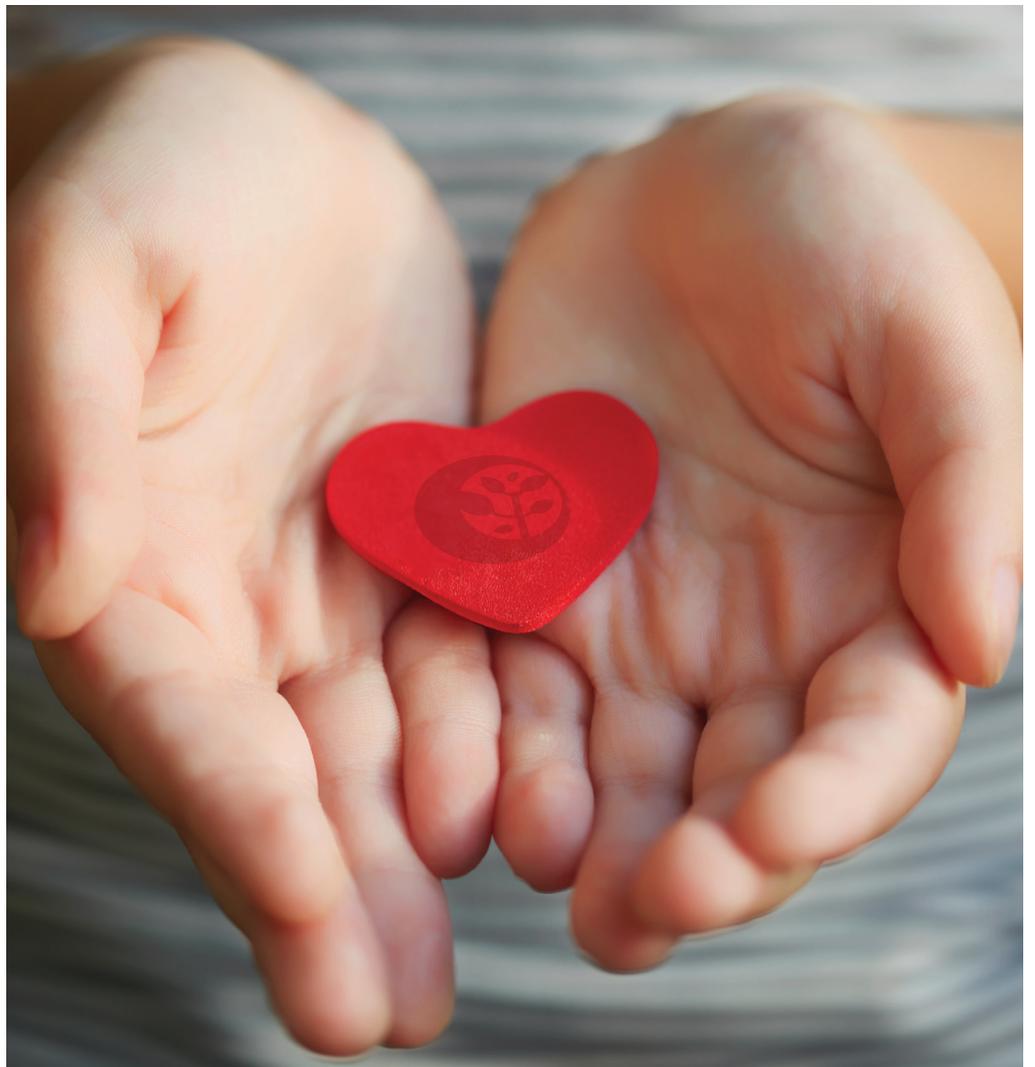


OPIOIDS & HEROIN WAUKESHA COUNTY INFORMATION GUIDE



**DRUG FREE
COMMUNITIES
WAUKESHA COUNTY**





The purpose of this booklet is to provide information about addiction and the opioid/heroin epidemic, as well as relevant resources for residents of Waukesha County. From foundational addiction education, to personal stories of struggle and success, to important local and national resources, we hope that you will benefit from the information contained within these pages.



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



Table of Contents

Shari’s Story	4
Why Would My Child Use Drugs?	6
Commonly Abused Prescription Medications	7
Consequences of Prescription Medication Abuse	8
Effects During Pregnancy	9
What Caregivers and Educators Should Know	10
Heroin is Part of a Larger Problem	11
Access to Medication	12
Factors That Can Increase the Chance of Addiction	13
Signs to Look For	14
Steps to Prevent Prescription Drug Abuse	15
Phil’s Story	16
If You Suspect Your Loved One	18
Things to Know	19
If You Suspect an Overdose	20
Dos and Dont’s in Responding to Opioid Overdose	21
Drugs in the Workplace	22
Legal Consequences of Prescription Drug Abuse	23
When Someone You Love is Addicted	24
Addiction is a Medical Condition	25
Harm Reduction: Keeping Them Safe and Alive	26
Waukesha Medication Disposal Sites	27
Treatment Resource	28
Treatment Options	29
Additional Resource	30
Housing and Other Certified Services	32
10 Guiding Principles of Recovery	33
Adam’s Story	34





Shari's Story

"It takes a thousand voices to tell a single story," suggests a Native American expression. When I look back at my own individual tale, I know I could not see it properly until I viewed it through the lens of the many other voices I hear at my support group meeting each week. The only thing unique about my story, are the details -- the who, the what, the where. I have come to recognize that the themes are universal, the pain, too well known and too widespread.

Therefore, here are the details of my story. My addict's name is Jason. I would rather call him my son, my person with a substance use disorder. Unfortunately, we still use the term 'addict' in our community, and arguably, it gets to the point. The fact is, his name is Jason and he is the youngest of my four children. The theme we share with so many others, however, is that Jason began experimenting with drugs and alcohol around the age of 14. His father and I weren't aware of the depth of the problem until much later. That's not to say we didn't realize there were problems -- we just didn't connect any dots until Jason spiraled out of control.

Looking back now, I can see that Jason's 14th year was probably his loneliest. That year both Steve and I quit our jobs and devoted ourselves full-time to our small business. We moved. We were living in an apartment while our new home was built. Our first grandson was born. I could list a million other life events -- and would suggest they are reasons why my youngest son felt left to his own devices. However, that might give the impression that addiction occurs because of an event or a series of incidents.

The common theme, and the truth of the matter is, that this is what parents do. We wrack our brains for starting points, for the whys and the whens. As far as I can tell, it doesn't do much to help the parent or the addict. It's just something we do.

In sharing Jason's story, I get to fast forward six or seven years. I get to skip right to his dropping out of college in 2008 and the 3 a.m. call from someone in a neighborhood across town who found our son passed out in the intersection near their home. The car was running and the doors locked. The hospital toxicology report was "a nightmare," according to the ER doctor. However, even with that, I remind myself that I get to fast forward. As far as themes go, too many parents get those calls and that is where their loved one's story ends.

None of us -- no one who loves an addict -- lacks details. Here are just a few from our story:

- I open my business books online one day and find a series of debits -- all in \$100 increments, all hours apart, days apart -- to ATM machines across Milwaukee. All totaled, I have lost more than \$10,000.
- I sit with my son in his bedroom (holding him) as he cries and begs his father not to send him to jail.
- I drive him to his first rehab (on autopilot) and listen to Kirtan chants in my headset all the way home.
- I collapse in the bathroom at our studio that day. My youngest daughter receives the text and shows up to help me off the floor.

Then, there was his first 'graduation' from treatment -- and his first relapse. His second rehab -- and relapse. His third. I'm back in the realm of common themes again. I know that now in hindsight. Relapse is part of recovery. Nevertheless, back then, I thought that all I needed to do was to get Jason the right help. All I needed to do was find the right doctor, the right program, the right therapist, and he would come home and he would be better. That too, of course is a common theme -- we want to fix the addict and miss the part about fixing ourselves.

Yes, the themes are the same -- but it's the details that make each person's journey unique, and each person's way out of the darkness a path that must be cleared and recut day by day, moment by moment and with the most strength and support we can muster.



At group each week, we focus on ways to help our loved ones, but we are not married to the idea that we, or anyone else, knows what's best for them. I know it's not about 'fixing Jason' anymore. I think that's the most powerful thing I've learned in this journey with him.

For Jason, his rehab started when I put him on a plane to live with my brother and sister at their medical marijuana farm in California. I couldn't afford another rehab and my sister couldn't stand to see the pain that both Jason and I were going through. My healing began when I decided to let him go. That was five years ago. I'm fighting the urge to update you on his 'progress,' because if I do that, you see, then it's my relapse. Suffice it to say, I am still honored to be traveling this road with him (letting go did not mean giving up.) My journey continues to teach me about life, about myself and about my connection to others.

I've traded an MBA for a Master's Degree in Counseling. In working to help stem the tide of addiction in Waukesha, I've traded the idea of living 'in' my community with the concept of living 'for and with' my community. I believe I've found the 'thousand voices' necessary to make my story whole.



Why Would My Child Use Drugs?

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

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

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

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

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

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





Commonly Abused Prescription Medications

Pain Medications – a class of the most abused prescription medications among adults and teens. Opiates can be ingested in various ways. Prescription opiates are typically taken in pill form and sometimes with alcohol to intensify the effects. They can be crushed to sniff, snort or injected as well, such as heroin. Some commonly abused medications include:

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



Percocet
5 mg



Percodan
4.5 mg



OxyContin
20 mg



OxyContin
80 mg



OxyContin
160 mg

Sedatives – most commonly refer to anti-anxiety medications, the most abused include:

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

Stimulants – abused medications to treat ADHD/ADD include:

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

Steroids – are prescribed and also abused:

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

Please visit these sites for detailed information about prescription medications:



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

Commonly Abused Street Drugs

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





Health Consequences of Prescription Medication Abuse

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

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

Unfortunately, all these diseases can occur from unsafe sex practice or needle sharing.

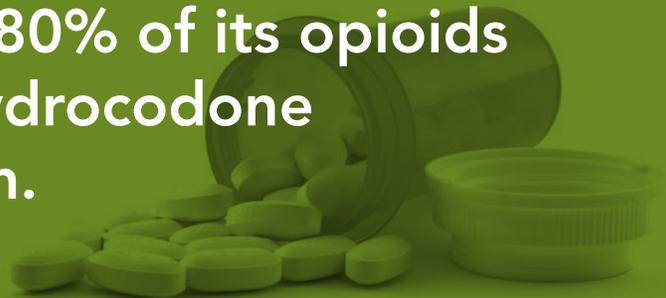
In addition, drug use during pregnancy can lead to Neonatal Abstinence Syndrome (NAS), a condition in which a baby can suffer from dependence and withdrawal symptoms after birth.



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

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

ABC News





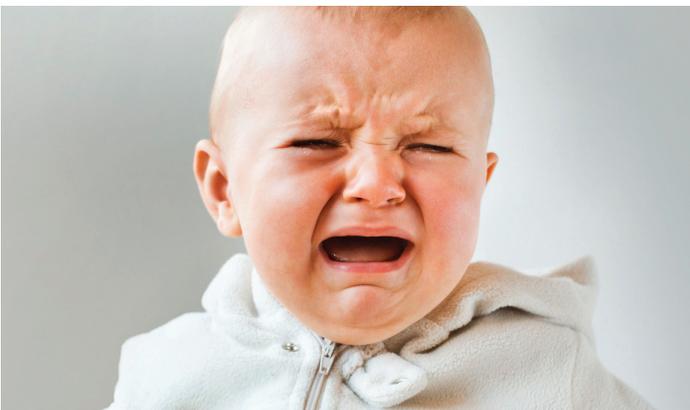
Effects During Pregnancy

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

SYMPTOMS OF WITHDRAWAL INCLUDE:

- High-Pitched Crying or Difficult to Console
- Poor Feeding/Spitting/Vomiting/Diarrhea
- Difficulty Sleeping
- Overly Vigorous Suck or Uncoordinated Suck
- Tremors/Jitteriness
- Occasionally Seizures Can Occur
- Frequent Hiccups and/or Sneezing
- Mild Fever
- Sweating

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

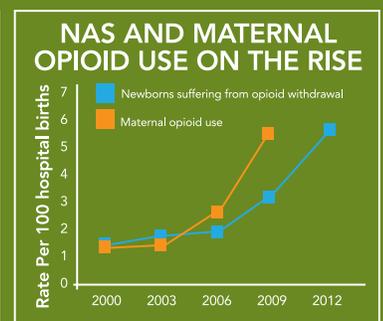
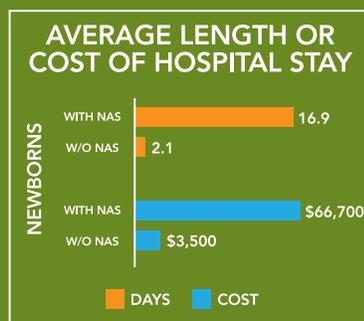


DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

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



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



Source: Patrick et. Al., JAMA 2012, Patrick et. Al., Journal of Perinatology 2015



**A Pregnant Woman
should never takes pills alone**



Drug Exposed Children: What Caregivers and Educators Should Know

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

EMOTIONAL:

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

COGNITIVE:

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

BEHAVIORAL:

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

Understand the Behaviors



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

- Be repetitive, do things the same way, every time, over and over again
- Keep things quiet and calm
- 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
- Help them separate the parent from the substance abuse
- Allow them periods of grief
- Teach them empathy by showing understanding, sympathy and compassion

Remember: Not every behavior indicates a specific concern



Heroin Use is Part of a Larger Substance Abuse Problem

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

Most used at least **3** other drugs.

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

PEOPLE WHO ARE ADDICTED TO....



Alcohol
are
2X



Marijuana
are
3X



Cocaine
are
15X

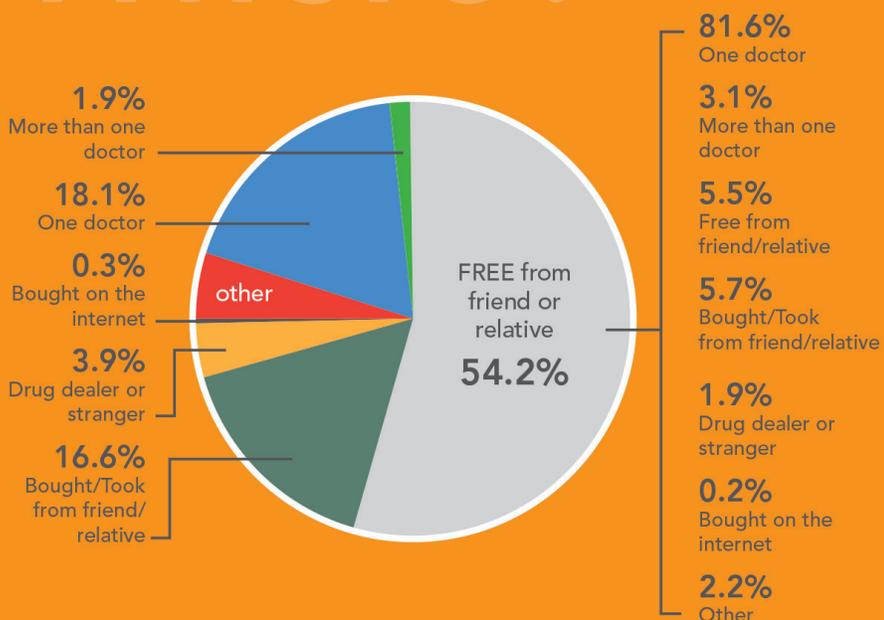


Rx Opioids
are
30X

... MORE LIKELY TO BE ADDICTED TO HEROIN.

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

Where are prescription drugs obtained?



Students who abuse prescription stimulants

(e.g. ADHD medication Adderall & Ritalin) reported higher levels of: cigarette smoking, heavy drinking, risky driving, abuse of marijuana, abuse of MDMA (Ecstasy), abuse of cocaine.

Source: Harvard School of Public Health, College Health Study, 2001 Survey



Access to Medication

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

Questions to ask your physician before filling a prescription...

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



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





Factors That Can Increase the Chance of Addiction

Home and Family

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

Peers and School

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

Biological Factors

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

Early Use

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

Method of Administration

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



Check out this great resource:
[http://archives.drugabuse.gov/
NIDA_Notes/NN05index.html](http://archives.drugabuse.gov/NIDA_Notes/NN05index.html)

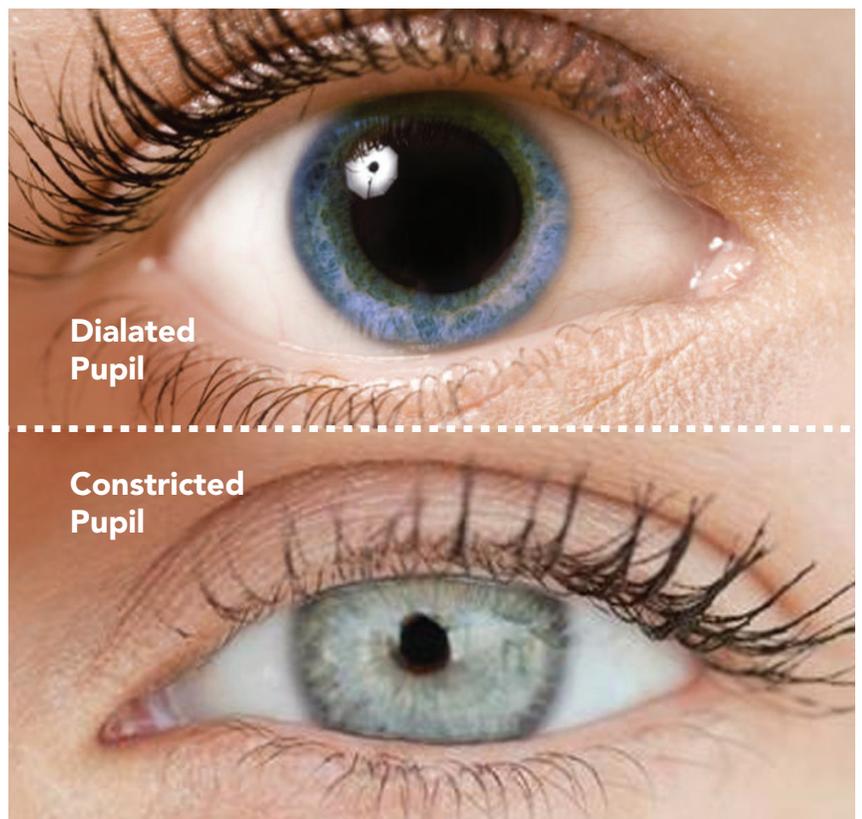
As with any other disease, the capacity to become addicted differs from person to person. In general, the more risk factors a person has, the greater the chance that taking drugs will lead to abuse and addiction. (Excerpted from *Drugs, Brains, and Behavior: The Science of Addiction* by NIDA)



Signs to Look For

The duration of a dose of Heroin can last 3-6 hours and be detected up to 2 days.
Physical and Behavioral signs & symptoms of opiate intoxication:

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



Lifestyle changes that can be related to opiate addiction:

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



Steps to Prevent Prescription Drug Abuse

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

LOCK YOUR MEDS Only 4.7% of individuals who abuse prescription drugs, say they get the medication from a stranger, drug dealer, or the internet. Prevent your children from abusing your medications by securing them in places they cannot access. Lock them up or take them out of your house.



TAKE INVENTORY Use a home medication inventory card to record the name and amount of medications you currently have. Check regularly to make sure none are missing.

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

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

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

DISPOSE OF OLD AND UNUSED MEDICATIONS Medications can be disposed of at permanent disposal boxes throughout Waukesha county.

Over 6.2 million people age 12 and older report abusing prescription drugs. Due to the fact that prescription drugs improve health when used as prescribed, many teens believe they are a safe way to get high.

It is illegal to use someone else's prescription.



Phil's Story

My name is Phil and I want to share a story about my son, Mathew, who died of a heroin overdose on November 14, 2015.

Before I begin, I want you to think about a few questions, and I want you to remember the number six.

Have you ever had a family member or extended family member involved with drugs? Drugs meaning any and all kinds of drugs...cigarettes, alcohol, marijuana, heroin, prescription drugs, opiates, e-cigarettes, etc.

Do you remember 9/11? Do you know someone, or did you ever hear about someone from a friend or co-worker, who died in the 9/11 attack?

What was the number I asked you to remember? Six.

We are all six or fewer people away from knowing someone who was involved with the 9/11 tragedies, and we are all six or fewer people away from knowing someone who is involved with drugs. The problem is no one wants to talk about that.

Parents of drug abusers deny it, their children deny it, schools look the other way and do not get involved, pastors and priests don't engage. It's as if we are surrounded by this lethal epidemic that is right in our own home or backyard, and yet no one wants to start the conversation.

We can tell everyone exactly where we were and what we were doing when we look back at tragedies like 9/11. On that day, I was driving home from my job as a principal in Kenosha. I will never forget there wasn't a plane in the sky. They had all been grounded in response to the attacks.

Where was I when my son Mathew started using drugs? Sadly, I cannot tell you.

My wife and I split up after 17 years of marriage and I was left to care for our children, ages 8 and 11. I was suddenly a single parent and had to be both mom and dad. Sometime between the divorce and his early teens, Mathew started using. I just don't know when.

I do remember that as a sophomore in high school he stopped participating in sports...football, wrestling, martial arts...and he started hanging out with what I thought were pretty decent kids. Little did I know they were all smoking and drinking. In his junior year, he started missing school; his grades dropped. As a senior, he was failing all of his subjects and he ultimately dropped out of school. I took him to counseling and talked to school staff and to professional friends I had known for years.

When he was arrested and incarcerated for petty theft, I thought that would be the end of it. Unfortunately, it got worse. Mathew started stealing from me...money, my car, anything he could get his hands on to raise money, all the while getting deeper and deeper into the world of illicit drugs. Because there were laws protecting teenagers from being committed to rehabilitation facilities once they turn 14, I couldn't get him into treatment. After serving his last stay in another jail for another theft and possession of illicit drugs, he finally agreed to go to treatment as a condition of his release.

My ex-wife and I put him on a plane to Texas for admission to a rehab center. Halleluiah I thought, my son would be treated and hopefully treated successfully. He would return to being the Mathew I had always known – precocious, inquisitive, outgoing, friends with all, altar boy at church, Boy Scout, athlete, the kid I took fishing for muskies,



taught how to ski, top of his class – in his younger years. But the reality was that at this point he was a convicted felon, drug seller and user, thief and manipulator.

After treatment in Texas he returned to Milwaukee, against my strong advice. I really wanted him to stay in Texas at the facility. In a few short months he was back with his old friends. Soon, he was immersed in his old routines, stealing, dealing, using, and spending time in jail.

Our second attempt to get him help was to send him to Colorado with one of his close friends. Another detox facility in Milwaukee and off to Colorado he went. He eventually started his own business and seemed to be thriving, really thriving. Within a year though, he was back in jail again.

One of Mathew's buddies decided to bail him out after he had been in jail for the better part of a year. Upon his release, he went out with his friend, overdosed...and died. I got the call on my way home from work at 5:15 in the evening. He was gone. It was November 14th. That's the day time stood still. That...is my 9/11.

I have since learned that addicts will begin using drugs at the same dose when they have been without it for awhile. Because Mathew completely detoxed in jail, his system couldn't tolerate the dose of injection at the same levels he had been used to. Although authorities were called and they tried to revive him, his life was over.

If you didn't know anyone who had lost a child to an opioid or heroin overdose before you read this, now you do and you are no longer six people away from knowing someone.

If you believe this problem will go away on its own...it won't.

If you think this can't happen to you...you're wrong.

If you believe this is really someone else's problem...it's not.

If you do nothing else, nothing else at all, please do this...**START THE CONVERSATION.**



If You Suspect Your Loved One May Be Using...

5 Tips for talking with kids about drugs and alcohol:

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

Teens Mix Prescription Opioids with Other Substances

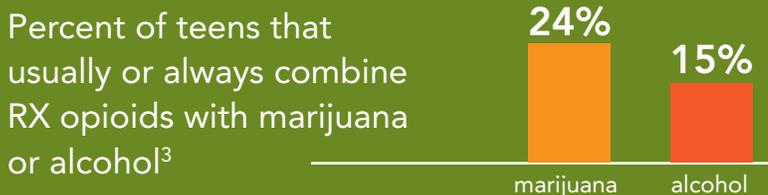
Nonmedical use of prescription (Rx) opioids by teens remains high and a new study shows that 7 out of 10 teen nonmedical users combine opioid medications with other drugs and/or alcohol. This puts teens at much greater risk of overdose.



The substances most commonly co-ingested were...



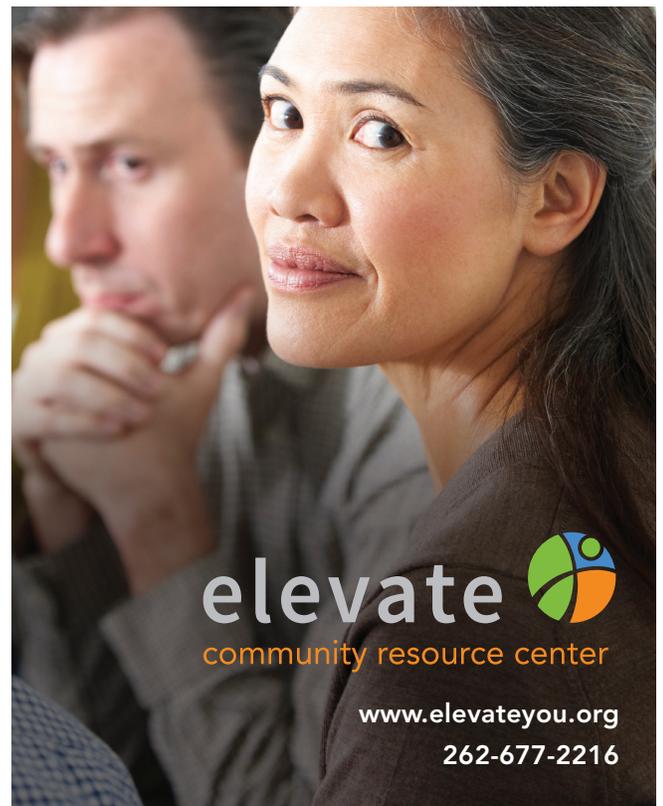
Teens who reported co-ingestion of Rx opioids with other drugs were²...



(1) McCabe et al, Drug Alc. Dep., 2012; (2) Compared to no past year nonmedical use; (3) Among nonmedical users of Rx opioids



Research shows that the earlier a person begins to use drugs the more likely they are to progress to more serious abuse.





Things to Know...

- Snorted, Injected, Swallowed and Inhaled
- Crushed pills are snorted and inhaled using short straws, rolled dollar bills and other small tubing
- Mirrors, razors or credit cards might be used in preparing the drug
- Syringes, rubber tubes, syringe caps, droppers and spoons are used when preparing or injecting the drug
- To inhale the drug, pipes or pieces of rectangular aluminum foil (3x17cm) are used.
- Empty packaging such as corner ties and tin foil squares

Slang

Heroin:

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

Using Heroin:

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

Heroin + Alprazolam (Xanax)= Bars

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

Heroin + Cold Medicine=Cheese

Heroin + Crack=Chocolate Rock, Dragon Rock, Moonrock

Heroin + Ecstasy=Chocolate Chip Cookies, H Bomb

Heroin + LSD=Beast, LBJ

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

OxyContin, Percocet, Vicodin and other painkillers:

Big Boys, Cotton, Kicker, Morph, Tuss, Vike, Watson-387

Using Prescription Drug Use and Abuse:

Pharming, Pharm Parties, Recipe (mixing with alcohol), and Trail Mix





If You Suspect An Overdose...

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

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

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

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





Dos and Don'ts in Responding to Opioid Overdose

Call for Help. Dial 911. AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION.

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

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

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

OVERDOSE? Call 911 immediately!





Drugs in the Workplace

- An estimated 10 to 12 percent of employees use alcohol or illegal drugs while at work (SAMHSA). This number doesn't include people who abuse opiate drugs, under a physician's prescription, at work
- The American Council for Drug Education (ACDE) reports that 70% of substance abusers hold jobs
- Certain industries tend to have a higher number of substance users: construction jobs, trucking, retail sales clerks, and assembly and manufacturing
- Employees struggling with addiction are more likely to have an accident, lower productivity, raise insurance costs, and reduce profits
- The following statistics provided by ACDE show how drug abuse affects employees and employers because using employees are:
 - 10 times more likely to miss work
 - 3.6 times more likely to be involved in on-the-job accidents
 - 5 times more likely to file a worker's compensation claim
 - 33% less productive
 - Responsible for 40% of all industrial fatalities
 - Responsible for health care costs nearly 3 times that of their non using peers
- National Council on Alcoholism and Drug Dependence, Inc. estimates that drug abuse costs employers \$81 billion annually

Job Performance and workplace behaviors may be signs that indicate possible work place drug problems:

Job Performance

- Inconsistent work quality
- Poor concentration and lack of focus
- Lowered productivity or erratic work patterns
- Increased absenteeism or on the job "presenteeism"
- Unexplained disappearances from the jobsite
- Carelessness, mistakes, or errors in judgment
- Needless risk taking
- Disregard for safety of self and others on the job and off the job accidents
- Extended lunch periods and early departures

Workplace Behavior

- Frequent financial problems
- Avoidance of friends and colleagues
- Blaming others for own problems and short comings
- Complaints about problems at home
- Deterioration in personal appearance or personal hygiene
- Complaints, excuses and time off for vaguely defined illnesses or family problems



Legal Consequences of Prescription Drug Abuse

Wisconsin Penalties

In Wisconsin, simple possession of Heroin or a Schedule I or II Narcotic (prescription pills) is a 3.5 year FELONY. Delivery or Possession with intent to Deliver is a 10 year FELONY.

THREE AND A HALF YEARS IN JAIL.

\$10,000 BUCKS.

Heroin possession is a felony in Wisconsin and the penalties if you get caught can be pretty fierce.

What Happens When You Are a Convicted Felon?

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

- Vote
- Apply for federal loans/students loans
- Possess a firearm

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

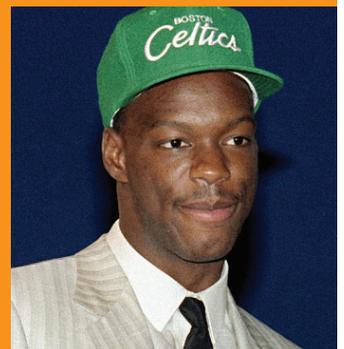
Len Bias Law

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

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

Overdose deaths are treated as homicides and law enforcement responds accordingly.

This is important because it sends a strong message to drug dealers: consequences for dealing are stiff.





When Someone You Love is Addicted

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





Addiction is a Medical Condition

Addiction is a brain disease that affects the priorities, physiology and thought process

Opioid drugs work by binding to opioid receptors in the brain, thereby reducing the intensity of pain signals that reach the brain. However, frequent use of opioids can physically change the brain to the point where it needs opioids to function normally.

When a drug user can't stop taking a drug even if he wants to, it's called addiction. The urge is too strong to control, even if you know the drug is causing harm.

When people start taking drugs, they don't plan to get addicted. They like how the drug makes them feel. They believe they can control how much and how often they take the drug. However, drugs change the brain. Drug users start to need the drug just to feel normal. That is addiction, and it can quickly take over a person's life.

Addiction is a brain disease

- Drugs change how the brain works.
- These brain changes can last for a long time.
- They can cause problems like mood swings, memory loss, even trouble thinking and making decisions.

Addiction is a disease, just as diabetes and cancer are diseases. Addiction is not simply a weakness. People from all backgrounds, rich or poor, can get an addiction. Addiction can happen at any age, but it usually starts when a person is young. www.drugabuse.gov

What's Relapse

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

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

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

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

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



Harm Reduction | Keeping Them Safe and Alive

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

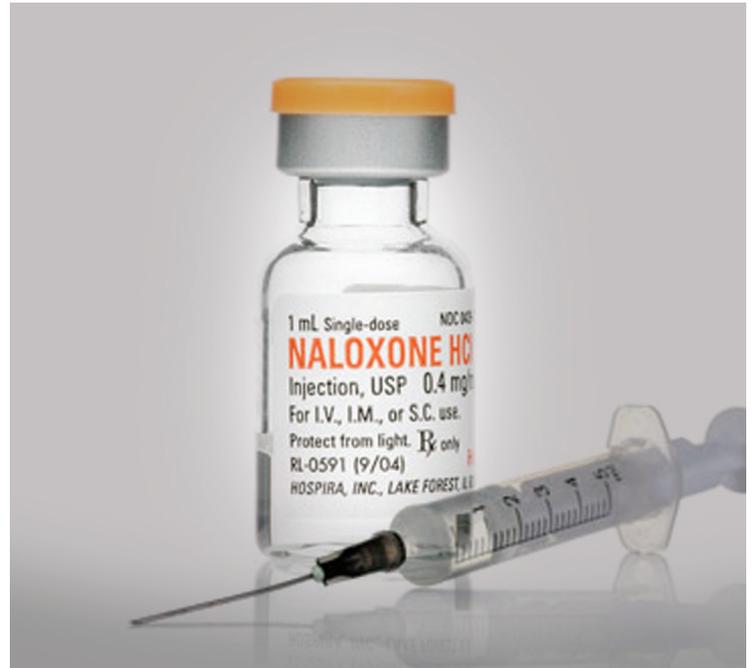
HOPE LAWS

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

OVERDOSE NALOXONE (NARCAN)

EMTs, police and first responders are trained to administer Narcan

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



HAVE NARCAN ON HAND

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

Call the AIDS Resource Center for more information on how to obtain Narcan.

CLEAN NEEDLES TO PREVENT HEPATITIS C

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



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

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



Waukesha Medication Disposal

Brookfield

Town of Brookfield Police Department
655 N. Janacek Rd.
262-796-3798
M-F, 8 a.m. - 4 p.m.

Delafield

City of Delafield Police Department
115 Main St.
262-446-5070
6:30 a.m. - 9 p.m.

Hartland

City of Hartland Police Department
210 Cottonwood Ave.
262-367-2323
24 hours/7 days a week

Menomonee Falls

City of Menomonee Falls Police Department
W156 N8480 Pilgrim Rd.
Mon, Tues, Thurs & Fri: 7:30 a.m. - 4:30 p.m.;
Wed: 7:30 a.m. - 6:30 p.m.

Mukwonago

Village of Mukwonago Police Department
627 S. Rochester St.
262-363-6435
24 hours/7 days a week

Muskego

City of Muskego Police Department
W183 S8150 Racine Ave.
262-679-4130
24 hours/7 days a week

New Berlin

City of New Berlin Police Department
16300 West National Ave.
262-780-8106
24 hours/7 days a week

Oconomowoc

City of Oconomowoc Police Department
174 East Wisconsin Ave.
262-569-3249
24 hours a day, 7 days a week

Pewaukee

City of Pewaukee Municipal Court Building
W240 N3065 Pewaukee Rd.
262-691-0921
Mon.-Fri. 8 a.m. - 3:30 p.m.

Village of Pewaukee Police Department

235 Hickory St.
262-691-5678
Mon-Fri. 7 a.m. - 8 p.m.

Sussex

Sussex Public Safety Building
N63 W24335 Main St.
262-246-5237
Mon-Fri. 8 a.m. - 5 p.m.

Waukesha

City of Waukesha Police Department
1901 Delafield St.
262-524-3831
24 hours/7 days a week

Waukesha County Sheriff's Department
515 W. Moreland Blvd., in the lobby are
262-548-7122
24 hours/7 days a week

ProHealth Oconomowoc Memorial Hospital Pharmacy
791 Summit Ave.
262-569-0284

ProHealth Pewaukee Medical Group Pharmacy
N16 W24131 Riverwood Dr.
262-696-0919

ProHealth Waukesha Memorial Hospital Pharmacy
725 American Ave.
262-928-2279



Resources

Need Help? Simply Call 2-1-1

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

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

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



Free Home Drug Testing

- Visit www.TestMyTeen.com and click on “Products”
- Add the “10 Drug Home Test Kit” to your shopping basket
- Enter this special voucher code 5R8H4 when prompted, during checkout
- The cost of the kit will drop to \$0.00 and all that will remain are the shipping and handling charges.
- Note: Limit 1 per family. Subject to terms and conditions listed at <http://www.testmyteen.com/Terms.aspx>



Treatment Options

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

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

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

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

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

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

MEDICAL INTERVENTION OR REPLACEMENT THERAPY use medications; Suboxone, Naltroxone, Methadone or Buprenorphine to alleviate the withdrawal symptoms and physical dependence on heroin. This is a long-term solution that requires years of being on the medication. Replacement therapy is combined with counseling and support groups to provide the best chance for a successful recovery.

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

SUPPORT GROUPS such as a 12 step Narcotics Anonymous are usually peer driven meetings to offer social supports and connections.

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





Resources

Addiction Resource Council (ARC)

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

ARC maintains a list of intervention services, recovery houses and educational resources throughout Waukesha County. 262-524-7921

ARC 24 hour emergency hotline: 262-524-7920

Alcoholics Anonymous

<https://www.aa.org/>

Al-Anon Family Groups

<http://www.al-anon.alateen.org>

Support for family and friends recovering from the effects of someone else's drinking .

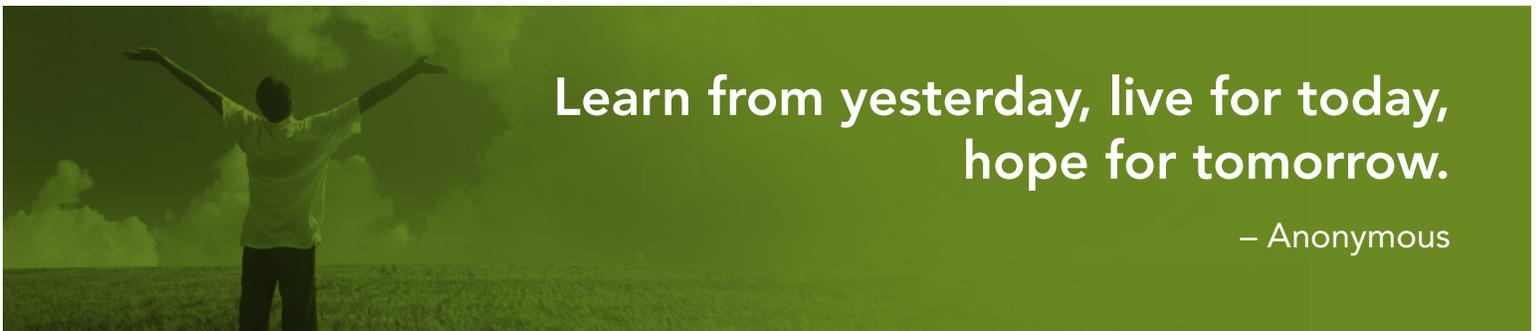
Narcotics Anonymous

<https://www.na.org/>

Nar-Anon

<http://www.nar-anon.org/naranon>

Helps family and friends of addicts recover from the effects of living with an addicted relative or friend.



**Learn from yesterday, live for today,
hope for tomorrow.**

– Anonymous



Resources

SMART Recovery

<http://www.smartrecovery.org>

Local and on-line meetings and forums, including youth & women forums, 24-hour chat and links to resources for recovery.

National Association for the Mentally Ill

<https://www.nami.org/>

1-800-950-NAMI (6264) or info@nami.org

Crisis Text Line - Text NAMI to 741-741 Connect with a trained crisis counselor to receive free, 24/7 crisis support via text message.

Partnership for Drug-Free Kids

<https://drugfree.org/>

1-855-378-4373, Monday-Friday 8:00am-4:00pm Wisconsin time.

Confidential one-on-one support for your family. A trained and caring parent counselor will listen to you and help you develop a personalized action plan. Hablamos Español

Support via live chat available evenings and weekends.

Parent Blog: <https://drugfree.org/parent-blog>

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.samhsa.gov

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

National Helpline: 1-800-662-HELP (4357); TTY: 1-800-487-4889

This helpline provides 24-hour free and confidential treatment and referral information about mental health and/or substance use disorders, prevention, and recovery. English and Spanish.

Suicide Prevention Lifeline

<http://dpt2.samhsa.gov/treatment/directory.aspx>

1-800-273-TALK (8255); TTY: 1-800-799-4889

24-hour, confidential suicide prevention hotline. Your call is routed to the nearest crisis center in the national network of more than 150 crisis centers.

Waukesha County Department of Health & Human Services

<https://www.waukeshacounty.gov/HHS/>

262-548-7212

AODA Outpatient Clinic: 262-548-7666

MOBILE CRISIS UNIT: During regular business hours, call the Mental Health Intake Worker at (262) 548-7666.

After hours dial 211 or dial (414) 455-1736 (toll free at 1-866-211-3380).



Housing and Other Certified Services

Genesis House - Lutheran Social Services

262-544-0711

<http://www.lsswis.org/Locations/Genesis-House.htm>

A 12-bed Transitional Residential Treatment (TRT) facility for men living with a substance use disorder.

SALS Recovery

262-549-2121

<https://salshouses.org>

Recovery housing, recovery coaches, interventions and outpatient services as well as other support.

Recovery Support Services and Organizations

Wisconsin Voices for Recovery

<http://wisconsinvoicesforrecovery.org/>

Faces and Voices of Recovery <http://facesandvoicesofrecovery.org/>

Facing Addiction <https://www.facingaddiction.org/>

SALS Recovery <https://salshouses.org>.
offers recovery coaches. 262-549-2121

Waukesha County AODA Volunteers

<http://www.aodavolunteers.com>

Online Resources include:

HA Wisconsin (Heroin Anonymous group)

Rise Together community group

Sober in Southeast Wisconsin and Northern Illinois

Stop Heroin Now

Sober in the (414)

Wisconsin Faces of Addiction Quilt

Wisconsin United We Can

Wisconsin Young People in Recovery

Your Choice-Live Alcohol & Drug Awareness Program



10 GUIDING PRINCIPLES OF RECOVERY

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

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

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

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

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

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

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

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

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

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

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





Adam's Story

I write this as a person in long-term recovery, which to me means that I have not used any mind or mood-altering substance in more than six years. I am committed to recovery because it gives my family and me purpose and hope for the future. I have found a spiritually driven way of life that has brought me stability and balance, and I want to make it possible for others to do the same. I found recovery during my stay in Century House; which since has been closed and torn down. During my time there, I was introduced to a way of living that I believe would benefit most people. Since then, I try to carry a message of hope and recovery through simple spiritual principles in all the things I do.

The thing about addiction and the heroin epidemic is that it affects people of all genders, races, ages and socio-economic statuses. Addiction is a disease that does not discriminate. It is sad that nearly all of our lives have been touched by alcohol or drug addiction. I have lost too many friends to opioids to stand in silence as they continue to be taken from this world. My hope is that as you read this you will agree that there is no shame in addiction. We need to stand together to break down the stigma that keeps our sons, daughters, mothers and fathers from finding their path to long-term recovery. We need to unite our efforts to provide access to treatment and recovery support, so that our community can stand together in the fight against addiction.

As a child, no one dreams of growing up to become an alcoholic or addict. Instead many experience trauma and other environmental factors which drive them to the drugs. Then, the dreams of our childhood are blotted out by the disease which hijacks our free will and ambitions. In early recovery, I thought that there was something in my childhood which caused me to become an addict. In retrospect, my parents were never divorced, there was love in our home, we always had food on the table, we were a middle-class family from Hartland, Wisconsin, and I attended Arrowhead High School. The only chaos in our home was a result of the disease; it was not the chaos which caused the disease. Really, I began using because it set me free. It set me free from something that I did not even know was binding me. Using drugs quickly became my solution to everyday stressors.



Today, my life has taken on a meaning and purpose that I never could have imagined. I met a beautiful girl in recovery and we got married a few years ago. We have a beautiful daughter and are expecting our second child. We have a wonderful home in Waukesha that is filled with love and is always open to anyone who needs our help. I am beyond excited to raise our children to live life with the same purpose and resilience that we now do.

I work for a local non-profit agency, through which I have been given the opportunity to serve our community and lead others towards recovery. I completed my undergraduate education at Carroll University, and I am in the process of completing a Master's of Public Health program. More importantly, through recovery, I have been shown a design for living that is filled with meaning. I know hundreds of people in our community that have recovered from their addictions. Most of them have one thing in common; they have accepted and embraced a spiritual program of action.

Special thanks to the

Waukesha Drug Free Communities Coalition,
individuals and agencies, who collaborated to
bring this resource to Waukesha

Addiction Resource Council

Aids Resource Center of Wisconsin

Elevate Inc.

Ozaukee County Heroin Task Force

ProHealth Care

Washington County Heroin Task Force

Waukesha County Health & Human Services

Waukesha County Heroin and Other Illicit
Drugs Task Force



**DRUG FREE
COMMUNITIES
WAUKESHA COUNTY**



PROHEALTH CARE

elevate 
community resource center
empowering individuals. enhancing community.



Get Connected. Get Answers.