four Loko..

- **What Is Four Loko?**

- Four Loko is a 23 ounce fruit-flavored malt beverage that has an alcohol content of 12 percent which is equivalent to drinking four to five beers and as much caffeine as a cup of coffee.

- **What Does It Have In It?**

- Four Loko contains, Taurine, Guarana and other energy-boosting substance.

- **What How Is It Sold?**

- It is sold as a cheap and fast way to become intoxicated.
- Blue Raspberry
- Cranberry Lemonade
- Lemonade
- Orange Blend
- Fruit Punch
- Watermelon
- Brazilian Berry

- **Slang Name For The Drink:**

- Black Out In A Can
- Liquid Cocaine



- **What Is This Drink Classified As?**

- It's a mixture of a stimulant and a depressant
- The stimulant makes the drinker feel wide awake so they can consume more of the product

- **Health Effects Of The Drink?**

- Caffeine can make people less aware of the effects of alcohol
- Caffeine and alcohol are diuretics, so they both can cause dehydration
- Coordination, balance
- Problems with regulating body temp.
- Increased heart rate
- Shortness of breath
- Dizziness
- Stroke
- Heart attack
- High blood pressure
- Nausea
- Feeling of being "wide awake"
- Possible Death

Source: FDA

Gravel

WHAT IS GRAVEL?

- Gravel is an alpha-pyrrolidinopentiophenone (alpha-PVP) which is a highly addictive synthetic stimulant.
- It is mixed with bath salts and/or Methamphetamines and Klonopin.
- It can also be cut or “mixed” with other street drugs.
- Rat poison and ammonium nitrate (found in fertilizers) are used to dilute the alpha-PVP.

WHAT DOES GRAVEL LOOK LIKE?

- Gravel looks like salt and comes in different colors.
- Gravel comes in a powder form.
- It is usually sold in a plastic bag.

HOW IS IT ABUSED?

- Gravel can be smoked, snorted and injected.

WHAT ARE EFFECTS OF GRAVEL?

- Paranoia, euphoria, hallucinations, violence, and suicide.
- Increased blood pressure, elevated heart rate and death.
- HIV and Hepatitis B/C from sharing drug equipment.
- If the abuser injects Gravel, the tissue around the site may develop gaping holes that can be inches deep.

WHAT ARE THE LONG TERM EFFECTS OF GRAVEL?

- Gravel is a new street drug and the long term effects have not been documented.

HOW MUCH DOES IT COST ON THE STREET?

- Between \$80 and \$200 a gram (Sullivan County Sheriff's Office)



Source: Gulf Cost HIDTA



Source: Gulf Cost HIDTA

Source: Bristol Regional Medical Center, DEA, Gulf Cost HIDTA, Kingsport, Tennessee Police Department, Sullivan County Tennessee Sheriff's Office

Hookah & Hookah Pens

What Is A Hookah?

- A Hookah is a water pipe used to pass charcoal-heated air through a tobacco mixture and ultimately through a water-filled chamber.
- The charcoal or burning embers are placed on top of perforated aluminum foil and the tobacco mixture is placed below.
- Although many users think it is less harmful, hookah smoking has many of the same health risks as cigarette smoking.

How It Is Used?

- The user inhales the water-filtered smoke through a tube and mouthpiece.
- The water lowers the temperature of the smoke.
- Hookahs are often shared by several users in a smoking session.

What Is The Tobacco In A Hookah Called?

- The tobacco mixtures used in hookahs are called shisha, Boory, Narghile, Goza, Arghileh, or Hubble bubble.
- They vary in composition, with some having flavorings and additives that can reduce the nicotine content.

Health Effects Of Hookahs?

- Hookah smoking appears to be associated with lung cancer, respiratory disease, and low birth weight in babies.
- The combination of charcoal and tobacco is unique to hookah smoking. The charcoal has its own set of health effects in addition to the health effects associated with tobacco use.
- The charcoal used to heat tobacco in the hookah increases the health risks by producing smoke that contains high levels of carbon monoxide, metals, and cancer-causing chemicals.
- Smoking hookahs may cause irritation to the throat and lungs. This may cause a person to have an asthma attack.
- Smokers still absorb enough nicotine from smoking hookahs to become addicted.
- Secondhand smoke from hookahs can be a health risk for nonsmokers. It contains smoke from the tobacco as well as smoke from the heat source (e.g., charcoal) used in the hookah.



Source: littledullmoments

- People who smoke hookahs are at risk for:
 - Oral cancer, Lung cancer, Stomach cancer, Cancer of the esophagus, Reduced lung function and Decreased fertility
- Hookah tobacco and smoke contain many toxic agents that can cause clogged arteries and heart disease.
- Use of shared mouthpieces during smoking sessions can spread infectious diseases such as tuberculosis, herpes, influenza, and hepatitis.

Hookah vs. Cigarette Smoking?

- Many users think hookah smoking is less addictive and exposes them to less nicotine than cigarette smoking.
- As research on the health effects of water pipe smoking increases, studies suggest hookah smokers may inhale larger amounts of smoke than cigarette smokers during a single smoking session.
- Hookah smoking sessions are generally longer (1/2 hour or more) which results in considerably greater nicotine exposure.
- When smoking a hookah, very little nicotine is filtered out when the smoke passes through the water in the pipe, with less than a five percent decrease observed.
- The tobacco in hookahs is burned (exposed to high heat) and the smoke is at least as toxic as cigarette smoke.

What Is A Hookah Pen?

- Hookah pens are available in different flavors, such as Grape, Vanilla, Coffee, Strawberry, Blueberry, Peach, Apple, and more.
- They are advertised as tobacco-, tar-, and some are nicotine-free.
- Inside the cartridge of the hookah pen, flavored liquid gets filled and subsequently the liquid gets converted into a vapor.
- The vapor is also commonly known as mist, which is inhaled by a person using a hookah pen.
- A hookah pen is comprised of a battery, the filling, and an evaporator.
- When you take a puff, the battery heats up the evaporator to vaporize a liquid that is inhaled.
- At the end of a hookah pen is an LED light which illuminates every time you inhale.
- While both hookahs and hookah pens are usually flavored, the hookah pen only contains the nicotine, while hookahs use tobacco outright.
- Given the bright colors and appealing flavors, it is no surprise that hookah pens have gained rapid popularity among the younger demographics.
- Labels and ads for these products often claim that users can enjoy the same taste, but without the harmful effects of tobacco.



Source: Myshishapen

What Are Hookah Pens Called?

- Hookah sticks, Shisha pens, E-hookahs or E-cigarettes

Health Effects Of Hookah Pens?

- Some pens do contain nicotine.
- The vapors may cause irritation to the throat and lungs.
- The flavoring that is added to the hookah stick may cause a person to have an asthma attack.
- May cause oral cancer.
- Muscle aches may be caused due to the Propylene Glycol content.



Long-Term Effects Of Hookah Pens?

- The long-term effects of smoking hookah pens, if there are any, are not fully known.

Tobacco users should quit all tobacco products to reduce health risks.

Hookah smoking is NOT a safe alternative to smoking cigarettes

Centers For Disease Control And Prevention

Source: American Cancer Society, American Lung Association, CDC, Drug Free Homes, Mayo Clinic

JIMSON WEED

What is Jimson weed?

A plant that grows wild throughout America, surviving in remote areas, backyards and farm fields.

Other NAMES FOR Jimson weed:

- Angel's trumpet
- Devil's weed
- Devil's snare
- Green Dragon
- Thorn apple
- Jamestown weed
- Stinkweed
- Locoweed
- Mad hatter
- Mad seeds
- Zombie cucumber



Source: University of Wisconsin

What does it look like?

A 3 to 5 foot tall green plant with large, soft leaves and walnut sized seeds that are often covered in spikes. Jimson weed's distinctive trumpet-like white-cream colored flowers emit an unpleasant smell.

The pod is a little bigger than a golf ball and contains dozens of greenish-brown seeds, about the size of peppercorns.

If you find it growing in your yard or garden, you should remove it immediately as it is extremely poisonous to humans and pets as well.

Why do teenagers and young adults abuse Jimson weed?

- They want to achieve the hallucination effect of the plant

Where is Jimson weed found?

- Found in farm fields
- Gardens and yards
- Seeds can be bought on-line

How is Jimson weed abused? (Jimson weed is poisonous and potentially deadly)

- Smoking the leaves
- Ingesting the seeds or leaves
- Brewing the seeds into teas
- Eating the seeds
- Chewing the flower



Jimson Weed Pod
Source: University of Wisconsin

What happens to the user?

It often puts the user in a state where they cannot differentiate the real world from fantasy.

Effects after Jimson weed has been taken?

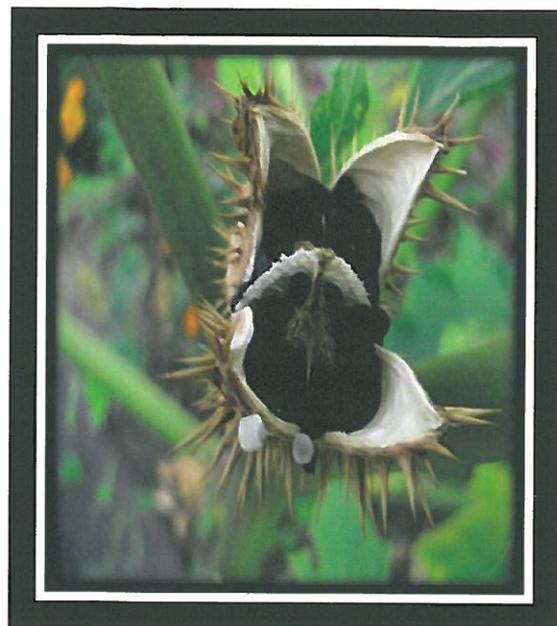
- May take 1-4 hours for the drug to work
- The effects of the drug may last for days

Users can become:

- Violent
- Paranoid
- Hallucinogenic
- Dissociated from reality
- Completely unpredictable
- Extremely unstable in mental status

Health Effects of Jimson weed:

- Amnesia
- Spasmodic muscle movements
- Flushed skin
- Increased body temperature
- Inability to urinate
- Extremely dilated eyes which causes sensitivity to light
- Dry mucous membranes
- Difficulty swallowing
- Difficulty speaking



Open Jimson Pod with seeds
Source: University of Wisconsin

Overdose:

Overdoses can occur easily as it is almost impossible to gauge the strength of the plant before ingesting.

Overdose Health Effects:

- Increased body temperature
- Rapid heartbeat
- Cardiac arrest
- Stroke
- Seizures
- Coma
- Death

Source: California Drug Task Force, DEA, Indiana Poison Center and National Drug Intelligence Center

K2 Synthetic Marijuana

What Is K2:

- K2 is dried herbs that look like oregano and is sprayed with a synthetic compound chemically similar to THC which is the psychoactive ingredient in marijuana.

How Is K2 Sold:

- K2 can be bought in head shops and is sold in 3 gram packages in various flavor including “Blonde,” “Pink”, and “Citron” and “Summit”.



Street Names:

- Spice, Genie and Zohai

How is K2 Used:

- K2 is rolled into a joint, smoked in a pipe or used in a bong

Cost Of K2:

- K2 costs between \$20 and \$50 for three grams, similar to the street price of Marijuana

Health Effects Of K2:

- There is no data on the drug's toxicity or how long it stays in the body.

Side Effects Of K2:

- Anxiety & Anxiousness
- Numbness & Tingling
- Hyperventilation
- Tachycardia (110-150 bpm)
- High Blood Pressure (150-160)
- Hallucinations
- Seizures
- Vomiting

Looks like oregano. Chemicals are added to mimic THC



Is The Drug Legal In Indiana:

- Yes

Mellow Munchies

WHAT IS IT?

- Mellow Munchies are marketed as the first “relaxation brownie” formerly known as Lazy cakes
- The brownies are meant as a dietary supplement to aid adults who lead a stressful, energy drink-fueled lifestyle to wind down and relax.

WHY THE NAME CHANGE?

- The company changed names to discourage kids from trying the “cakes” and brownies
- They changed the package from a see through wrapper to an opaque orange wrapper and took the cartoon character off the boxes and wrappers.



WHAT IS IN THE MELLOW MUNCHIES?

- Melatonin, sugar, water, eggs, chocolate, vanilla, cocoa, salt, plus a variety of herbal extracts (rose hips, valerian root, passion flower).

WHAT IS MELATONIN?

- Melatonin is a hormone that is produced by the pineal gland in the brain to help us sleep.
- Healthy young and middle-aged adults usually secrete about 5 to 25 micrograms of melatonin each night.
- Mellow Munchies have 4 mg, which is 10 times more than the body makes.

HOW ARE THEY SOLD?

- They've also been repacked in an opaque orange wrapper (with the tag "Chill out, Dude"), so kids won't be necessarily be drawn to the brownie.
- The brownie fits in the palm of the hand and is sold as two servings.



TEENS AND YOUNG ADULTS?

- Teenagers are buying this product as well to relax and sleep.
- Young children are eating the product due to the fact that the brownie looks like a “normal” brownie.

WHAT ARE THE SIDE EFFECTS OF THIS PRODUCT?

- Melatonin can lead the central nervous system to slow down
- Difficulty breathing
- Sleepy, unable to wake
- Slow or delayed reflexes
- Nausea/vomiting

FDA REGULATION:

- The Food and Drug Administration does not regulate the amount of melatonin in products.



Source: Poison Center

Molly

WHAT IS MOLLY (MDMA)?

*MDMA (3,4-methylenedioxy-methamphetamine), popularly known as ecstasy or molly, is a synthetic, psychoactive drug that has similarities to both the stimulant amphetamine and the hallucinogen.

WHAT IT DOES TO THE USER?

*It produces feelings of increased energy, euphoria, emotional warmth and empathy toward others, and distortions in sensory and time perception.

HOW IS IT ABUSED?

- *Molly (MDMA) is taken orally; it comes as a capsule or tablet.
- *Usually sold in 100-125 mgs.
- *Molly is typically used in social settings, especially among the rave and club cultures.
- *Other drugs or substance can be mixed with MDMA, such as caffeine, Ketamine (Special K) or Dextromethorphan (DXM).

HOW LONG IS THE EFFECT?

- *Its effects last approximately 3 to 6 hours, although it is not uncommon for users to take a second dose of the drug as the effects of the first dose begin to fade.
- *It is commonly taken in combination with other drugs.



Source: DEA

WHAT ARE THE EFFECTS OF MDMA?

- *Molly can have many of the same physical effects as other stimulants like cocaine and amphetamines.
- *These include increases in heart rate and blood pressure, which are particularly risky for people with circulatory problems or heart disease.
- *Molly users may experience other symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness, and chills or sweating.
- *In high doses, Molly can interfere with the body's ability to regulate temperature.
- *On rare but unpredictable occasions, this can lead to a sharp increase in body temperature (hyperthermia), which can result in liver, kidney, or cardiovascular system failure or even death.
- *Molly can interfere with its own metabolism (breakdown within the body), causing potentially harmful levels to build up in the body if it is taken repeatedly within short periods of time.

OTHER INFORMATION:

- *Abusers mistakenly think that Molly is purer, and thus safer, than ecstasy.
- *The users who intentionally or unknowingly combine such a mixture with additional substances such as marijuana and alcohol may be putting themselves at even higher risk for adverse health effects.
- *Additionally, the closeness-promoting effects of Molly and its use in sexually charged contexts may encourage unsafe sex, which is a risk factor for contracting or spreading HIV and hepatitis.

Source: DEA, Drug Free.Org, U.S. News, National Institute On Drug Abuse & NBC News

Hamilton County Health Department
Health Education Division

What is Neknominate or Nek or Necking...

- The “game” is thought to have started in Australia and is now worldwide, due to social media.
- It is a drinking game that encourages the “players,” mostly teenagers and young adults, to outdrink their friends or anyone who will “play” the game.
- Many times the alcohol will be mixed with other types of liquids or substances.
- The rules are simple:
 - People film themselves neking — or downing a large drink of alcohol.
 - They then nominate three other people to do the same when they finish.
 - Those three then have to record a video downing a large drink and nominate three more.
- There are hundreds of videos of people neknominating on YouTube and Facebook, some of which have more than 100,000 views each.
- Each nomination becomes more and more daring and outlandish. One dare even included liquor mixed with a dead mouse.
- Teenagers and young adults do not understand the serious health effects of this game or how this game and their “movie clip” on the web could affect them later in life.
- The health effects of this game include:
 - Alcohol poisoning
 - Injuries
 - Poisoning in general , and with products they mix with the alcohol
 - Unconsciousness
 - Death
- Many reason that teenagers and young adults “fall” for this activity due to peer pressure.
- Once you have been nominated to do this, the teenagers and young adults feel that they have to do it or they will be criticized by their friends.

Source: ABC News, CNN, Drinkaware

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Powdered Alcohol

What is it?

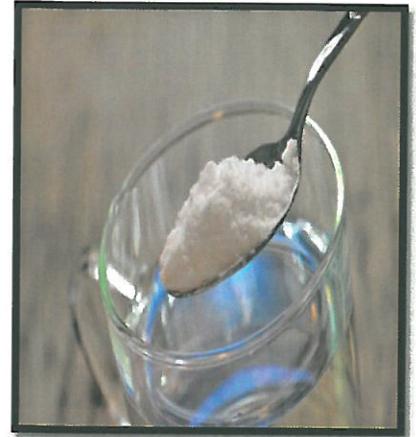
- It is ethyl alcohol encapsulated by sugar which makes it look like powder.
- The user adds water or other liquid to the powder to “activate” the drink.
- The drink is intended for hikers and backpackers who might want to enjoy a drink after a long day on the trail, the company states on their web site.

What is the alcoholic content when consuming it?

- By adding five ounces of liquid to it, it is equal to a standard mixed drink.
- One package weighs about an ounce.

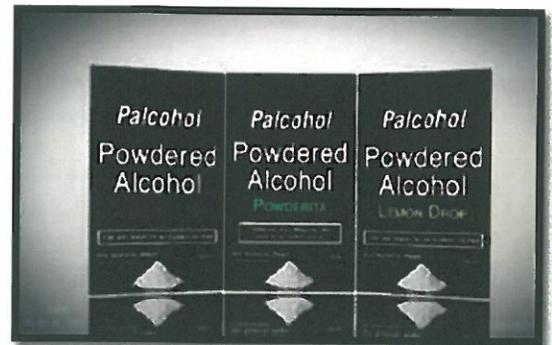
What is in powdered alcohol?

- Alcohol and in the cocktail versions, natural flavorings and sucralose as a sweetener.
- The ingredients of each version are listed on the front of the package.
- There could be a chemical in it called, Cyclodextrins which has been shown to cause kidney damage.



What are the flavors?

- The powder comes in vodka and rum, along with a cosmopolitan, a mojito, a powderita (margarita) and lemon drop.
- Also V and R:
 - V which is powder made from premium vodka distilled four times.
 - R which is powder made from premium Puerto Rican rum.



What are the health effects?

- The risk of abuse is high.
- The convenience of the packets could encourage over-consumption of alcohol, as well as accidents caused by intoxication, such as drunken driving.
- People may inhale it for a quicker high.
- Easy to carry and hide.
- May be sprinkled over food.
- People may mix the powder with alcohol with liquid alcohol for increase the effect.
- May have the same effects as traditional alcohol.
- More research needs to be completed.

Source: CBS News, Palchol, Time, Scientific America, Washing Post, USA Today

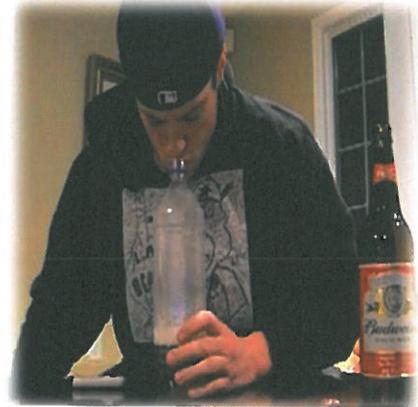
Smoking Alcohol

WHAT IS IT?

- ❖ A new way for teenagers and young adults to become drunk without the extra calories.
- ❖ Many teenagers say this “helps them lose weight.”
- ❖ The alcohol is not circulating in the blood. Therefore, they will not have a hangover.

HOW IS IT DONE?

- ❖ A plastic bottle, such as a 2 liter, is taken and alcohol is poured into the bottle. Next, a cork is put on the bottle to seal in the alcohol. A hand tire pump is then used to pump air into the bottle to increase the pressure. A vapor develops when the pressure mixes with the alcohol. Once the vapor is seen, the cork is pulled off and the vapors are inhaled through the mouth and nose.
- ❖ Many times the teen or young adult will add dry ice to the alcohol. Once the dry ice mixes with the alcohol, a vapor will develop.



Source: Sydney Morning Herald

HOW DOES IT WORK IN THE BODY?

- ❖ Once the teen or young adult inhales the vapors into their mouth or nose, the vapor goes directly into the lungs, where it enters the bloodstream to the brain.
- ❖ Once this happens the person goes from sober to drunk within seconds.
- ❖ Many people don't have hangovers; due to the alcohol not circulating in the bloodstream.

THE BODY'S SAFETY SYSTEM:

- ❖ When a person drinks too much alcohol, the body will cause the person to vomit to get “rid” of the extra alcohol in the body. This does not happen with smoking alcohol.
- ❖ When people smoke alcohol, it bypasses the stomach and intestines and is not broken down in the liver. The person does not have this safety net to prevent alcohol poisoning.
- ❖ Overdose risk is much higher due to the fact that the body has not broken down the alcohol.

HEALTH EFFECTS:

- ❖ Alcohol poisoning
- ❖ Headaches
- ❖ Dizziness
- ❖ Brain damage
- ❖ Lung damage
- ❖ Dries out the nose and mouth (Increase in infections)
- ❖ Too much carbon dioxide in the blood if dry ice is added
- ❖ Blood-alcohol level may not reflect a person's true intoxication
- ❖ Respiratory distress and arrest
- ❖ Death

OTHER HEALTH EFFECTS:

- ❖ Can cause addiction
- ❖ Mixing energy drinks with alcohol (Can cause irregular heartbeat)

Source: ABC News, CBS News, Banner Poison Control Center, North Texas Poison Center

Hamilton County Department
Health Education Division
www.hamiltoncounty.in.gov

Smiles

Who Is Abusing This Drug?

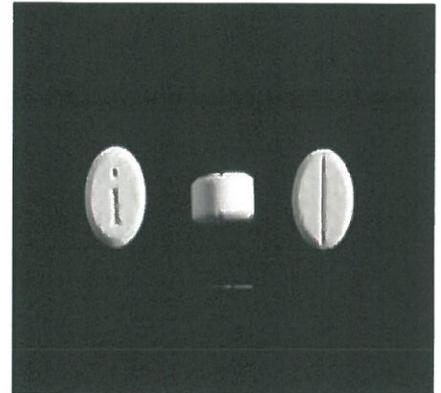
- ▶ The drug is aimed at teenagers and college-aged people

What Is The Name Of This New Drug?

- ▶ Smiles
- ▶ 2CL
- ▶ Smith

Why Are Teenagers And College-age People Abusing This Drug?

- ▶ They are trying to go for that safe high and there is no such thing as a safe high.
- ▶ Smiles is a new drug, targeted at people who previously bought K2 - spice and bath salts - which became illegal just a few months ago.



Source: WTHR.com

What Is This Drug?

- ▶ It is a powerful a very dangerous psychedelic drug.
- ▶ The psychedelic effects are reported to be more powerful than it's natural occurring counterparts, like mescaline and peyote, with the effects lasting a few hours or days.

How Is It Sold?

- ▶ It is being sold as an alternative psychedelic drug. It is most commonly found in pill form, but there are reports of users injecting it.

What Are The Effects Of The Drug?

- ▶ Smiles has been known to cause seizures, kidney failure and, in a few cases, blood pressure and body temperatures raise to fatal levels.
- ▶ Smiles can also cause uncoupling. This is when muscles get to the point that they can't uncontract, so they become rigid, the users temperature goes up and if not treated aggressively the user will end up dying.

Source: Indiana Poison Center

Hamilton County Health Department
Health Education Division
www.hamiltoncounty.in.gov

SIZZURP...

What is it?

- Sizzurp is a dangerous recreational drug, usually derived from mixing prescription-strength cough syrups which contain codeine, an opiate, and the antihistamine promethazine with clear soda (Sprite, 7-Up or Mountain Dew) and jolly rancher candy, which adds a sweeter flavor to the syrup.
- Over the counter cough syrup can be used as well.
- Most often sizzurp is purple, hence the “purple drink” name. The purple color comes from the dye in the cough syrup.
- Sizzurp is sometimes used along with alcohol as syrup for cocktails or with marijuana by soaking a blunt in syrup before smoking.
- Cocaine users may also use sizzurp to help with the chest congestion and cough that come with smoking crack.



What is this drug classified as?

- Sizzurp is a depressant , due to the codeine and promethazine it contains.
- Because codeine is an opiate, it can be highly addictive if abused.

How is the drug taken?

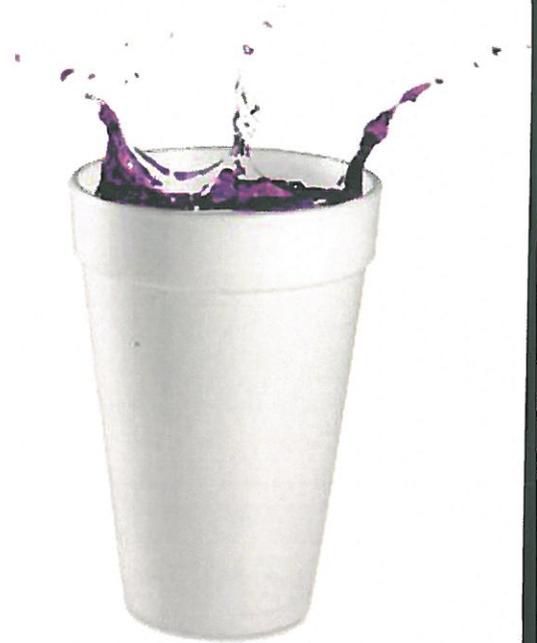
- The “drink” is usually drank from a Styrofoam cup.
- Sizzurp-sized helpings of cough syrup can exceed up to 25 times the recommended dose of cough syrup prescribed to a person.
- Many times vodka or crushed painkillers are tossed into the drink as well.

Slang names?

- Drank, Barre, Purple drank, Purple jelly, Water, Lean and Texas tea

What are the effects of the drink?

- Side effects of purple drank abuse include:
 - Anxiety
 - Raspy voice
 - Loss of muscle control
 - Slower heart rate
 - Seizures
 - Lack of coordination
 - STD/STI's
 - Rape
 - Slurred speech
 - Respiratory arrest/Cardiac arrest
 - Death



Source: Go Ask Alice, Florida Poison Information Center, Partnership at Drugfree.org

Hamilton County Health Department
Division of Health Education
www.hamiltoncounty.in.gov

Vodka Eyeballing or Eye Shots

What is it?

A drinking game, where young adults pour vodka directly into the eye.

How it is done?

Vodka eyeballing, is performed by tipping back the head and pouring a shot of vodka directly into the eye



Where did this drinking game start?

Vodka eyeballing is believed to have emerged in the U.S. as a popular nightclub trick performed by waitresses for tips.

What does vodka have in to cause damage?

Vodka has 40% pure ethyl alcohol and is highly corrosive. When people drink vodka, the stomach has a lining to protect it from the corrosive effect were the eye does not.

Who is doing this?

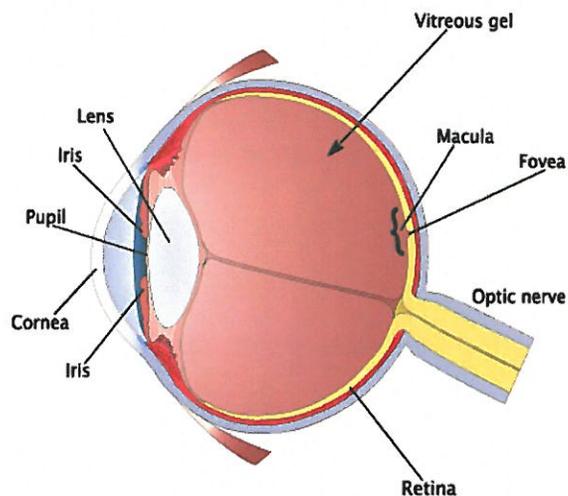
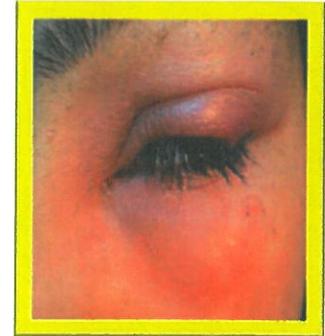
Young adults who are thrill seeking taking part in this kind of risky behavior. Most times, the young adult is intoxicated already.

Why are young adults doing this?

They believe that the alcohol passes easily through the mucous membrane and enters the bloodstream through veins at the back of the eye for a quicker buzz than drinking. According to the American Academy of Ophthalmology this does not make them have a quicker buzz.

What can happen?

Anyone who pours vodka directly into his or her eye risks damaging the surface epithelial cells—often causing pain and infection. More seriously, "eyeballing" can also lead to permanent vision damage by killing endothelial cells in deeper layers of the eye's cornea. Depending on the amount of alcohol and length of time it is in contact with the eye, epithelial cell loss could result in corneal ulcers or scarring, not to mention a great deal of pain. Eyeballing can also cause cloudy vision and possible blindness. If endothelial cells die off, vision recovery would be uncertain.



Source
American Academy of Ophthalmology

Hamilton County Health Department
Division of Health Education

Weed Candy

WHAT IS WEED CANDY?

- ▶ Marijuana that is made into a candy form
- ▶ Usually contains high amounts of THC

HOW IS IT MADE?

- ▶ Weed candy is made by grinding marijuana into a fine powder, heating it in vegetable oil for up to an hour and then passing it through cheesecloth to remove any solids and adding artificial flavorings (most commonly cherry, orange, root beer, sour apple, coffee, butter rum, guava and pomegranate)
- ▶ Some manufacturers have developed special devices that cook the oil down to its purest form, leaving just a liquid pool of THC, which is then mixed with sugar, water and corn syrup and cooked
- ▶ Unlike pot brownies or cookies, hard marijuana candy is made with highly concentrated marijuana oil or extract



Source: Tumblr.com

HOW IS WEED CANDY SOLD?

- ▶ It can be wrapped individually and placed in a Ziploc baggie
- ▶ Weed candy looks just like a piece of candy with sugar on it
- ▶ The cost for one piece is \$10.00

HOW IS WEED CANDY TAKEN?

- ▶ It is broken into bite sized pieces and can be smoked, but it usually eaten

SYMPTOMS OF USE?

- ▶ Red, blurry, bloodshot eyes, rapid heartbeat, hunger, dry mouth, anxiety, paranoia, fear, poor memory, poor coordination, slow reaction time, loss of control, nausea and vomiting

Source: Merion Township Police Department, NIH, St. Louis County Drug Task Force

Methamphetamine

Adverse (negative) effects of Methamphetamine

Psychological

- Insomnia
- Aggressive behavior
- Paranoia
- Incessant conversations
- Decreased appetite
- Increased alertness
- Irritability
- Slurred speech
- Dizziness
- Confusion
- Hallucinations
- Obsessive behaviors
- Depression
- Panic attacks

Systemic

- Hyperthermia
- Malnutrition
- Impaired immune system

Circulatory

- High blood pressure
- Vessel damage in brain
- Clotting and stroke

Heart

- Chest pain
- Rapid heart rate
- Heart attack

Liver

- Damage

Eyes

- Dilated pupils

Mouth

- Grinding of teeth

Skin

- Sweating
- Numbness

Respiratory

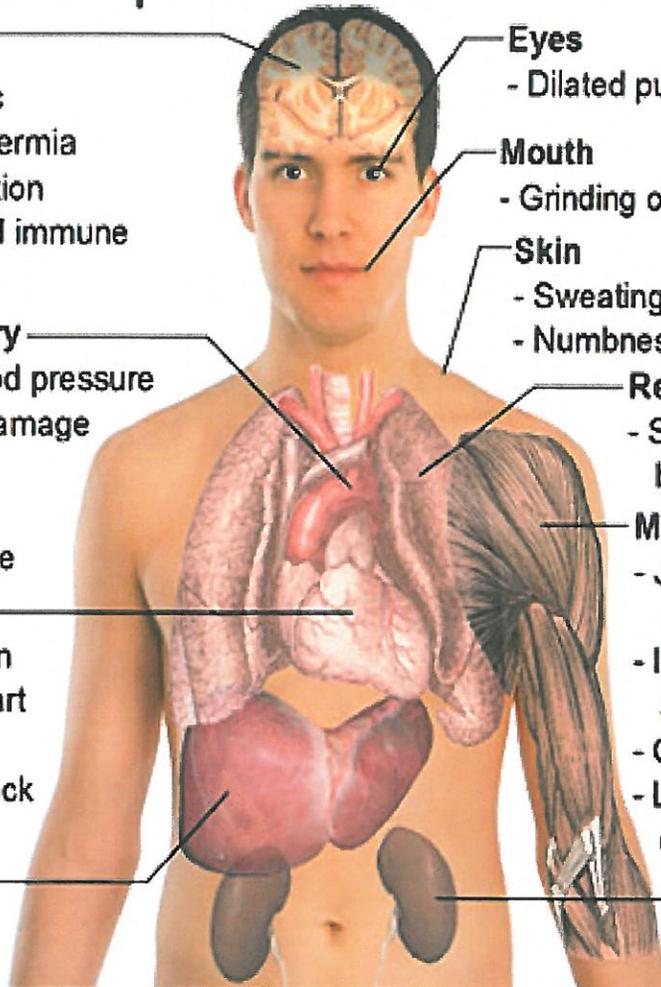
- Shortness of breath

Muscular

- Jerky movements
- Increased activity
- Convulsions
- Loss of coordination

Kidneys

- Damage



The driving force for wanting to know how long meth can be detected within someone's system is usually a job. Employers who conduct pre-job drug screening or random drug testing on the job put the fear into many about being caught doing drugs and as a consequence being fired.

The simple answer to the question of how long meth is in the system is around 3 - 6 days. It is passed out by the urine during this time frame. A blood test or urine test after this time frame is unlikely to show positive results.

However, and this is a big one, if an employer asks for a hair follicle sample for drug screening then meth can show up in a person's body (the hair) for 90 days or longer. Meth is stimulant that affects the central nervous system of the human body.

HOUSEHOLD ITEMS USED TO MAKE METH

Meth is a dangerous substance that has negative affects to anyone that comes into contact with it. During the manufacturing of Meth, toxic fumes are created and spills may occur. When an individual is exposed to a low level of this substance, they may experience a headache, nausea, dizziness and fatigue. Higher levels of exposure can cause shortness of breath, coughing, chest pain, dizziness, lack of coordination, eye and tissue irritation, chemical burns or even death. The manufacturing of meth also can cause a hazardous explosion and the risk of child abuse and/or neglect is highly increased. Individuals who make meth may live hazardous lifestyles with weapons, booby traps and filth including infestations of rodents and/or critters.¹

There are many different chemical "recipes" for "cooking" meth. Chemicals used in meth labs are also common in homes. However, the poor handling and disposal of these chemicals, as well as mixing incompatible compounds, can create hazards.

Examples of household items used to make meth include:

Cold Medication

Acetone

Iodine Tincture

Hydrogen Peroxide

Lye

Ether

Phosphorous

Methanol

Ether

Benzene

Methylene Chloride

Trichloroethane

Toluene

Muriatic Acid

Sodium Hydroxide

Table Salt

Ammonia

Anhydrous Ammonia

Red Phosphorous

Iodine

Reactive Metals²

¹ <http://ojp.gov/ovc/publications/bulletins/children/pg5.html>

² (T. Shaffer, e-mail, May 12, 2014)



NATIONAL ALLIANCE
FOR DRUG ENDEANGERED CHILDREN

NATIONAL GUIDELINES FOR MEDICAL EVALUATION OF CHILDREN FOUND IN DRUG LABS

LAB SITE

IMMEDIATE STEPS ON-SITE

If explosion, obvious
chemical exposure, active
lab, or child appears ill
TRANSPORT
IMMEDIATELY VIA EMS

CHILD PROTECTIVE SERVICES

Emergency Department

1. Neurological status
2. Respiratory status:
O2 sat
CXR
3. Blood: CBC
Chemistry panel
LFT's
BUN/Cr
4. Urine toxicology via
chain of custody

ACTIVATE

DECONTAMINATION per
local protocol when
medically stable

MEDICAL FACILITY

1. Perform Medical Assessment/Screening
2. Collect Urine via Chain of Custody within 12
hours after removal

PLACEMENT per local protocol

1. Complete Medical evaluation
2. Dental examination
3. Developmental and Mental Health
Evaluation

1. Identify all siblings and
obtain tracking information
2. Gather medical history

LAW ENFORCEMENT

NARCOTICS

1. Identify chemicals
present
2. Clean lab certified &
DEC trained personnel to
photograph living
conditions and collect
evidence
3. Submit data to
appropriate databases

Within 24
to 72 hours

Conduct Forensic Interview
jointly with CPS

Developmental & mental
health assessment

Follow-up

Update databases

Medical follow-up: Within 30 days, 6 mos, 1 yr

PERSONNEL DECONTAMINATION

Decontamination of the children should occur prior to transport to the medical facility as medically appropriate. Basic life support takes precedence over decontamination. Removal of clothing, cleansing of the skin and hair and new clothes are the minimum requirements of decontamination.
DO NOT USE WIPES!



NATIONAL GUIDELINE FOR MEDICAL EVALUATION OF CHILDREN FOUND IN DRUG LABS

MEDICAL PERSONNEL

Symptomatic - Immediate

1. Head to toe exam of the children within 2 to 4 hours to ensure medical stability and document any acute findings that might need treatment or change over time. This may occur in an ED, physician's office or by EMTs on scene. This should include but not be limited to a good pulmonary exam, skin exam, neurologic exam, and affect (scared, happy, detached). May include observations by EMTs, RN on scene, or other personnel to document the affect of the children.
2. Collect urine for toxicology. This should happen as soon as possible but must occur within 12 hours for optimal results. Submit to a lab that screens and reports for the level of detection of the test, not just at NIDA standards. Chain of Evidence forms may be utilized or usual medical protocols for urine toxicology screens may be followed.

3. Blood tests. Can be done acutely or within 24 to 72 hours: a CBC (anemia, cancers, thrombocytopenias), Chemistry Panel to include BUN/Cr and LFT's (kidney and liver damage, electrolyte imbalances), Hepatitis B and C panels.
- Asymptomatic - Within 24 to 72 hours
1. A complete medical evaluation.
 2. If seen within 12 hours, collect urine for toxicology
 3. Blood tests as above
 4. Developmental evaluation using an age-appropriate standardized tool.
 4. Mental health evaluation.
 5. Dental evaluation.

Follow-Up

1. Repeat medical evaluation in 30 days, 6 mos & 1 year
2. Follow up developmental evaluations as needed based on the initial evaluations.
3. Follow up mental health interventions and assessments as needed.

CHILD PROTECTIVE SERVICES

Immediate

1. Assist law enforcement in the collection and documentation of the scene from the child's perspective. Decide who will photograph scene.
2. Transport child as needed to facility as designated in your local DEC protocols.
3. Placement of children in a safe environment as per local protocol.

Within 24 to 72 hours

1. There may have been other children in the family or home who were not present at the time of the seizure. All children who have lived in the home will need to be examined and their information collected for tracking.
2. The medical histories of the children need to be investigated and documented.

Follow-up

1. Input all the gathered information into a database as determined by the local, state and national protocols.

EMERGENCY DEPARTMENT

1. Complete medical evaluation to assess acute medical needs.

2. Specific attention to the pulmonary exam as the chemicals can cause acute respiratory problems. RRs, O2 saturation and a CXR in the symptomatic child are the minimum required.

3. Blood tests as needed in addition to a CBC, Chemistry Panel to include BUN/Cr and LFTs.

4. Collect urine for toxicology. This should happen as soon as possible but must occur within 12 hours for optimal results. This should be submitted to a lab that screens and reports for the level of detection of the test, not just at NIDA standards. Chain of Evidence forms may be utilized or usual medical protocols for urine toxicology screens may be followed.

LAW ENFORCEMENT

Immediate

1. Document the quantity and types of chemicals present and document how found (e.g. uncapped, in tin cans), so that the exposure of the child can be determined.

Document the condition of the home. Document odors and state of lab (actively cooking, decanting stage, drying stage, etc.)

Document the people at the scene and those who also reside in the home. Share this information with medical facility

2. Personnel on scene should be both clan lab and DEC certified in order to be able to accurately collect, document, and photograph the scene to aid in the child endangerment prosecution (e.g., height of chemicals, location of drugs, general state of children, guns, pornography).

3. Collect and submit all the required data to appropriate databases.

4. Transport child as per local DEC protocol in conjunction with CPS. Within 24 to 72 hours

1. Children need to be interviewed by personnel trained in the forensically correct method for children. Coordinate this process with CPS.

Follow-up

1. Update databases as needed.

Tips for Property Owners



Methamphetamine is a dangerous drug that poses serious health and environmental dangers. The drug can be manufactured in homes, apartments, garages and outbuildings using toxic household and agricultural chemicals that can explode or ignite without warning. Innocent bystanders visiting or living near the site of a meth lab are extremely vulnerable and at risk for injury.

POTENTIAL COSTS OF LABS ON YOUR PROPERTY

- Lost rental income while the property is cleaned to remove all traces of meth contamination.
- Properly cleaning a property can cost up to \$10,000. In Indiana, the property owner is responsible.
- Compromised health of tenants, staff and yourself
- Possible premise liability lawsuit
- Reduced property values

BE A VIGILANT PROPERTY OWNER!

- Perform background checks on all individuals applying to live in the property
- Perform regular inspections of the rental property
- Train your staff about drug paraphernalia and the dangers and warning signs of meth use/manufacture
- In multiple-housing properties, host tenant Neighborhood Watch meetings or safety socials and distribute methamphetamine education materials
- Screen tenants

SAFETY WHILE VISITING THE PROPERTY

- Keep your hands as free as possible
- Leave the home immediately if you smell chemicals
- Do not touch any suspicious items
- Be aware of your surroundings and leave if your instincts tell you to
- Call law enforcement and report any suspicious activities or items

For more information about meth lab clean up visit:
<http://www.in.gov/cji/methfreeindiana>
or contact the
Indiana Department of Environmental Management
(317) 232-4535

For more information on meth and related concerns,
contact the Indiana Meth Watch Program.
(877) 855-METH

Property Inspections

CHEMICAL ODORS OF METH PRODUCTION

- Ether-like: Aromatic, sweet odor often accompanied by a sweet taste. Sometimes described as a "hospital odor."
Nasal irritant.
- Solvent-like: Sweet odor from common solvents used in paint thinners, paint removers, adhesives, and cleaning fluids. Type of odor often found in an auto body shop.
Eye and nasal irritant.
- Ammonia-like: An intense, sharp, irritating odor similar to but much stronger than that from wet diapers, glass cleaners, cattle feedlots or fertilizers. **Eye and nasal irritant.**

LARGE AMOUNTS OF INGREDIENTS

- Canning jars with multi-colored or layered liquids
- Aquarium tubing used in bottles or jugs
- Cold and allergy tablets
- Lithium battery casings
- Anhydrous ammonia
- Table or rock salt
- Gas-line additive
- Drain cleaner
- Camping fuel
- Matchbooks
- Starter fluid



TENANT BEHAVIOR

- Respiratory irritation and/or chemical burns
- Hyperactivity and compulsiveness
- Aggressive and violent behavior
- Paranoia and hallucinations
- Restlessness/agitation
- Dilated pupils
- Talkativeness

UNUSUAL SECURITY/VENTILATION MEASURES

- Baby room monitors being used outdoors
- Video surveillance systems to observe exterior of home
- Elaborate fencing and heavy duty locks when it is not evident what is being secured
- Fans positioned to ventilate the home
- Windows blacked out or covered
- Protective, aggressive dogs
- Night vision equipment
- Weapons and booby traps

Be sure to include outbuilding on your inspection, including garages, storage sheds and barns.

This grant project is funded by the Community Oriented Policing Services (COPS) Grant Program awarded by the U.S. Department of Justice, as administered by the Indiana Criminal Justice Institute and the Indiana State Police.

Information reproduced with permission from the Kansas Methamphetamine Prevention Project

Cleaning Former Drug Labs

Your property is **contaminated** if it has been used for illegal manufacturing of a controlled substance such as amphetamine, methcathenone, LSD, ecstasy, PCP, GHB and the most commonly manufactured drug, methamphetamine.

Contamination can pose serious health and environmental dangers. These drugs can be manufactured in homes, apartments, garages and outbuildings using toxic household and agricultural chemicals that can explode or ignite without warning.

My Property Was A Drug Lab. Now What?

- **DO NOT ENTER OR WORK** in/on the property until your Local Health Department or a clean up contractor listed by the Indiana Department of Environmental Management (IDEM) has identified all safety hazards.
- Contact your Local Health Department to find out the steps to make your property safe again.
- The Local Health Department will require you to clean up your property and may have additional requirements.
- Contact local law enforcement for any available information about the lab.

What Do I Have To Do?

- You must clean up your property before you:
 - reoccupy it;
 - allow anyone else to occupy it;
 - sell it.
- Failure to clean your property leaves you open to liability for injury to others from exposure to dangerous chemicals.
- Department of Child Services cannot return children to your property until it has been cleaned up.



Who Can Clean My Property?

- You must use an IDEM certified cleanup contractor to clean the property and certify it has been properly cleaned.
- IDEM listed contractors ("Qualified Inspectors") have the training, experience, and equipment to clean the property safely and cost effectively.
- IDEM lists certified cleanup contractors on its website at: http://www.in.gov/idem/programs/land/drug_lab/

What Will The Cleanup Contractor Do?

- An initial assessment, which may include testing, to determine the level of contamination and what cleanup procedures need to be done.
- Work with you to determine the best and most cost effective way to clean the property.
- Clean the property or supervise the cleanup to ensure it meets all requirements.
- Properly dispose of all waste from the cleanup.
- Test the property, once cleanup is complete, to confirm it meets the state's cleanup level.
- Give you a "Certificate of Decontamination" that certifies the property has been properly cleaned.

For more information on meth and related concerns, contact the Meth Free Indiana:
www.methfreeindiana.org
(877) 855-METH

Cleaning Former Drug Labs

Can I Do The Work Myself?

- Generally, no because there may be existing conditions that require specific safety precautions.
- IDEM cleanup contractors understand the safety risks of working in former drug labs & will do everything they can to keep you safe. **Follow the contractor's safety advice!**
- Talk to your cleanup contractor. They may allow you to do some of the work under their supervision.
- If the contractor agrees to let you do some work, **follow all of the instructions you are given!**
- **DO NOT** do any cleanup without first talking to your cleanup contractor; some work you do can complicate the cleanup or interfere with the testing.

NOTE: Contractors will not certify work they did not do themselves or have agreed for you to do under their supervision.

What Does Clean Mean?

- The approved cleanup level for controlled substances is 0.5µg/100cm².
- Once the cleanup of the property is complete, the certified contractor will test the property using standard sampling procedures and laboratory analysis.
- Cleanups involving removal of potentially contaminated materials (tear-outs) may not require testing.

Who Pays For The Cleanup?

- Property owners are responsible for all cleanup costs.
- Check with your insurance carriers to see if they will cover some or all of the costs.



What Cleanup Method Can I Use?

- Cleanup methods depend upon the level of contamination. Some methods are ineffective or very expensive if the property is heavily contaminated.
- In some cases, where there is very little or no contamination, the property can be cleared after testing.
- The most common cleanup methods are:
 - painting or sealing all interior surfaces;
 - washing all interior surfaces;
 - removing all potentially contaminated materials.
- Some property owners have found tearing out the interior and rebuilding it is more cost-effective than washing. Washing often must be repeated to be effective; rebuilt properties often may be certified clean without testing.
- Cleanups can be very expensive, and some properties are much more difficult to clean than others. If your property has a low value and is heavily contaminated or difficult to clean, it may be more cost-effective to demolish the structure.

For more information about Title 318 IAC cleanup rule visit:

Indiana Department of Environmental Management
http://www.in.gov/idem/programs/land/drug_lab/
(317) 232-4535 or (317) 233-1655

Find your local health department at:
http://www.in.gov/isdh/links/local_dep/index.htm

Employees/Home Visitors Safety Tips



Methamphetamine is a dangerous drug that poses serious health and environmental dangers. The drug can be manufactured cheaply using household and agricultural chemicals that are very toxic and can explode or ignite without warning. Individuals who work in or near homes where a meth lab is present are extremely vulnerable and at high risk for injury.

BEFORE YOU GO

- Communicate your schedule route to your supervisor. Notify your office of your arrival.
- Carry only your ID, a cell phone and/or pager, keys and items necessary to your work.
- Do not wear clothes and shoes that impede movement.
- Wear a name badge if you have one, but don't wear it around your neck. A clip-on ID is best.
- Ensure that you have obtained as much information about your client as possible.
- If possible, canvass the area around the home's address. Assess potential safety concerns and take precautions.

UPON ARRIVAL

- Park within direct sight of the home's entry. Park in well-lit, unobstructed area. Don't park in driveway of the home.
- Be aware of any drug paraphernalia in the area surrounding the home.
- Keep your hands as free as possible. Do not be distracted by talking on cell phone. Carry personal alarm if feasible.

SAFETY DURING THE VISIT

- Present yourself calm, confident, observant and in control.
- Position yourself between the client and an exit.
- Sit in a hard-backed chair.
- Have an excuse to leave prepared in advance.
- Be aware of your surroundings and leave if your instincts tell you to.
- Pay particular attention to the client's protectiveness relating to certain rooms of the home.
- Leave immediately if you smell chemicals.

INDICATORS OF METH USE

- Hyperactivity and compulsiveness
- Aggressive and violent behavior
- Paranoia and hallucinations
- Restlessness/agitation
- Dilated pupils
- Talkativeness

For more information on meth and related concerns, contact the
Indiana Meth Watch Program.
(877) 855-METH

Possible Meth Lab Activity

UNUSUAL SECURITY/VENTILATION MEASURES

- Baby room monitors being used outdoors
- Video surveillance systems to observe the exterior of home
- Elaborate fencing and heavy duty locks when it is not evident what is being secured
- Fans positioned to ventilate the home
- Night vision equipment
- Protective, aggressive dogs
- Windows blacked out or covered
- Weapons and booby traps

METH PRODUCTION CHEMICAL ODORS

- Ether-like: Aromatic, sweet odor often accompanied by a sweet taste. Sometimes described as a "hospital odor."
Nasal irritant.
- Solvent-like: Sweet odor from common solvents used in paint thinners, paint removers, adhesives, and cleaning fluids. Type of odor often found in an auto body shop.
Eye and nasal irritant.
- Ammonia-like: An intense, sharp, irritating odor similar to but much stronger than that from wet diapers, glass cleaners, cattle feedlots or fertilizers. **Eye and nasal irritant.**

ADDITIONAL INDICATORS OF METH LAB

- Reddish stained coffee filters, canning jars with multi-colored liquids, aquarium-type tubing used in bottles or jugs
- Battery casings, crumpled/burnt foil
- Light bulbs with filament removed
- Bottles with clear tubing in the cap

LARGE AMOUNTS OF INGREDIENTS

- Cold and allergy medicine
- Anhydrous ammonia
- Lithium batteries
- Gas-line additive
- Table or rock salt
- Sidewalk deicer
- Drain cleaner
- Starting fluid
- Camping fuel
- Matchbooks
- Iodine



If you suspect meth production, leave the home immediately and contact your local law enforcement agency

Phone: _____

This grant project is funded by the Community Oriented Policing Services (COPS) Grant Program awarded by the U.S. Department of Justice, as administered by the Indiana Criminal Justice Institute and the Indiana State Police.

First Responder Safety Tips



FIRST ON SCENE CRITICAL SAFETY ACTIONS

- Minimize your exposure
- Do not try to shut down the lab
- Evacuate everyone from the vicinity of the lab site
- Secure the area
- Call for assistance
- Render first aid
- Avoid areas of odor, discoloration and visible danger
- Do not allow smoking around the lab site
- Do not touch or smell any lab equipment or chemicals
- Observe from a distance

FIRST TO RESPOND

- Designate a lead agency
- Identify actions taken so far
- Notify appropriate personnel (fire, police, child services)
- Notify certified clan lab personnel
- Ensure proper safety equipment is worn
- Identify if there is a potential for fires or explosions
- If possible identify threatening environmental conditions
- Make arrests and or gather suspect information
- Complete all required documentation
- Collect evidence once it has been decontaminated

CHEMICAL ODORS OF METH PRODUCTION

- Ether-like: Aromatic, sweet odor often accompanied by a sweet taste. Sometimes described as a "hospital odor."
Nasal irritant.
- Solvent-like: Sweet odor from common solvents used in paint thinners, paint removers, adhesives, and cleaning fluids. Type of odor often found in an auto body shop.
Eye and nasal irritant.
- Ammonia-like: An intense, sharp, irritating odor similar to but much stronger than that from wet diapers, glass cleaners, cattle feedlots or fertilizers. **Eye and nasal irritant.**

INDICATORS OF METH USE

- Aggressive and violent behavior
- Hyperactivity and compulsiveness
- Paranoia and hallucinations
- Restlessness/agitation
- Dilated pupils
- Talkativeness

For more information on meth and related concerns, contact the
Indiana Meth Watch Program.
(877) 855-METH

First Responder Safety Tips

UPON ARRIVAL AT THE HOME

- Park within direct sight of the home's entry. Park in well-lit, unobstructed area. Don't park in driveway of home.
- Be aware of any drug paraphernalia in the area surrounding the home.
- Keep your hands as free as possible. Do not be distracted by talking on a cell phone.
- Present yourself calm, confident, observant and in control.
- Be aware of your surroundings and leave if your instincts tell you to.
- Leave the home immediately if you smell chemicals.

UNUSUAL SECURITY/VENTILATION MEASURES

- Windows blacked out or covered
- Exterior video surveillance systems
- Elaborate fencing and heavy duty locks
- Fans positioned to ventilate the home
- Night vision equipment
- Protective, aggressive dogs
- Weapons and booby traps
- Baby room monitors being used outdoors

ADDITIONAL INDICATORS OF A METH LAB

- Reddish stained coffee filters, canning jars with multi-colored liquids, aquarium-type tubing used in bottles or jugs
- Battery casings, crumpled/burnt foil
- Light bulbs with filament removed
- Bottles with clear tubing in the cap
- Propane tanks that the brass valve has turned blue

LARGE AMOUNTS OF INGREDIENTS, SUCH AS:

- Cold and allergy medicine
- Anhydrous ammonia
- Lithium batteries
- Acetone
- Gas-line additive
- Table or rock salt
- Drain cleaner
- Starting fluid
- Brake cleaner
- Ether
- Lye
- Camping fuel
- Matchbooks
- Iodine
- Rubbing or Isopropyl alcohol



If you suspect meth production, leave the
home immediately and contact your
local law enforcement agency
Phone Number: _____

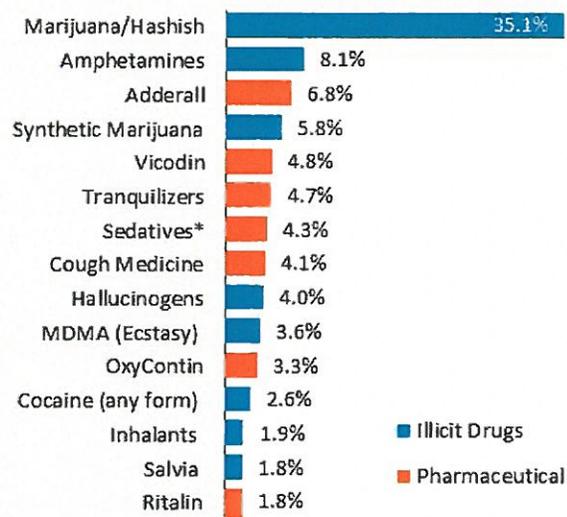
This grant project is funded by the Community Oriented Policing Services (COPS) Grant Program awarded by the U.S. Department of Justice, as administered by the Indiana Criminal Justice Institute and the Indiana State Police.



DrugFacts: Prescription and Over-the-Counter Medications

Some medications have psychoactive (mind-altering) properties and, because of that, are sometimes abused—that is, taken for reasons or in ways or amounts not intended by a doctor, or taken by someone other than the person for whom they are prescribed. In fact, prescription and over-the-counter (OTC) drugs are, after marijuana (and alcohol), the most commonly abused substances by Americans 14 and older.

Past-Year Use of Various Drugs by 12th Graders (Percent)



SOURCE: University of Michigan, 2014 Monitoring the Future Study

The classes of prescription drugs most commonly abused are: opioid pain relievers, such as Vicodin or Oxycontin; stimulants for treating Attention Deficit Hyperactivity Disorder (ADHD), such as Adderall, Concerta, or Ritalin; and central nervous system (CNS) depressants for relieving anxiety, such as Valium or Xanax. The most commonly abused OTC drugs are cough and cold remedies containing dextromethorphan.

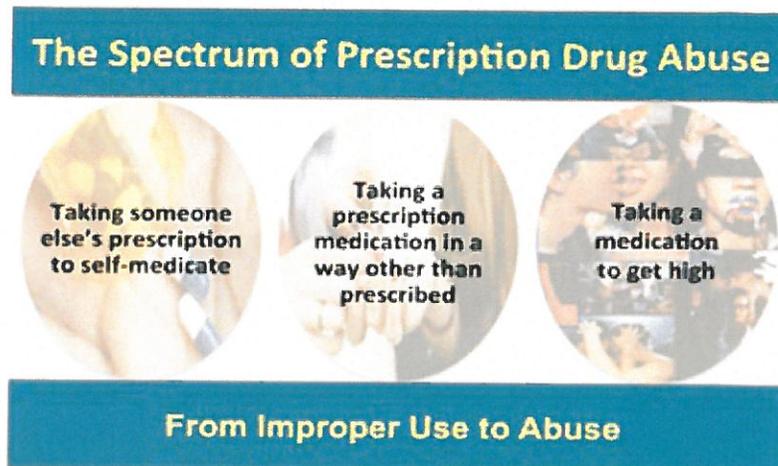
People often think that prescription and OTC drugs are safer than illicit drugs. But they can be as addictive and dangerous and put users at risk for other adverse health effects, including overdose—especially when taken along with other drugs or alcohol. Before prescribing drugs, a health care provider considers a patient's health conditions, current and prior drug use, and other medicines to assess the risks and benefits for a patient.

How Are Prescription Drugs Abused?

Prescription and OTC drugs may be abused in one or more of the following ways:

Taking a medication that has been prescribed for somebody else. Unaware of the dangers of sharing medications, people often unknowingly contribute to this form of abuse by sharing their unused pain relievers with their family members.

Taking a drug in a higher quantity or in another manner than prescribed. Most prescription drugs are dispensed orally in tablets, but abusers sometimes crush the tablets and snort or inject the powder. This hastens the entry of the drug into the bloodstream and the brain and amplifies its effects.



Taking a drug for another purpose than prescribed. All of the drug types mentioned can produce pleasurable effects at sufficient quantities, so taking them for the purpose of getting high is one of the main reasons people abuse them.

ADHD drugs like Adderall are also often abused by students seeking to improve their academic performance. However, although they may boost alertness, there is little evidence they improve cognitive functioning for those without a medical condition.

How Do Prescription and OTC Drugs Affect the Brain?

Taken as intended, prescription and OTC drugs safely treat specific mental or physical symptoms. But when taken in different quantities or when such symptoms aren't present, they may affect the brain in ways very similar to illicit drugs.

For example, stimulants such as Ritalin achieve their effects by acting on the same neurotransmitter systems as cocaine. Opioid pain relievers such as OxyContin attach to the same cell receptors targeted by illegal opioids like heroin. Prescription depressants produce sedating or calming effects in the same manner as the club drugs GHB and Rohypnol. And when taken in very high doses, dextromethorphan acts on the same cell receptors as PCP or ketamine, producing similar out-of-body experiences.

When abused, all of these classes of drugs directly or indirectly cause a pleasurable increase in the amount of dopamine in the brain's reward pathway. Repeatedly seeking to experience that feeling can lead to addiction.

What Are the Other Health Effects of Prescription and OTC Drugs?

Opioids can produce drowsiness, cause constipation, and—depending upon the amount taken—depress breathing. The latter effect makes opioids particularly dangerous, especially when they are snorted or injected or combined with other drugs or alcohol.

Opioids and Brain Damage

While the relationship between opioid overdose and depressed respiration (slowed breathing) has been confirmed, researchers are also studying the long-term effects on brain function. Depressed respiration can affect the amount of oxygen that reaches the brain, a condition called hypoxia. Hypoxia can have short- and long-term psychological and neurological effects, including coma and permanent brain damage.

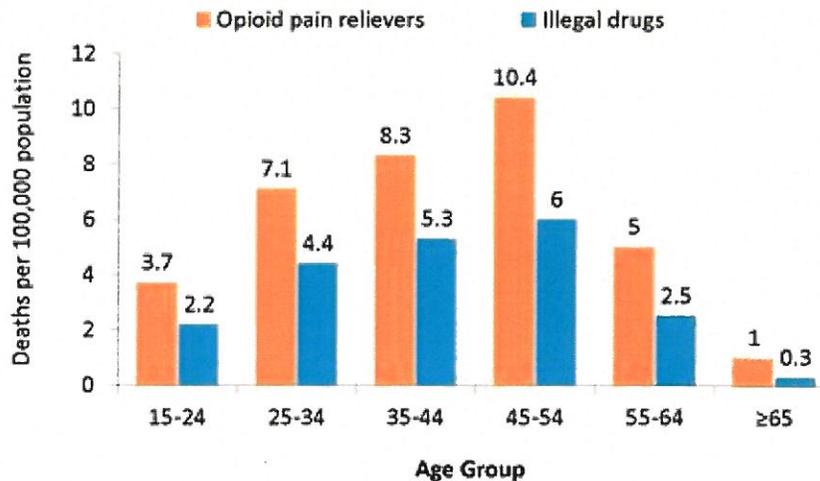
Researchers are also investigating the long-term effects of opioid addiction on the brain. Studies have shown some deterioration of the brain's white matter due to heroin use, which may affect decision-making abilities, the ability to regulate behavior, and responses to stressful situations.

More people die from overdoses of prescription opioids than from all other drugs combined, including heroin and cocaine (see "The Prescription Opioid Overdose Epidemic" below).

The Prescription Opioid Overdose Epidemic

More than 2 million people in the United States suffer from substance use disorders related to prescription opioid pain relievers. The terrible consequences of this trend include overdose deaths, which have more than quadrupled in the past decade and a half. The causes are complex, but they include overprescription of pain medications. In 2013, 207 million prescriptions were written for prescription opioid pain medications.

Deaths from Opioid Pain Relievers Exceed Those from All Illegal Drugs



Source: CDC, Morbidity and Mortality Weekly Report, 60(43): 1489, 2011.

Stimulants can have strong effects on the cardiovascular system. Taking high doses of a stimulant can dangerously raise body temperature and cause irregular heartbeat or even heart failure or seizures. Also, taking some stimulants in high doses or repeatedly can lead to hostility or feelings of paranoia.

CNS depressants slow down brain activity and can cause sleepiness and loss of coordination. Continued use can lead to physical dependence and withdrawal symptoms if discontinuing use.

Dextromethorphan can cause impaired motor function, numbness, nausea or vomiting, and increased heart rate and blood pressure. On rare occasions, hypoxic brain damage—caused by severe respiratory depression and a lack of oxygen to the brain—has occurred due to the combination of dextromethorphan with decongestants often found in the medication.

All of these drugs have the potential for addiction, and this risk is amplified when they are abused. Also, as with other drugs, abuse of prescription and OTC drugs can alter a person's judgment and decision making, leading to dangerous behaviors such as unsafe sex and drugged driving.

Prescription Opioid Abuse: A First Step to Heroin Use?

Prescription opioid pain medications such as Oxycontin[®] and Vicodin[®] can have effects similar to heroin when taken in doses or in ways other than prescribed, and research now suggests that abuse of these drugs may actually open the door to heroin abuse.

Nearly half of young people who inject heroin surveyed in three recent studies reported abusing prescription opioids before starting to use heroin. Some individuals reported taking up heroin because it is cheaper and easier to obtain than prescription opioids.

Many of these young people also report that crushing prescription opioid pills to snort or inject the powder provided their initiation into these methods of drug administration.

PRESCRIPTION DRUG ABUSE IN THE ELDERLY

What is prescription drug abuse?

Prescription drug abuse is when a person uses prescription medication not prescribed for that person, or uses the medication in a way that hasn't been recommended by a doctor. Prescription drug abuse is a term usually reserved for improper use of medicines that are categorized as "controlled substances" by the Drug Enforcement Administration. Examples include many pain, anxiety, and sleep medicine. A person who abuses prescription drugs may take more medicine than their doctors instructed, take medicine when it is not needed, or mix the medicine with alcohol or other drugs. This can lead to serious problems, such as addiction, drug interactions, or even overdose.

Not all prescription drugs cause addiction. Most prescription drugs are safe and effective when you follow your doctor's directions for how to take the medicine.

Why are older adults at risk for prescription drug abuse?

Older adults are at risk for prescription drug abuse because they take more prescription medicines than other age groups. Americans 65 years of age or older make up only 13% of the U.S. population, yet they consume approximately 33% of all prescription drugs.

Older adults are also at risk for prescription drug abuse because they often take more than one prescription medicine each day. This increases the risk for mistakes when taking the medicines and for drug interactions. A drug interaction occurs when two or more drugs react with each other. It could make drugs less effective or cause harmful side effects.

In addition, growing older slows down your liver's ability to filter medicines out of your body. This means that an older adult might become addicted to or have side effects from a prescription drug at a lower dose than a younger adult.

What should I do if I think an older adult is abusing prescription drugs?

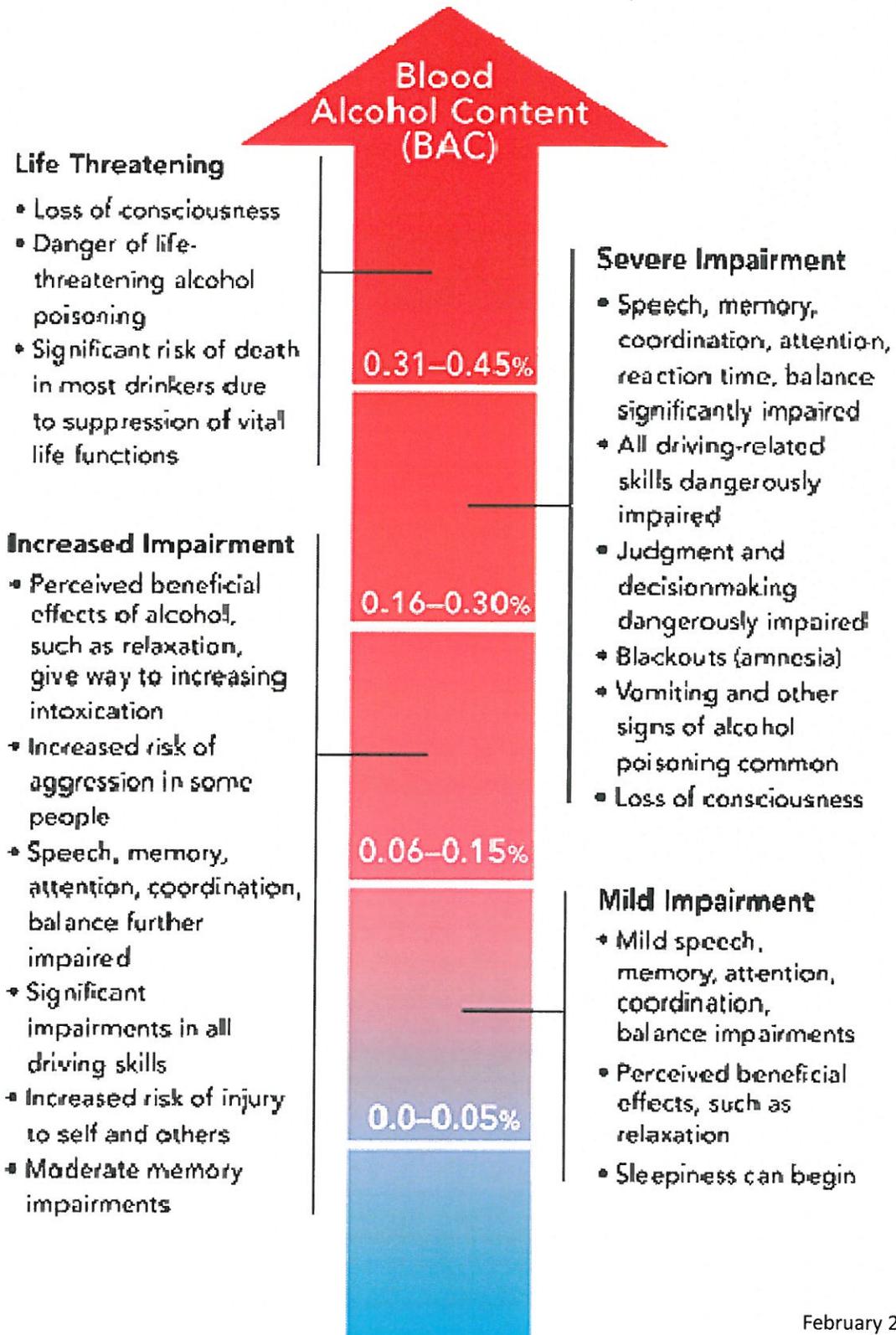
If you suspect that an older adult is abusing a prescription drug, talk to the doctor who prescribed the medicine. Tell him or her about your concerns. The doctor will determine whether the person actually is abusing medicine or addicted and will help the person get treatment.

How is prescription drug abuse treated?

The treatment for prescription drug abuse depends on what drug is being abused, how addicted the person has become, and the risk of having a withdrawal of the drug. Treatment may include counseling, medicine, or both. The person's doctor will help him or find the right treatment.

ALCOHOL OVERDOSE

As BAC Increases, So Does Impairment



February 2016

Alcohol Dependence (Alcoholism)



Yesterday

- Thirty years ago, little was known about the genetic basis of alcohol dependence, or the nervous system changes that occur as a result of prolonged heavy drinking.
- Alcohol dependence was thought to be a disease of middle age.
- Disulfiram (Antabuse®) was the only medication approved for treating alcohol dependence. Antabuse® produces acute sensitivity to alcohol. This sensitivity causes a highly unpleasant reaction when the patient ingests even small amounts of alcohol.
- Other treatments included various behavioral approaches, mostly group counseling and referral to Alcoholics Anonymous (AA). These treatments were only offered in intensive programs provided at specific locations separated from mainstream health care.
- NIH-supported research demonstrated that relatively few people with alcohol dependence ever received treatment.

Today

- NIH-supported researchers have identified genes that increase an individual's risk for becoming alcohol dependent, as well as genes that protect against alcohol problems.
- The neural basis of alcohol dependence was clarified. Research showing that drinking is influenced by multiple neurotransmitter systems, neuromodulators, hormones, and intracellular networks provides evidence of a number of potential target sites for which new medications may be developed.
- Multiple excellent animal models provide valuable tools for today's researchers.
- Clinicians have access to a wide range of treatment options that can be tailored to patients' specific needs, and a broad array of drinking problems can be effectively treated by non-specialists.

- Screening and Brief Intervention – one to four repeated short counseling sessions focused on increasing motivation to reduce drinking – has recently emerged as an effective strategy for addressing high-risk drinking.
- Investigators developed screening tools that allow clinicians to quickly and reliably determine if their patients' alcohol consumption patterns place them at risk for future adverse consequences. Studies show that brief interventions delivered in trauma units can reduce subsequent drinking and injuries. Brief interventions with high-risk college students successfully reduce alcohol consumption and/or the related consequences.
- Efforts to develop medications for alcohol use disorders have expanded rapidly in recent years. In addition to disulfiram, naltrexone and acamprostate are now approved for use in treating alcohol dependence. Naltrexone and acamprostate reduce relapse to heavy drinking in people who want to quit by normalizing brain dysfunction caused by alcohol dependence.
- When used in conjunction with behavioral therapies, medications improve the chance for recovery and the lives of those who suffer from alcohol dependence.
- Several behavioral approaches, such as motivational enhancement therapy, cognitive-behavioral therapy, and Twelve-Step facilitation, are effective in treating alcohol dependence, offering the patient and therapist a choice of approach. Brief counseling by a health professional combined with medication recently was found to be as effective as specialized counseling. Thus, it may be possible to provide access to effective treatment to many more people in primary care and mental health clinics.
- Recent studies have shown that alcohol-dependent individuals have exceptionally high rates of co-occurring psychiatric disorders and poorer prognosis in treatment. Researchers are evaluating the efficacy of various pharmacotherapies and behavioral treatments for these populations.

Tomorrow

The future holds promise for a substantially reduced public health burden of heavy drinking to our society, through carefully targeted behavioral and pharmacological therapies for individuals who develop alcohol dependence.

- An important direction for medications development research lies in pharmacogenetic research—the identification of genetic subtypes of alcohol dependence that respond to specific pharmacologic agents. The recent discovery of specific genetic variants that may contribute to the risk for alcoholism could help define sub-sets of alcohol dependent individuals who respond to a specific therapeutic agent. Other studies will pursue biobehavioral markers of therapeutic response through human laboratory studies.
- *Improved treatment for comorbid alcohol-dependent individuals.* Ongoing studies seek to determine how best to diagnose and treat alcoholics with comorbid psychiatric disorders. Under investigation is research on potential genetic, physiological and biochemical correlates of alcoholic comorbidity that may lead to the identification of clinically useful biomarkers and new molecular targets for treatment. Other studies will pursue the optimal integration and sequencing of treatments to improve compliance and enhance treatment outcome.

For additional information contact: John Bowersox
jbowersox@niaaa.nih.gov 301-443-2857.

National Institute on Alcohol Abuse and Alcoholism
(NIAAA):

<http://www.niaaa.nih.gov>

Do You Suspect a Drug Endangered Child?



What to look for:

- Evidence of children in the home
- Evidence of physical, sexual, mental abuse of children
- Child's appearance (e.g., poor overall hygiene, including dental; inappropriate or insufficient clothing; etc.)
- Drugs and/or drug paraphernalia
- Weapons (e.g., guns, knives, etc.)
- Pornography/sex paraphernalia
- Chemicals
- Any strong odors
- Food availability in refrigerator and cupboards
- Sleeping conditions/arrangements
- Fire hazards
- Pest and animal hazards (e.g., rodents, roaches, feces, etc.)
- Poor home conditions
 - Building code violations
 - Exposed wiring
 - Broken windows
 - Holes in flooring or wall
 - Functional utilities (water, gas, air)
 - Presence of mold
- Evidence, or lack thereof, of school attendance

****If you suspect a Meth lab – get out, call Hazmat****

Law Enforcement Steps to Take:

- Notify Supervisor/NARC unit
- Contact Child Protective Services (CPS)
- Document all evidence
 - Record smells
 - Take pictures, measurements
 - Videotape home, surroundings
 - Record interviews, if standard practice
- Establish who lives in the home
- Establish caretaker
- Interview neighbors
- Coordinate interview of children with CPS
 - Remember to be child-friendly (i.e., no leading questions)
 - Encourage the children to draw pictures
- Follow established medical protocols
- Charge child crime (endangerment charge) as applicable
- Decontaminate (as needed)

Child Protective Services Steps to Take:

- Respond in a timely manner
- Coordinate investigative steps with law enforcement
- Obtain general description of home environment, including:
 - environmental hazards,
 - children's access to drugs,
 - pictures and measurements, etc.
- Share case history, family history, and prior history with CPS with law enforcement
- Document all evidence (record interviews, if standard practice)
- Establish who lives in the home
- Establish caretaker
- Interview neighbors
- Coordinate interview of child with law enforcement
 - Remember to be child-friendly (i.e., no leading questions)
 - Encourage the children to draw pictures
- Arrange transport of child
- Follow established medical protocols

Additional Resources:

Fire • Enforcement • EMS • Hazmat • Compensation Medical • Welfare Fraud

For more information on drug endangered children, visit our web site
www.NationalIDEC.org



This project was supported by Grant No 2006-MU-GX-0002 awarded to National Alliance for Drug Endangered Children by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Points of view expressed in this publication are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Drug Exposed Children: What Caregivers Should Know



What is a Drug Exposed Child?

A drug exposed child is one 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 are illegally made, sold, traded, or given away.

Fast Facts

- Substance abuse contributes to 75% of incidents of child abuse and neglect of children in foster care¹
- Nearly 80% of children in foster care have prenatal exposure to maternal substance abuse²
- 80% of the children in foster care have at least one long-term health problem²
- 25% of children in foster care have 3 or more long-term health problems, which is 3 to 7 times greater than the number of health problems found among other children living in poverty²

Understanding the Child You Care For

Drug exposed children may experience the following emotional, behavioral or cognitive problems:

Emotional:

- Worry a lot
- Seem sad or do not enjoy activities
- Feel bad about themselves
- Take on a lot of guilt and blame themselves for what goes wrong
- Feel like they have nothing to look forward to
- Feel their life will always be bad
- Attach to strangers too easily but have difficulty trusting caregivers

Behavioral:

- Like to be alone
- Eat too much or not enough
- Have a hard time paying attention
- Find any change difficult
- Don't get along well with other people
- Don't seem to care about what happens to them
- More interested in sex or know more about sex than most children their age
- Quickly change from being very active to being very tired-like

Cognitive:

- Difficulty talking and listening
- Trouble reading – especially learning to move from left to right
- Difficulty remembering a list of things
- Difficulty remembering what they were just told
- Often do not learn from mistakes or experiences
- Do not pick up on cues
- Difficulty paying attention – they may seem like they are in a fog

Helping the Child You Care For

Prenatal drug exposure can cause damage to the developing brain. The child's brain may be misfiring. What you think is odd or difficult behavior might be something the child cannot control. This is why getting professional help from someone that understands drug exposure (physical and mental health) is very important. (continued)

In the meantime, try to understand that the “behaviors” you see might be the only way that child can express their feelings. You can help them learn healthy ways to show their feelings, like talking, writing, and drawing pictures. Here are some other ways you can help:

- Do things the same way, every time, over and over again
- Keep things quiet and calm
- Use simple language and examples
- Use more than one way to help them learn
- Let them see it, touch it, taste it, feel it, or even act it out
- Be realistic about what you expect, and understand that drug exposed children may not act their age
- Give support and encouragement
- Help them feel safe
- Parent based on the child’s emotional age
- Teach with your actions, not just your words
- Help them separate the parent from the substance abuse
- Allow them periods of grief
- Teach empathy by showing understanding, sympathy and compassion

Helping Yourself

- Obtain a thorough medical history of each child and knowledge of the child’s background
- Get support from other caregivers
- Get additional training
- Use local resources
- Rest

Caregivers make a huge difference in the life of a child!

Resources

- National Association for Children of Alcoholics: www.nacoa.org
- Child Trauma Academy: www.childtraumacademy.com
- The National Foster Parents Association: www.nfpainc.org
- National Early Childhood Technical Assistant Center: www.nectac.org

End Notes

¹*No Safe Haven: Children of Substance-Abusing Parents*, National Center on Addiction and Substance Abuse (CASA) at Columbia University, January 1999

² Dicker, Sheryl & Gordon, Elysa, “Building a Pathway of Well-Being: The Story of the Healthy Development Checklist for Children in Foster Care,” *Zero To Three Journal*, Vol. 22 No. 5, April/May 2002, p. 28

**For more information on drug endangered children, visit our web site:
www.nationaldec.org**



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SCHEDULES OF CONTROLLED SUBSTANCES

SCHEDULE I Test (Indiana Code 35-48-2-4):

- (1) has high potential for abuse; and
- (2) has no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision:

SCHEDULE II Test (Indiana Code 35-48-2-6):

- (1) the substance has high potential for abuse;
- (2) the substance has currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions; and
- (3) the abuse of the substance may lead to severe psychological or physical dependence:

SCHEDULE III Test (Indiana Code 35-48-2-8):

- (1) the substance has a potential for abuse less than the substances listed in schedule I and II under this chapter;
- (2) the substance has currently accepted medical use in treatment in the United States; and
- (3) abuse of the substance may lead to moderate or low physical dependence or high psychological dependence:

SCHEDULE IV Test (Indiana Code 35-48-2-10):

- (1) the substance has a low potential for abuse relative to substances in schedule III under this chapter;
- (2) the substance has currently accepted medical use in treatment in the United States; and
- (3) abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances in schedule III under this chapter:

SCHEDULE V Test (Indiana Code 35-48-2-12):

- (1) the substance has low potential for abuse relative to the controlled substances listed in schedule IV under this chapter;
- (2) the substance has currently accepted medical use in treatment in the United States; and
- (3) the substance has limited physical dependence or psychological dependence liability relative to the controlled substances listed in schedule IV under this chapter:

**REFER TO INDIANA CODE 35-48 FOR MORE
INFORMATION REGARDING CONTROLLED SUBSTANCES**



Indiana Lifeline Law

ABOUT

The Indiana Lifeline Law provides amnesty from prosecution for some alcohol-related offenses to a person who calls to report a medical emergency or crime.

The **INDIANA LIFELINE LAW** provides immunity for the crimes of public intoxication, minor possession, minor consumption, and minor transport to persons who reveal themselves to law enforcement while seeking medical assistance for a person suffering from an alcohol-related health emergency.

In order to receive immunity, the person must demonstrate that they are acting in good faith by completing ALL of the following:

- **CALL:** provide full name and any other relevant information requested by law enforcement officers
- **STAY:** remain on the scene until law enforcement and emergency medical assistance arrives
- **COOPERATE:** cooperate with authorities on the scene

The law will not interfere with law enforcement procedures or limit the ability to prosecute for other criminal offenses such as providing to a minor, operating while intoxicated, or possessing a controlled substance.

KNOW THE SIGNS!

Call 911 if you witness any one or any combination of these signs:

- **Acting unusually confused**
- **Repetitively throwing up**
- **Breathing different than normal**
- **Skin looks pale or bluish**
- **Loss of bodily functions**
- **Snoring unusually or loud**
- **Passed out (you cant wake them up to an alert state)**

for more information

www.indianalifeline.org

765-203-1113

www.indysb.org

317-966-8399

February 2016

MAKE GOOD

DECISIONS

Senate Bill 227- Lifeline Expansion

Author: Sen. Jim Merritt (R-Indianapolis)

According to the National Institute on Alcohol Abuse and Alcoholism, more than one in five high school students has reported binge drinking, and more than two dozen Hoosiers under the age of 21 have died from alcohol poisoning in the last 10 years.

During the 2014 legislative session, Sen. Merritt expanded Indiana's Lifeline Law to help save more young lives.

Senate Bill 227:

Immunity from Arrest or Prosecution

- Gives immunity from certain alcohol-related offenses to minors who call to report a medical emergency or crime.

New Mitigating Circumstance

- Establishes a mitigating circumstance for a person convicted of a controlled-substance offense if the person's was facilitated in part because the person requested emergency medical help for an individual suffering from an alcohol- or substance-related emergency.

New Deferral Program

- Allows a court to defer entering a judgment of conviction for a person arrested for an alcohol offense if they were arrested after a report that the person needed medical assistance due to the use of alcohol.

Administration of Overdose Intervention Drugs

- Allows first-responders to administer Naloxone and similar medical treatments that counteract the effects of a drug overdose, and allows certain health-care providers to prescribe overdose intervention drugs to certain medical personnel and firefighters.

Sexual Assault Study

- Requires state agencies to study how many people fall victim to domestic or sexual violence, reasons the crimes are underreported and best practices for reporting and connecting victims to treatment services.



www.indysb.org

Indiana Lifeline Law

A red graphic element consisting of a heart shape on the left and a heartbeat line (ECG) extending to the right, positioned below the text "Indiana Lifeline Law".

FAQ's & Facts About Alcohol & Drugs

My daughter only drinks beer, doesn't drink every day and says she's not alcoholic. Is she right?

Alcoholism is not defined by what you drink, when you drink it, or even how much you drink. Whether a person drinks every day or only on weekends, drinks shots of liquor or just drinks beer or wine, what matters most is what happens when they drink. If her drinking is causing problems at home, at work, physically, financially, emotionally or legally, it is time to get help.

Is it important to talk to my kids about alcohol and drug use before they are even exposed to it?

In a recent survey, 1 in 3 fifth and sixth graders (ages 10-11) said that alcohol was available and easy to get. Approximately 10% of 9-10 year olds have started drinking and one in three begin drinking before age 13. By age 15, approximately 50% have had at least one drink, so it's never too early to start the conversation. Parents play a key role in providing information about alcohol and drugs, and research shows that kids who learn a lot about the risks of alcohol and drugs from their parents are up to 50% less likely to use. Parents influence whether and when adolescents begin drinking as well as how their children drink. Family policies about adolescent drinking in the home and the way parents themselves drink are important.

My ex-husband was alcoholic, should I be concerned about my kids?

When there is addiction in the family, everyone is effected, and it is important to understand how each family member may be coping with unhealthy family behaviors. In addition, children of alcohol or drug addicted parents are in the highest risk group of all children to become alcohol and drug abusers themselves due to both genetic and family environment factors. So, it's important to become educated on addiction and codependency, and to talk with children honestly about the dangers of alcohol and drugs and their own risk factors.

I think my 19 year son has a drug problem, but I think he'll grow out of it. Am I right?

Plain and simple, if you are concerned, now is the time to seek help, not later. It might help to attend meetings of Al-Anon or Nar-Anon (programs for family and friends of those who may have a problem with alcohol or drugs), and open meetings of Alcoholics Anonymous or Narcotics Anonymous (programs for the person who may have a problem with alcohol or drugs). You can learn a great deal about your family situation from hearing the experiences of others who are dealing with similar family concerns. And you can learn a great deal about alcoholism and drug addiction from hearing alcoholics and addicts talking honestly about their slide into addiction and their recoveries.

FAQ's & Facts About Alcohol & Drugs

Can a person be too young to become addicted to alcohol and drugs?

No. And, research and experience show that the younger someone starts using alcohol and drugs, the greater the chance that they will become addicted.

Can you get addicted even though you only do it once in a while?

Yes. For most, addiction to alcohol and drugs is a process -- not an event. Most people who use alcohol and drugs do so with an intention of only using once or "once in a while." No one decides that they want to become addicted to alcohol and drugs. But, addictive drugs directly affect the brain. It is easy for occasional use to change to frequent use or constant use -- that is addiction. The only thing we know for sure: if you don't drink alcohol and don't do drugs, you definitely won't become addicted.

Why is age of first use of alcohol so critically important?

Kids who start drinking alcohol before age 15 are 5 times more likely to develop alcohol abuse or dependence than people who first used alcohol at age 21 or older. A study published in the Archives of Pediatrics & Adolescent Medicine showed that 47% of those who began drinking before age 15 experienced alcohol dependence at some point in their life, compared to 9% percent of those who began drinking at age 21 or older.

Besides alcohol, what are the most commonly abused drugs among young people?

Along with alcohol, the most commonly abused drugs among high-school students are: marijuana, Vicodin, amphetamines, cough medicine, Adderall, tranquilizers, salvia, hallucinogens, OxyContin, sedatives, MDMA/ecstasy, inhalants, cocaine and Ritalin.

Is drinking and driving the biggest alcohol-related risk for college students?

No, there are many alcohol-related risks faced by college students. While an estimated 1,900 young people under the age of 21 die each year from alcohol-related motor vehicle crashes, approximately 600,000 college students are unintentionally injured while under the influence of alcohol; approximately 700,000 students are assaulted by other students who have been drinking; and about 100,000 students are victims of alcohol-related sexual assault or date rape.

Marijuana is just a plant. Is it really that dangerous?

Yes, marijuana is a plant but it has very real health consequences, including drug addiction. While some people think marijuana is a "harmless drug," actual experience and the real science show a different reality. More teens are in treatment with a primary diagnosis of marijuana dependence than for all other illegal drugs combined.

Does marijuana use lead to the use of other drugs?

While most marijuana smokers do not go on to use other illegal drugs, long-term studies of high school students show that few young people use other illegal drugs without first using marijuana. Using marijuana puts people in contact with people who are users and sellers of other drugs and are more likely to be exposed to and urged to try other drugs.

FAQ's & Facts About Alcohol & Drugs

Can alcoholism and drug addiction be treated?

Yes. Alcoholism and addiction treatment programs can help a person stop drinking and using drugs. Treatment has helped millions of people stop drinking and drugging, rebuild their lives and live a life in long-term recovery. Many self-help groups, such as Alcoholics Anonymous or Narcotics Anonymous, are also available, as are programs providing help and support for the family and friends of addicts and alcoholics.

Is it true that if our family member is forced into treatment, that treatment won't work?

Treatment does not have to be voluntary for it to be successful. Because of the effect of alcohol and drugs on the person, there are times when they may be incapable of making a decision to seek help on their own. People who are pressured into treatment by their family or friends, employer or a judge are just as likely to benefit from treatment as those who enter "on their own."

What if our loved one relapses after treatment? Is there any point in trying again?

For some, long-term recovery from addiction to alcohol or drugs may start after their first self-help meeting or with the first time they go to treatment. But, like other chronic illnesses, recovery from addiction requires a life-long commitment to a program of change. For some, relapse back to active use of alcohol or drugs may play a critical role in guiding them toward a rededication to their recovery. Relapse can be a signal to get back on track, either by returning to meetings, treatment or adjusting the treatment approach.

February 2016

WINDOW OF DETECTION

Window of detection is the amount of time the drug(s) will remain in the body after the last dose.

Drug Classification	Street/Trade Names	Approximate Window of Detection	Methods of Use	Duration of Effects	Possible Effects	Overdose Effects
Amphetamines/ Methamphetamines (Stimulant)	Crystal, Ecstasy, Crank, Speed, Meth, Bennies, Uppers, Reds, Desoxyn, Dexedrine, Odetrol, MDA, MDMA, Bath Salts	1-2 Days	Oral, injected, snorted, smoked, free based	2-4 Hours	Increased alertness, excitation, euphoria, increased pulse rate, loss of appetite, insomnia	Agitation, increased body temperature, hallucinations, convulsions, possible death
Cocaine (Stimulant)	Coke, Flake, Snow, Crack	2-4 Days	Snorted, injected, smoked, free based	1-2 Hours	Increased alertness, excitation, euphoria, increased pulse rate, loss of appetite, insomnia	Agitation, increased body temperature, hallucinations, convulsions, possible death
Cannabinoids (Hallucinogen)	Weed, Pot, Grass, Gold, Spice, Special K, K2	1-3 Days	Oral, smoked	2-4 Hours	Lack of motivation, memory loss, lowered productivity, increased appetite	Fatigue, paranoia
Opiates (Narcotic)	Smack, Horse, Big M, Dover's powder, Robitussin A-C, Tylenol with Codeine, Patagonic, Hydrocodone, Oxycodone	1-3 Days	Oral, injected, smoked	3-6 Hours	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow & shallow breathing, clammy skin, convulsions, coma, possible death
Benzodiazepines (Depressant)	Tranks, Ativan, Dalmane, Diazepam, Librium, Xanax, Lorazepam, Valium, Clonazepam, Halcion, Praxepam, Oxazepam	8-5 Days (Longer if prolonged use)	Oral, injected	4-8 Hours	Slurred speech, disorientation, loss of inhibitions/memory, impaired judgment	Shallow respiration, cold & clammy skin, weak & rapid pulse, coma, possible death
Barbiturates (Depressant)	Black Beauties, Secoral, Downers, GooBall, Amytal, Butisol, Fiorinal, Nembutal, Phenobarbital, Tunal	1 Day - short acting, 2-3 Weeks for long acting	Oral, injected	1-16 Hours	Slurred speech, disorientation, loss of inhibitions/memory, impaired judgment	Shallow respiration, cold & clammy skin, weak & rapid pulse, coma, possible death
Methadone* (Narcotic)	Synthetic narcotic, Dolophine, Methadose, Dome	4 Days	Oral, injected	12-24 Hours	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow & shallow breathing, clammy skin, convulsions, coma, possible death
Phencyclidine* (Hallucinogen)	PCP, Angel Dust, Hog	5-8 Days	Oral, injected, smoked	Variable	Illusions, poor perception of time and distance, hallucinations	Longer & more intense "trip" episodes, awake coma, bizarre behavior, possible death

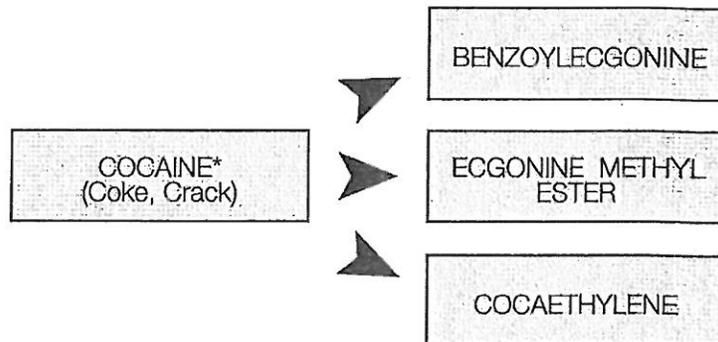
* Denotes item is a drug, not a drug classification

METABOLISM PATHWAYS IN ORAL FLUID AND BLOOD

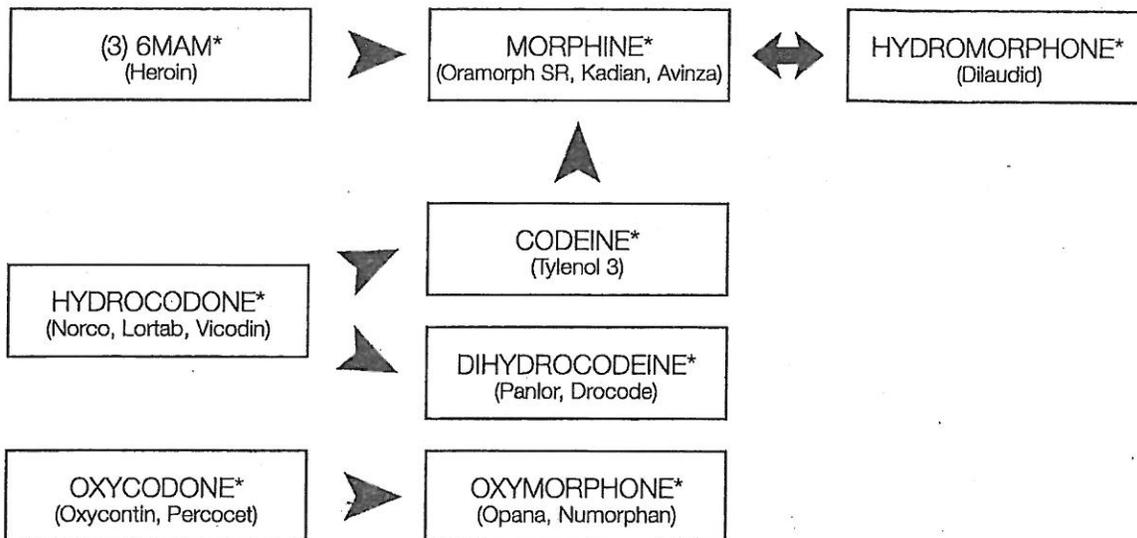
AMPHETAMINE, METHAMPHETAMINE



COCAINE



OPIATES



OPIATE ANTAGONISTS



THERAPEUTIC DRUGS



IF THEY SAY...	YOU SAY...
Marijuana is not addictive.	Science has proven – and all major scientific and medical organizations agree – that marijuana is both addictive and harmful to the human brain, especially when used as an adolescent. One in every six 16 year-olds (and one in every eleven adults) who try marijuana will become addicted to it.
Marijuana MIGHT be psychologically addictive, but its addiction doesn't produce physical symptoms.	Just as with alcohol and tobacco, most chronic marijuana users who attempt to stop "cold turkey" will experience an array of withdrawal symptoms such as irritability, restlessness, anxiety, depression, insomnia, and/or cravings.
Lots of smart, successful people have smoked marijuana. It doesn't make you dumb.	Just because some smart people have done some dumb things, it doesn't mean that everyone gets away with it. In fact, research shows that adolescents who smoke marijuana once a week over a two-year period are almost six times more likely than nonsmokers to drop out of school and over three times less likely to enter college. In a study of over 1,000 people in 2012, scientists found that using marijuana regularly before the age of 18 resulted in an average IQ of six to eight fewer points at age 38 versus to those who did not use the drug before 18. These results still held for those who used regularly as teens, but stopped after 18. Researchers controlled for alcohol and other drug use as well in this study. So yes, some people may get away with using it, but not everyone.
No one goes to treatment for marijuana addiction.	More young people are in treatment for marijuana abuse or dependence than for the use of alcohol and all other drugs.
Marijuana can't hurt you.	Emergency room mentions for marijuana use now exceed those for heroin and are continuing to rise.
I smoked marijuana and I am fine, why should I worry about today's kids using it?	Today's marijuana is not your Woodstock Weed. The psychoactive ingredient in marijuana—THC—has increased almost six-fold in average potency during the past thirty years.
Marijuana doesn't cause lung cancer.	The evidence on lung cancer and marijuana is mixed – just like it was 100 years ago for smoking – but marijuana contains 50% more carcinogens than tobacco smoke and marijuana smokers report serious symptoms of chronic bronchitis and other respiratory illnesses.
Marijuana is not a "gateway" drug.	We know that most people who use pot WON'T go onto other drugs; but 99% of people who are addicted to other drugs STARTED with alcohol and marijuana. So, indeed, marijuana

	use makes addiction to other drugs more likely.
Marijuana does not cause mental illness.	<p>Actually, beginning in the 1980s, scientists have uncovered a direct link between marijuana use and mental illness. According to a study published in the <i>British Medical Journal</i>, daily use among adolescent girls is associated with a fivefold increase in the risk of depression and anxiety. Youth who begin smoking marijuana at an earlier age are more likely to have an impaired ability to experience normal emotional responses.</p> <p>The link between marijuana use and mental health extends beyond anxiety and depression. Marijuana users have a six times higher risk of schizophrenia, are significantly more likely to develop other psychotic illnesses.</p>
Marijuana makes you a better driver, especially when compared to alcohol.	Just because you may go 35 MPH in a 65 MPH zone versus 85 MPH if you are drunk, it does not mean you are driving safely! In fact, marijuana intoxication doubles your risk of a car crash according to the most exhaustive research reviews ever conducted on the subject.
Marijuana does not affect the workplace.	Marijuana use impairs the ability to function effectively and safely on the job and increases work-related absences, tardiness, accidents, compensation claims, and job turnover.
Marijuana simply makes you happier over the long term.	Regular marijuana use is associated with lower satisfaction with intimate romantic relationships, work, family, friends, leisure pursuits, and life in general.
Marijuana users are clogging our prisons.	A survey by the Bureau of Justice Statistics showed that 0.7% of all state inmates were behind bars for marijuana possession only (with many of them pleading down from more serious crimes). In total, one tenth of one percent (0.1 percent) of all state prisoners were marijuana-possession offenders with no prior sentences. Other independent research has shown that the risk of arrest for each "joint," or marijuana cigarette, smoked is about 1 arrest for every 12,000 joints.
Marijuana is medicine.	Marijuana may contain medical components, like opium does. But we don't smoke opium to get the effects of Morphine. Similarly we don't need to smoke marijuana to get its potential medical benefit.
The sick and dying need medical marijuana programs to stay alive.	Research shows that very few of those seeking a recommendation for medical marijuana have cancer, HIV/AIDS, glaucoma, or multiple sclerosis; and in most states

	that permits the use of medical marijuana, less than 2-3% of users report having cancer, HIV/AIDS, glaucoma, MS, or other life-threatening diseases.
Marijuana should be rescheduled to facilitate its medical and legitimate use.	Rescheduling is a source of major confusion. Marijuana meets the technical definition of Schedule I because it is not an individual product with a defined dose. You can't dose anything that is smoked or used in a crude form. However, components of marijuana can be scheduled for medical use, and that research is fully legitimate. That is very different than saying a joint is medicine and should be rescheduled.
Smoking or vaporizing is the only way to get the medical benefits of marijuana.	No modern medicine is smoked. And we already have a pill on the market available to people with the active ingredient of marijuana (THC) in it – Marinol. That is available at pharmacies today. Other drugs are also in development, including Sativex (for MS and cancer pain) and Epidiolex (for epilepsy). Both of these drugs are available today through research programs.
Medical marijuana has not increased marijuana use in the general population.	Studies are mixed on this, but it appears that if a state has medical “dispensaries” (stores) and home cultivation, then the potency of marijuana and the use and problems among youth are higher than in states without such programs. This confirms research in 2012 from five epidemiological researchers at Columbia University. Using results from several large national surveys, they concluded, “residents of states with medical marijuana laws had higher odds of marijuana use and marijuana abuse/dependence than residents of states without such laws.
Legalization is inevitable – the vast majority of the country wants it, and states keep legalizing in succession.	The increase in support for legalization reflects the tens of millions of dollars poured into the legalization movement over the past 30 years. Legalization is not inevitable and there is evidence to show that support has stalled since 2013.
Alcohol is legal, why shouldn't marijuana also be legal?	Our currently legal drugs – alcohol and tobacco – provide a good example, since both youth and adults use them far more frequently than illegal drugs. According to recent surveys, alcohol use is used by 52% of Americans and tobacco is used by 27% of Americans, but marijuana is used by only 8% of Americans.
Colorado has been a good experiment in legalization.	Colorado has already seen problems with this policy. For example, according to the Associated Press: <u>“Two Denver Deaths Linked to Recreational Marijuana Use”</u> . One includes the under-aged college student who jumped to his death after ingesting marijuana cookie.

	<p>The number of parents calling the poison-control hotline to report their kids had consumed marijuana has <u>risen significantly in Colorado</u>.</p> <p>Marijuana edibles and marijuana vaporizers have been found in middle and high schools.</p>
<p>We can get tax revenue if we legalize marijuana.</p>	<p>With increased use, public health costs will also rise, likely outweighing any tax revenues from legal marijuana. For every dollar gained in alcohol and tobacco taxes, ten dollars are lost in legal, health, social, and regulatory costs. And so far in Colorado, tax revenue has fallen short of expectations.</p>
<p>I just want to get high. The government shouldn't be able to tell me that I can't.</p>	<p>Legalization is not about just "getting high." By legalizing marijuana, the United States would be ushering in a new, for-profit industry – not different from Big Tobacco. Already, private holding groups and financiers have raised millions of start-up dollars to promote businesses that will sell marijuana and marijuana-related merchandise. Cannabis food and candy is being marketed to children and are already responsible for a growing number of marijuana-related ER visits.</p> <p>Edibles with names such as "Ring Pots" and "Pot Tarts" are inspired by common children candy and dessert products such as "Ring Pops" and "Pop Tarts." Moreover, a large vaporization industry is now emerging and targeting youth, allowing young people and minors to use marijuana more easily in public places without being detected.</p>
<p>Legalization would remove the black market and stop enriching gangs.</p>	<p>Criminal enterprises do not receive the majority of their funding from marijuana. Furthermore, with legal marijuana taxed and only available to adults, a black market will continue to thrive. The black market and illegal drug dealers will continue to function – and even flourishⁱ – under legalization, as people seek cheaper, untaxed marijuana.</p>

TREATMENT

6 STEPS to TREATMENT

HOW TO FIND QUALITY ADDICTION TREATMENT

It can be overwhelming to know where to start if you need to find treatment for addiction. It is not a quick or easy process. CASAColumbia's step-by-step guide was created to help you navigate the vast amount of information—and misinformation—about finding addiction treatment and the questions that may arise along your journey. First and foremost, you will want to get an accurate diagnosis and locate a team of highly trained health care professionals who can provide you with effective treatments.

Here is a preview of what you will find in the guide. Download the full guide for complete information.

Step 1: The diagnosis

The first step for anyone concerned that they have, or someone they care about has, addiction is to get an accurate diagnosis. Ask your regular doctor if he or she knows how to diagnose addiction, because not all physicians are trained in addiction treatment. If your regular doctor cannot conduct the diagnosis, you can ask him or her to refer you to a qualified health care provider, such as an addiction physician specialist, who can perform the diagnosis.

Step 2: The comprehensive assessment

The second step after you are diagnosed with addiction is the comprehensive assessment, which will identify your history of substance use, the severity of your condition and any other health problems and personal circumstances that may affect your treatment. This should be conducted by your doctor or another highly trained health care professional. The assessment, along with your diagnosis, will provide the information needed to determine your treatment needs.

Step 3: Medically-managed withdrawal

People who are severely intoxicated or have symptoms of withdrawal may need medically-managed withdrawal, also called detoxification. Detoxification will keep you safe and more comfortable while you stop using substances. A doctor—sometimes in combination with other health care professionals—should provide medical supervision of withdrawal. Detoxification is an important step in the recovery process, but it is not treatment for the disease.

Step 4: Finding the right treatment provider

Finding an addiction treatment provider can be hard because not all providers offer quality care. Choosing an addiction treatment provider who offers the right type of treatment for your needs is critical. If you receive the wrong kind of treatment, it could make your addiction worse. Not all services offered as treatment are effective. Look for a highly trained addiction care team whose members are able to provide effective treatments for addiction—both medications and therapies—that you may need based on the comprehensive assessment. More information is contained in the guide on what these effective treatments are.

Step 5: Getting the most from your treatment

Now that you have selected a provider that is likely to offer you quality care, you can focus on your specific treatment. First, you will develop a treatment plan with your addiction treatment provider. Then you will begin your treatment, which may include medications as well as therapies. Your plan should include the specific therapies and medications you will receive. Toward the end of your treatment, you will make a plan for continuing care.

Step 6: Stay healthy by managing your disease

After your initial treatment, it is important that your doctor continue to help you manage your disease, in cooperation with other members of your addiction care team, if appropriate, and that you play an active role in order to maintain the progress you have made.

FOUR LEVELS OF TREATMENT

There are four main levels of treatment for substance abuse:

- 1) *Outpatient treatment*
- 2) *Intensive outpatient treatment*
- 3) *Medically monitored intensive inpatient treatment*
- 4) *Medically managed intensive inpatient treatment*

Outpatient treatment is offered when the client stays in their own home but obtains services from a clinical office staffed with addictions professionals who offer sessions typically under 9 hours a week.

Intensive outpatient treatment is an organized treatment where more than one treatment intervention is typically implemented. There are normally regular sessions within a structured program for at least 9 hours a week. The individual may live in their own home or may be housed in a special residence.

Medically monitored intensive inpatient treatment is a planned 24/7 treatment that happens in an inpatient setting. This gives the addictions professionals a unique chance for 24 hour observation, monitoring, and treatment. There is typically 24 hour nursing care under the practice of physicians.

Medically managed intensive inpatient treatment happens in an acute care inpatient setting where patients many times have severe withdrawal or behavior problems that require primary medical and nursing services.

There are other treatment services that do not fall into these models. Examples of these include halfway houses, support groups, and extended residential programs.

Examples of treatment options available within these models include withdrawal management, group therapy, relapse prevention training, individual counseling, family counseling and pharmacotherapy.¹

¹ http://psychcentral.com/library/sa_txlevels.htm



1 IN 6

OF THOSE WITH ADDICTION HAVE ADDICTION INVOLVING MULTIPLE SUBSTANCES

Designing an Addiction Treatment Plan

The diagnostic evaluation and comprehensive assessment provide the information a health care provider needs to develop an addiction treatment plan tailored to an individual's needs. It is important to determine the appropriate medications and therapies, the best treatment setting—inpatient or outpatient—as well as the frequency and duration of care.

Detoxification or Stabilization

Often the first step in addressing addiction involving nicotine, alcohol or other drugs is helping an individual stop using the substance. This must happen before treatment can begin. In some cases medical

Medication/Therapies

The most effective addiction treatment approach often includes a combination of medications and therapies.

Medications

Medications to treat addiction work by reducing cravings and withdrawal symptoms, reducing the highs or rewards associated with substance use and/or serving as a less harmful alternative. The following are U.S. Food and Drug Administration (FDA) approved medications to treat addiction involving:

- **Nicotine:** Zyban[®] (generic name bupropion); Chantix[®] (generic name varenicline); nicotine replacement therapy (e.g., patch, gum, lozenge, nasal spray and inhaler)
- **Alcohol:** Campral[®] (generic name acamprosate); naltrexone; Antabuse[®] (generic name disulfiram)
- **Opioids:** Vivitrol[®], Revia[®], Depade[®] (generic name naltrexone); methadone; Suboxone[®] (generic name buprenorphine + naloxone); buprenorphine

Therapies

Therapies, including individual and group therapy, help people learn to increase their coping skills, manage high-risk situations, avoid substance-use triggers and control cravings. Therapies that have demonstrated effectiveness include:

- **Motivational interviewing and motivational enhancement therapy:** bolsters motivation to change substance use behaviors
- **Cognitive behavioral therapy:** helps identify, recognize and avoid thought processes, behaviors and situations associated with substance use; manage cravings; and develop better problem-solving and coping skills
- **Community reinforcement approach:** focuses on improving family relations, acquiring job skills, and developing alternative activities and associates to minimize substance use
- **Contingency management:** alters behavior by rewarding constructive behaviors and discouraging unhealthy behaviors
- **Behavioral couples/family therapy:** improves communication and support and reduces conflict between couples and families that have a member with addiction
- **Multidimensional family therapy for adolescents:** addresses adolescent substance use in relation to individual, family, peer and community-level influences
- **Functional family therapy for adolescents:** engages and motivates adolescents and families to make long-term behavior changes
- **Multi-systemic therapy for adolescents:** focuses on reducing substance use, criminal and other forms of problem behavior

Treatment must be tailored to patient needs. Because addiction often co-occurs with a broad range of other health problems, effective treatment must also address other medical, including mental health, conditions as well as a patient's nutrition and exercise needs.

The information contained on this site is designed to support, not to replace, the relationship between a patient/site visitor and his/her physician.

What are 12-STEP Programs?

A 12-step program is a set of principles that guides the recovery of those who suffer from addiction or other behavioral problems. 12-step programs often involve meetings, which are gatherings that offer people in recovery an opportunity to express themselves, listen and interact with other recovering individuals

The therapeutic value of the twelve step program is evident in the sense of empowerment that it instills in its participants. Participation in 12-step recovery encourages its members to practice acceptance, which they say is a key to sobriety and serenity. The collective sharing process acts as a powerful deterrent from destructive behavior and is an effective means of dissolving the impulsiveness and desperation that participants may experience. Studies have shown that alcoholics who continually participate in Alcoholics Anonymous (AA) were three times more likely to be alcohol-free following primary treatment, compared to non-participants.

What Are 12-Step Programs?

A 12 step recovery program is usually backed by a non-profit organization and consists of peer groups that offer mutual spiritual and psychological support. These *fellowships* have proven to assist participants in sustaining recovery and changing unhealthy behaviors.

With the help of 12-step programs, which were modeled after Alcoholics Anonymous, millions of people worldwide have changed their lives. An extensive array of 12 step programs is available to the public.

The Twelve Steps

The essence of the recovery program rests upon the 12 traditions and 12 steps, the latter being the road map for experiencing a *spiritual awakening* and building a new life on the foundation of spiritual principles. The principles are spiritual in nature, rather than religious.

Twelve step program members gradually acquire a thorough understanding of the steps and work on implementing the principles in their daily lives. Research has shown that spiritual transformation may encourage changes in behavior that encourage abstinence.

The 12 steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His Will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

12-Step Meetings

The main purpose of 12 step meetings is to receive and offer hope that recovery is attainable. The meetings are non-imposing in nature. The ideas put forth in the meetings and books are said to be *suggestive only*.

Twelve step meetings take place on designated days and times of the week and some are offered more than once a week. By attending the meetings on a regular basis, members progress in their recovery *one day at a time*. The format of the session varies from group to group. However, the general structure tends to be consistent.

A Typical 12-Step Meeting Includes:

Reading of the 12 step recovery program's preamble by the secretary

Recitation of the Serenity Prayer

Reading of the 12 traditions and/or 12 steps

Story-sharing by a regular participant

Voluntary introduction (by first name only) by newcomers

Suggestion by the speaker or one of the members of a topic for discussion

Sharing of stories by willing members who introduce themselves by identifying as an addict

Recitation of the Serenity Prayer, the Lord's prayer, or an alternate prayer

Invitation to "keep coming back", a signature phrase in 12-step recovery programs

HELPING A FAMILY MEMBER OR FRIEND

TAKEN FROM: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE (NCADD.ORG)

Helping a loved one struggling with alcoholism or drug dependence can be heartbreakingly painful, but with help, it can be remarkably rewarding. At times, it can seem so overwhelming that it would be easier to ignore it, pretend that nothing is wrong and hope it just goes away. But in the long run, denying it or minimizing it, will be more damaging to you, other family members, and the person you are concerned about. **Don't Wait, Now Is The Time.**

Alcoholism and drug dependence are complex problems, with many related issues. And, although there is no magic formula to help someone stop his or her drinking or drug use, **you are not alone.**

To get you started, here are some important suggestions:

1. Learn All You Can About Alcoholism and Drug Dependence

Utilize resources.

2. Speak Up and Offer Your Support

Talk to the person about your concerns, and offer your help and support, including your willingness to go with them and get help. Like other chronic diseases, the earlier addiction is treated, the better.

3. Express Love and Concern

Don't wait for your loved one to "hit bottom". You may be met with excuses, denial or anger, but be prepared to respond with specific examples of behavior that has you worried.

4. Don't Expect the Person to Stop Without Help

You have heard it before - promises to cut down or stop but, it doesn't work. Treatment, support, and new coping skills are needed to overcome addiction to alcohol and drugs.

5. Support Recovery as an Ongoing Process

Once your friend or family member is receiving treatment, or going to meetings, remain involved. While maintaining your own commitment to getting help, continue to support their participation in continuing care, meetings and recovery support groups. Continue to show that you are concerned about their successful long-term recovery.

Some Things You Don't Want To Do:

- **Don't Preach:** Don't lecture, threaten, bribe, preach or moralize.
- **Don't Be A Martyr:** Avoid emotional appeals that may only increase feelings of guilt and the compulsion to drink or use other drugs.
- **Don't Cover Up,** lie or make excuses for them and their behavior.
- **Don't Assume Their Responsibilities:** Taking over their responsibilities protects them from the consequences of their behavior.
- **Don't Argue When Using:** Arguing with the person when they are using alcohol or drugs, at that point they can't have a rational conversation.
- **Don't Feel Guilty** or responsible for their behavior, it's not your fault.
- **Don't Join Them:** Don't try to keep up with them by drinking or using

WARNING SIGNS OF RELAPSE

1. Apprehension about Well-Being
 - initial sense of fear and uncertainty
 - lack of confidence in the ability to stay sober
2. Denial
 - reactivated to cope with apprehension, anxiety, and stress
3. Adamant Commitment to Sobriety
 - may diminish the need to pursue a daily program of recovery
4. Compulsive Attempts to Impose Sobriety on Others
 - focus more on what others are doing than on self
5. Defensiveness
 - noticeable increase
6. Compulsive Behavior
 - behavior patterns become rigid and repetitive
 - controlling conversations
 - overwork and over involvement in activities
 - involvement with people avoided
7. Impulsive Behavior
 - interruption of compulsive behaviors by impulsive reactions
 - overreaction to stress
 - impulsive decisions affecting major life areas
8. Tendencies Toward Loneliness
 - isolation and avoidance increases
9. Tunnel Vision
 - focus and preoccupation on one area, avoiding other areas
10. Minor Depression
 - listlessness
 - oversleeping
 - flat affect (numb emotions)
11. Loss of Constructive Planning
 - life planning begins to diminish
 - wishful thinking replaces realistic planning
12. Plans Begin to Fail
 - failure to follow through
 - lack of attention to detail
 - pursuit of unrealistic objectives
13. Idle Daydreaming and Wishful Thinking