

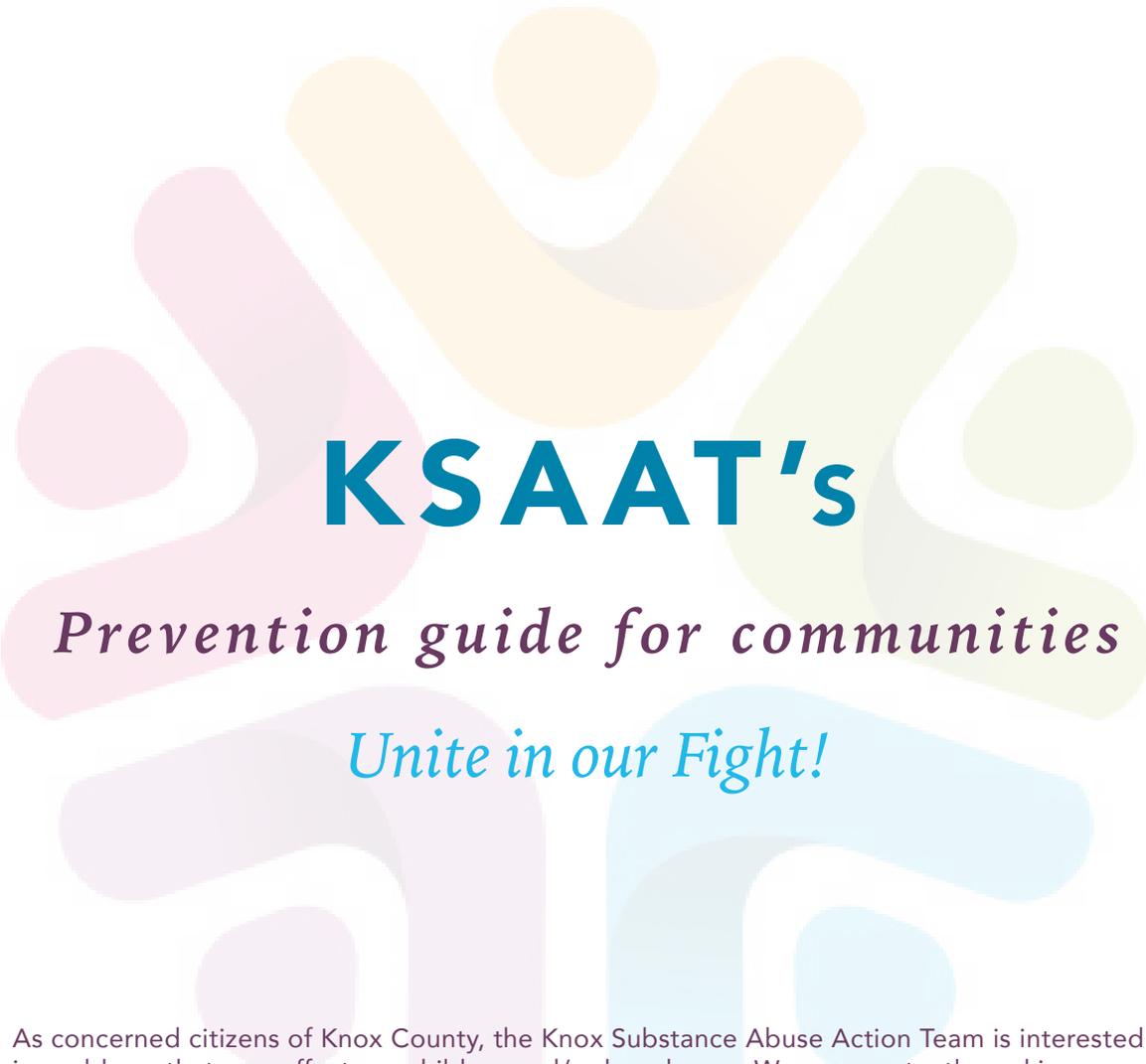
# KSAAT'S RESOURCE TOOLKIT

*A prevention guide for communities*



**knox substance  
abuse action team**  
a community action partnership





# **KSAAT's**

## *Prevention guide for communities*

*Unite in our Fight!*

As concerned citizens of Knox County, the Knox Substance Abuse Action Team is interested in problems that may affect our children and/or loved ones. We are constantly seeking ways to address our concerns and provide resources to our community. KSAAT realizes the importance of highlighting the resources we currently have available in and around Knox County. The views, opinions and content expressed herein are those of the authors and do not necessarily reflect the official position of any resources or organizations mentioned in this resource toolkit. The information presented in this document should not be considered medical advice and is not a substitute for individualized patient or client care and treatment.



As a community-supported initiative, we are concerned with substance use and abuse in our community and, ultimately, how that can affect our children and loved ones.

We continue to seek and bring together all of the information that is available to Knox County on a local and national level. The Knox Substance Abuse Action Team (KSAAT) realizes the importance of providing community members with a resource that addresses prevention, intervention and treatment in relation to substance use and abuse.

It is our mission to engage the Knox County community in building partnerships dedicated to preventing and reducing substance use and abuse.



# RESOURCE TOOLKIT

*A prevention guide for our community*





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## CONTRIBUTORS

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## LOCAL STORIES

### *John, Age 39*

I didn't grow up in a bad area or bad family. I didn't grow up neglected or mistreated or in poverty. I grew up having everything—the love of my family and my siblings, friends, popularity in school. I had it all. But, I got involved with the wrong people.

I tried meth for the first time when I was 16. I liked it immediately, but I didn't do it again until I was 19. My stepdad's brother re-introduced me to meth when I was working for him. It took off from there. It was always accessible and I knew I could get it whenever I wanted.

Then meth wasn't enough, so I started doing pills, heroin—whatever I could get my hands on. When I look back, I hit rock bottom so many times, I just didn't see it. My wife walked in on me smoking meth. My son found my meth foil and pipe and my wife found him with it in his mouth. My kids saw me change from being happy-go-lucky to being a complete jerk all of the time. I eventually lost my wife and kids.

I was arrested, and sat in jail for 16 days. I kept to myself. I wrote down every negative thing that I had done to my family, to myself. Then I made a list of the positive things I could do to prevent that from happening again. Sixteen days in jail, reliving those moments in my head scared me so bad that I know I don't want to do it again.

Recovery has been easy for me. Luckily, I never got the withdrawals, the detoxing. I did get encouragement from people in the community who really care about me. That made a difference. Plus, my kids are happy with me, my wife is happy with me.

The hardest part is knowing that I wanted to be clean way back when, but didn't take the proper steps to do it. I really didn't want it as an addict—I just wanted people to think I did.

To anyone needing help, I would say “reach out.” Even if you feel intimidated by a counselor or probation officer or anybody in a position of authority regarding your life and the way it has to be run for a certain period of



## LOCAL STORIES

### *John's Story*

time, reach out to somebody who is already in recovery to help you walk through together instead of you doing it all by yourself.

To me, my recovery is everything. Being an addict for over 20 years and to lose everything I did, and to gain everything back in such a short period of time—I have my kids back and my wife and I are working things out. We are starting fresh with a new life because to her this is the new me. And to her this is the person that she fell in love with and the person my kids know as their dad.

---



*Break the cycle.  
Help is closer than you think!*



(740) 393-9000



(740) 397-0442



(740) 397-2660



## UNDERSTANDING THE EPIDEMIC

- Drug overdose deaths and opioid-involved deaths continue to **increase** in the United States.
- Most drug overdose deaths (more than six out of ten) involve an opioid. Since 1999 the number of overdose deaths involving opioids have **quintupled (5x)**.
- **Three out of four** new heroin users report using prescription opioids prior to using heroin.
- From 1999 to 2016 more than **half a million** people died from drug overdoses, nationally.
- There were **4,854 fatal drug overdoses in 2017**—that is a 20% increase from 2016.
- From 2002-2013 heroin use and addiction has **increased** in people ages 18–25 years old.
- The increase in availability, lower price and increased purity of heroin has led to an increase in heroin use across **all parts of Ohio**.
- The chance of heroin death is increasing due to the heroin being cut or laced with other very dangerous, and illegally made substances such as Fentanyl and Carfentanil
- In addition to the human toll, this opioid and prescription drug epidemic is **severely straining** law enforcement, criminal justice and health care systems.
- This epidemic has **stressed the capacity** of Ohio’s publicly-funded alcohol and other drug addiction treatment systems both on a state and local levels.



[cdc.gov/drugoverdose/opioids/index.html](https://cdc.gov/drugoverdose/opioids/index.html) | **211** Crisis Hotline |



Alcoholics Anonymous – 740-393-2439 |



Narcotics Anonymous – 740-397-2660

The Freedom Center – 740-397-2660



## 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 cannot stop taking a drug even if they want to, it is called addiction. The urge is too strong to control, even if they know the drug is causing harm. When people start taking drugs they do not intend to become 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 alter the brain. Drug users start to depend the drug just to feel normal. This is addiction, and it can quickly take over one's life.

### *Addiction is a Brain Disease*

Drugs change how the brain works. These brain changes can last for a long time and can cause problems such as mood swings, memory loss, even trouble thinking and making decisions. Addiction is a disease, just as diabetes and cancer are diseases. It is not simply a weakness. People from all classes, races and genders can develop an addiction. It can happen at any age, but it usually starts when a person is younger.

### *What is Relapse?*

Sometimes people quit using a drug for a while but start using again even when they try hard not to. This return to drug use is called a relapse. People recovering from addiction often have a few relapses along the way. Addiction is a chronic disease. This means that it can affect someone for a long period of time. It does not go away like a cold. In the event they start using again, they would:

- Feel a strong need to keep taking the drug
- Want to take more and more of it
- Become just as hooked on the drug as they were before

**Recovery from addiction** means that one has to stop using drugs **AND** learn new ways of thinking, feeling and dealing with problems. Addiction can make it hard to function in daily life. It affects how one acts with their family, at work and in their community. It is hard to change so many things at once and not fall back into the old habits. **Recovery from addiction is a lifelong effort.**



## COMMONLY ABUSED PRESCRIPTION MEDICATION

**Pain medications** are one 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 snort, or can be injected like heroin.

Some commonly abused medications include:

- Codeine (Promethazine Syrup with Codeine, Tylenol with Codeine)
- Hydrocodone (Vicodin, Lorcet, Lortab, Norco)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Methadone
- Morphine (MS Contin)
- Oxycodone (Oxycontin, Roxicodone, Percocet, Endocet, Percodan)
- Buprenorphine (Suboxone/Subutex)
- Fentanyl (Duragesic)
- Gabapentin (Neurontin)

**Stimulants** are abused medications to treat ADHD/ADD. These include:

- Amphetamine mixed salts (Adderall)
- Methylphenidate (Ritalin, Concerta)
- Dexmethylphenidate (Focalin, Focalin XR)
- Lisdexamethylphenidate (Vyvanse)

### **Commonly Abused Street Drugs**

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

**Steroids** are prescribed and also abused:

- Anabolic steroids (Anadrol, Durabolin, Depo-testosterone)

**Sedatives** are most commonly referred to as anti-anxiety medications. The most abused include:

- Alprazolam (Xanax)
- Clonazepam (Klonopin)
- Lorazepam (Ativan)
- Temazepam (Restoril)
- Diazepam (Valium)
- Zolpidem (Ambien)





## STEPS TO PREVENT PRESCRIPTION DRUG ABUSE

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

### *Lock Your Meds*

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

### **2** *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.

### **3** *Educate Yourself and Your Child*

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

### **4** *Set Clear Rules and Monitor Your Behavior*

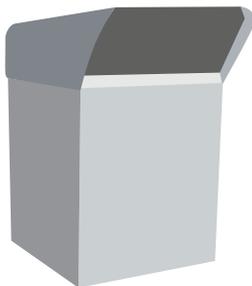
Do not allow your child to take prescription drugs without a prescription. Monitor your child's behaviors to ensure that rules are being followed. Lead by example!

### **5** *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.

**24/7**

*Knox County  
Drop Box Locations*



### *Dispose of Old and Unused Medications*

#### **Mount Vernon Police Department**

5 North Gay St. Mount Vernon, OH 43050

#### **Fredericktown Police Department**

182 S Main St, Fredericktown, OH 43019

#### **Knox County Sheriff's Office**

11540 Upper Gilchrist Rd. Mount Vernon, OH 43050



## WHEN SOMEONE YOU LOVE IS ADDICTED

**1** *Educate Yourself About Addiction*   
Search for credible, online resources such as government, university, medical and research-based websites for the most up-to-date information on addiction. Look into local resources for information and steps one can take to stay informed and involved.

**2** *Be Aware of Doctor Shopping*   
This is the practice of requesting care from multiple physicians or medical practitioners at the same time without coordinating care between them. Doctor shopping is obtaining narcotic prescription medications from more than one practitioner at the same time.

**3** *Attend Family Support Groups*   
Attend Al-Anon(AA), Ala-Teen(AT) and Nar-Anon(NA) to provide support for yourself, as well as to find ideas and resources from other individuals that are faced with similar challenges. See page 49.

**4** *Supportive Boundaries*   
There is a fine line between enabling and being supportive. **Provide food and other life necessities instead of money.** Violence, illicit drugs in your home and illicit drugs around your children should not be tolerated. Call law enforcement if needed.

**5** *Focus Conversations Towards Recovery*   
Do not blame, threaten or shame your loved one. Reinforce that the addiction is an illness and that you are there to assist in the recovery process.

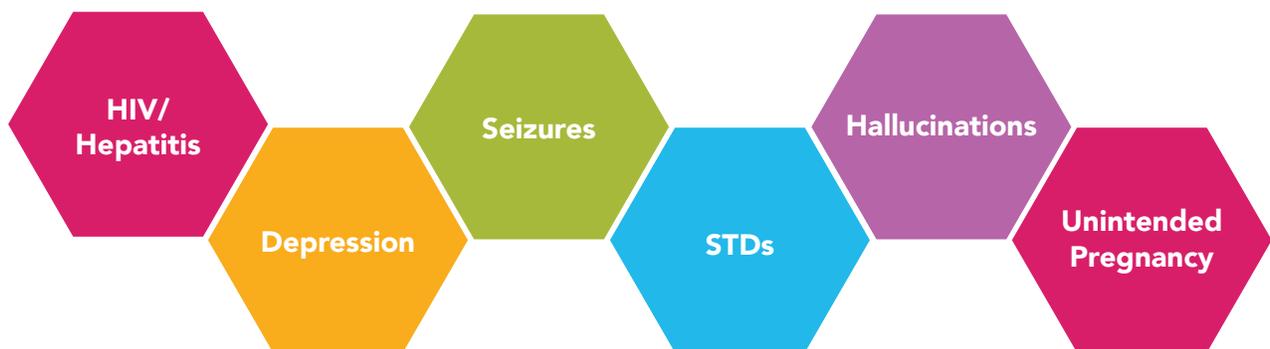
**6** *Be a Part of the Recovery Process*   
Offer to attend therapy. Clinicians and treatment providers cannot legally talk to you unless your loved one asks them to. A written consent form will have to be signed by your loved one for communication to happen. Ask them to take care of this.

**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 your basic needs such as sleep, healthy eating and exercise. Engage in healthy activities regularly and seek support for yourself.



## HEALTH CONSEQUENCES OF 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:



*If you think you have heard it before, you are wrong.*

How many times has someone told you a “party” drug could lead to more serious problems such as addiction, brain damage, or even death? You have probably heard it so many times, it is getting hard to believe, especially when kids around you are smoking, drinking and rolling. All drugs have real potential for harm even prescription pain relievers. When abused alone, or taken with other drugs, prescription pain medications can kill you. The death toll from misuse and abuse is rising steadily. Think twice because you only die once.

**starting point**  
Get Information. Get Answers. Start Here.

(740) 393-0370



## EFFECTS DURING PREGNANCY

**Neonatal Abstinence Syndrome** (newborn withdrawal) is 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 methamphetamine, alcohol, methadone, suboxone, heroin and other prescription pain medications such as Oxycontin and Vicodin. Babies exposed to these drugs have an 80% chance of developing withdrawal symptoms.

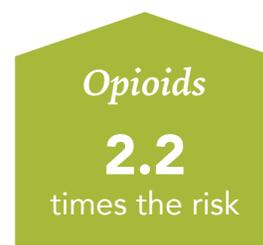
### *Symptoms of Withdrawal Include:*

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



---

### Risk of Stillbirth from Substance Abuse in Pregnancy



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.



## DRUG-EXPOSED CHILDREN

### *What is a Drug-Exposed Child?*

A drug-exposed child can be identified in different ways. It could be a child whose brain and/or body has been affected because their parents used drugs or alcohol during pregnancy. It is also a child 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 blames themselves for what goes wrong
- Feels their life will always be bad
- May attach to strangers easily but have difficulty trusting caregivers

### *Cognitive*

- Learning disabilities
- Lower IQ
- Difficulty following directions
- Difficulty learning new information
- Difficulty connecting negative consequences with their actions
- Memory impairments
- Higher risk of stealing and lying due to neurological dysfunction

### *Behavioral*

- Likes to be alone
- Finds change difficult
- Does not get along well with other people
- Does not seem to care about what happens to them
- More interested in sex and drug related topics than most children their age
- Tells detailed stories involving drug abuse, drug deals or other indications of illegal activities, such as suspicious adult behavior
- May have a distrust of authority figures and the police

### *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 the child can express their true feelings. You can help by:

- Being **repetitive**—Do things the same way, every time, over and over again
- Keeping things **quiet and calm**
- Being **realistic** about what you expect, and understand that drug exposed children may not act their age
- Giving **support and encouragement**
- Helping them feel **safe**
- Helping them **separate** the parent from the substance abuse
- Allow them periods of **grace**
- Teaching them **empathy** by showing understanding, sympathy and compassion

**Remember:** Not every behavior indicates a specific concern



## LOCAL STORIES

### *Andrew, Age 40*

I have been sober for seven and a half years. The last time I used was July 11, 2009. I was an alcoholic, but I've done every drug you can name except for sticking a needle in my arm. I didn't start drinking until halfway through my senior year. All my friends started drinking 8th grade, 9th grade. I would hang out with my friends and would go to the parties, but I would never drink.

For some reason one night my buddy said, "just have one beer." I had a beer with them, I got driven home that night, and I don't remember anything else. That was a Saturday night. On Sunday night, I called all of my friends to see who wanted to go out and drink and they all were hungover from the night before or had something to study for. I went downstairs and got a bottle of vodka and some orange juice and got drunk by myself just like that. I never played sports again. I almost didn't graduate high school and that's when drinking wasn't enough. I started smoking a bunch of weed and started snorting coke.

With 15 years of drinking, drugs, never finishing school, and never doing anything with my life, I did meet a girl. We got married and we had a daughter. Of all of the awful things I did, one night when my wife and daughter were out of town, and I didn't have any money, I went through every couch cushion in the house looking for change or anything. I went up to my daughter's room and emptied her piggy banks—collecting all of the change and bills I could. My daughter was 1 year-old when I did this. I went out to a bar, and I woke up the next morning and decided this was not the person I wanted to be. I was not the dad I wanted to be. So, I voluntarily checked myself into a rehab center in Ohio. I have been sober since.

When I first decided to get clean and sober, I told myself that I'm doing this for my daughter. That's it—I'm doing it for her. It took me time to realize that I'm really doing it for myself. I could only help my daughter if I helped myself first—and of course my wife and my son. I want to say that you have to find something you love, you have to find yourself. You have to find a motivation (even though that sounds corny). You're not living when you're using like that. You're not



## LOCAL STORIES

### *Andrew's Story*

living, you're addicted. Personally, working out is my "AA", it's my therapy, it's my church. I do it every morning before I come to work. I can't tell you the last time I missed a day. And then I get to help people reach their goals after I became a personal trainer and a nutrition specialist. It's not teaching or not being a doctor, but I'm helping people lose weight, get stronger, or just have a better health. Some of these people are going through personal things too. I get to hear about those stories. It's not about losing weight or getting big muscles, it's about getting to know people, listening to them and telling them part of my story and that helps them sometimes. Getting involved in KSAAT and a couple of other committees I'm on, being a part of this community—it's really cool. Coming from pretty much spending my time alone getting drunk in the dark to where I am now is fulfilling.



(740) 393-1326



(740) 399-3893



(740) 397-4357

*Are you feeling overwhelmed, stressed or have a specific question about your loved ones drug or alcohol use?*

*Text "4HOPE" to 741-741*



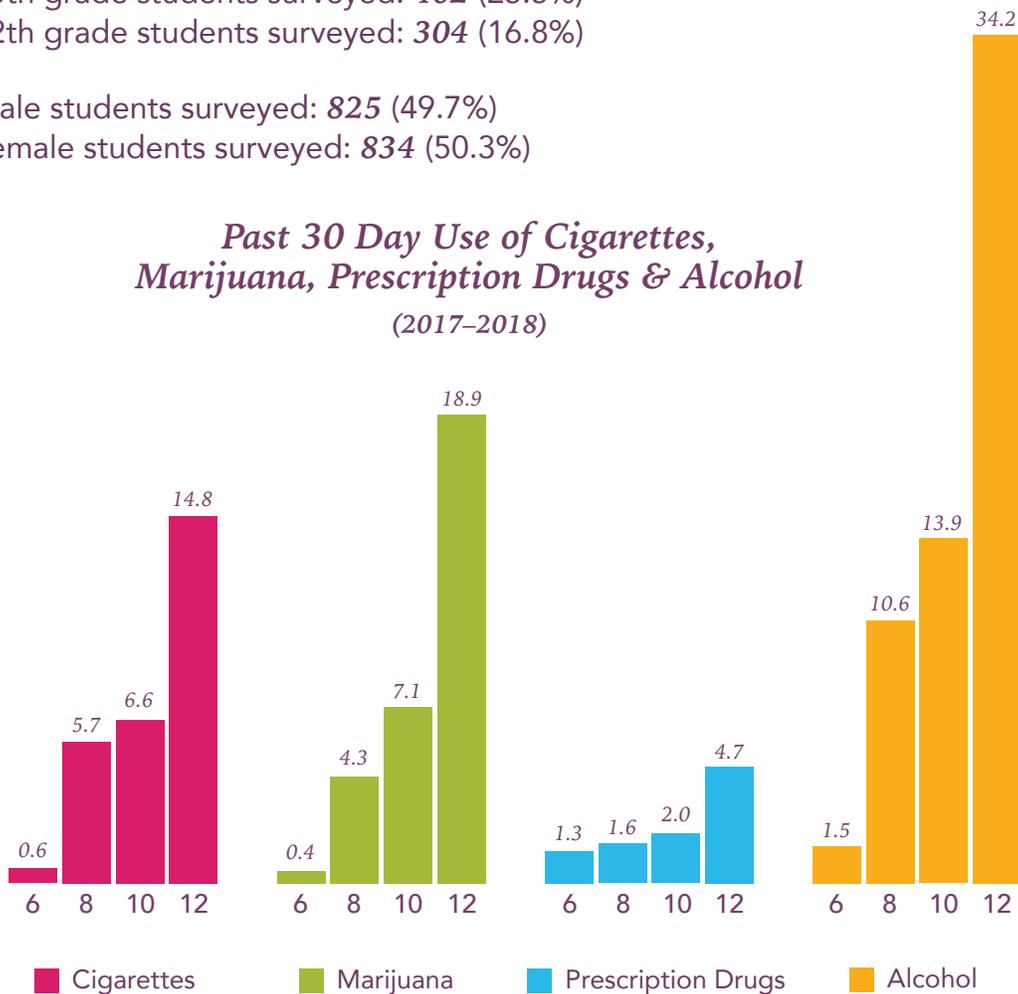
## DATA & STATISTICS

The Pride Survey Questionnaire was conducted during the 2017–2018 school year at all Knox County schools. Since 1982, the Pride Surveys Questionnaire has been used by schools in all 50 states and several foreign countries to gather data on student tobacco, alcohol, illicit drug use and related behaviors. During the 1990's Pride added questions on violence to explore the relationship between students who used various drugs and their violence. Every other year, Knox County students complete this PRIDE survey.

### Demographics

- 6th grade students surveyed: 544 (30.0%)
- 8th grade students surveyed: 501 (27.7%)
- 10th grade students surveyed: 462 (25.5%)
- 12th grade students surveyed: 304 (16.8%)
  
- Male students surveyed: 825 (49.7%)
- Female students surveyed: 834 (50.3%)

*Past 30 Day Use of Cigarettes,  
Marijuana, Prescription Drugs & Alcohol  
(2017–2018)*





## DATA & STATISTICS

- In 2017 **Ohio ranked second** among states with the highest rate of death due to overdose. **(39.1 per 100,000)**
- Only **35%** of 12th graders perceive marijuana, alcohol or other drugs as a great risk
- Only **40%** of 12th graders think their friends disapprove of marijuana, alcohol or other drug use
- Tobacco is very easy to get for **over half** of 10th and 12th graders
- Most students use alcohol, tobacco, prescription drugs and marijuana **on the weekends**
- A **parent's house or an older friend's house** is where most high schoolers report using alcohol and marijuana
- If a parent has a conversation with their child for at least 30 minutes per day, their child is **50% less likely** to engage in ANY risky behavior (drug use, unprotected sex, bullying, etc.)
- Between 2012 and 2016, the total number of opioids dispensed to Ohio patients **decreased by 162 million doses** or 20.4 percent, from a peak of 793 million doses to 631 million doses
- More than **27 million people** in the United States reported using illicit drugs or misused prescription drugs in 2015
- More than **66 million people**, nearly one-quarter of the adult and adolescent population reported binge drinking in a given recent month
- In 2014 nearly **2 million Americans** ages 12 or older abused or were dependent on opioids



## ACCESS TO MEDICATION

Prescription medicines play a critical role in healthcare. Advances in drug discovery and development help us all live longer and healthier lives. But any medication can also cause harm and the misuse of prescription drugs has become a serious public health epidemic.



In Ohio, there were **4,854 fatal drug overdoses in 2017**—that is a 20% increase from 2016.

### *What are you and your children being prescribed?*

Ask and talk with your healthcare team before you fill a prescription. When injuries happen or if medical procedures take place, we are prescribed strong medications and sometimes in large quantities. Pain is no fun and neither is starting an addiction. Ask questions, be an advocate for yourself, your children and look into all options. No one is an exception from developing an addiction.

### *Questions to ask your physician and pharmacist before filling a prescription:*

- What alternatives are there for pain management?
- Can you prescribe a non-opioid pain medication?
- How can I minimize the risk of dependency if I must take an opioid ?

**Remember:** Do not be afraid to ask your prescriber or pharmacy to keep your prescription quantity to a limited amount.



**Start Talking!**  
Building a Drug-Free Future

**START TALKING**  
[starttalking.ohio.gov](http://starttalking.ohio.gov)

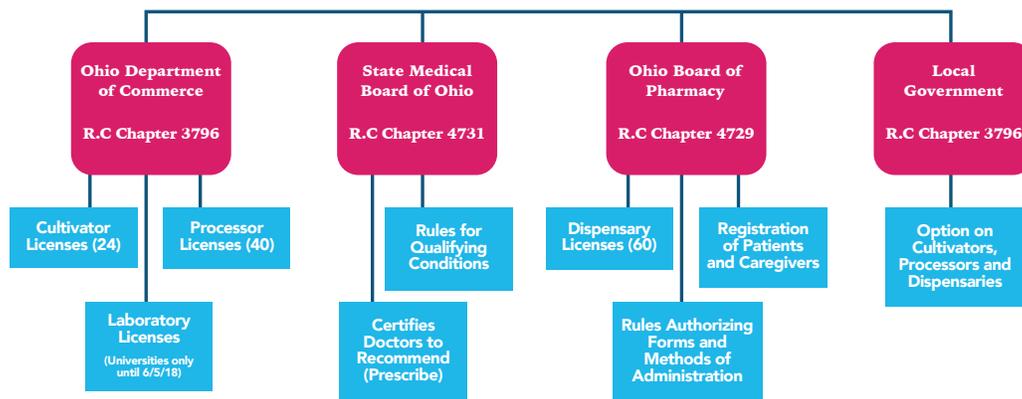
**GenerationRx**  
Safe medication practices for life. 



## MEDICAL MARIJUANA IN OHIO

The State of Ohio Board of Pharmacy is responsible for implementing rules on the registration of medical marijuana patients and the licensure of medical marijuana dispensaries. As work continues to set up Ohio’s Medical Marijuana Control Program (MMCP), the state is committed to an open and transparent process. The MMCP website and email updates will make it easy for you stay up-to-date on the progress of this work. To learn more about the program and to sign up for email updates, visit: [medicalmarijuana.ohio.gov](http://medicalmarijuana.ohio.gov).

### Ohio Medical Marijuana Control Program



## OHIO MEDICAL MARIJUANA LAW

Legal			
	Use for medical purposes for one of 21 conditions, in oils, edibles, patches, and vaporized forms.	Production, sale, and testing of marijuana by businesses that have been state approved to do so.	Employers may require employees to pass marijuana drug tests
Illegal			
	Smoking, home-cultivation, or any recreational use of marijuana	Driving while under the influence of marijuana	Possessing firearms while using marijuana

For more info see [www.dfm-law.com/blog](http://www.dfm-law.com/blog)

For more information, visit [medicalmarijuana.ohio.gov/](http://medicalmarijuana.ohio.gov/)



## LOCAL STORIES

### *Darby, Age 50*

I was in college for 8 ½ years and always had a lot of friends - going to the bars and whatever. Then I moved to Los Angeles and got into the scene out there and did some ecstasy, special K, and cocaine. I tried heroin in 2002 and realized those other drugs were just affairs and heroin was my true love. I did it for about a year and a half. I dropped down to 80 pounds. I got into a really good rehab out there. I got off it and resumed my life and didn't touch the stuff for 10 years.

In 2014, it had been 10 years since I had used. I spoke at an N.A. meeting in Mount Vernon and told my story along with others who were there. This guy approached me afterwards and says, "Yeah, I heard your story and by the way, I can get you some 'boy'." It terrified me, but within a week, I called him. By summer 2015 when my veins were so bad they started "muscling" my shot in my upper left arm. It got infected, and I had to be life-flighted to Grant with the worst abscess they had seen. My fever was 106 and they did surgery to save my arm. [Eventually], the infection in my left arm had gotten so bad it had settled into the bone of my arm and I had to have shoulder replacement surgery. They did the surgery and took me up to recovery, but I started going into withdrawal because nothing they gave me was strong enough to replace what I had taken for that whole week [leading up to surgery]. Those three days were just awful. They arranged for me to be at the nursing home. It was while I was in the nursing home that I finally went to court and I agreed to start Merit Court.

One day, I came to Merit Court on everything—Fentanyl mixed with the heroin in addition to the other pain killers, and I was so high that they scheduled me for two days in jail. Even after this, I get back out and I'm doing everything—still using and reporting in. Then, my probation officer made a phone call to the pain clinic and got me kicked out because I lied on my paperwork. Oh my God, I was so mad. He did a drug test on me at court at the probation office and he was like, go get your Vivitrol right now. It's an opiate blocker. I felt like I was losing my best friend. The love of my life was leaving me or I was leaving it. So, I got the shot and almost immediately, I was thrilled. Knowing I was on the shot and that I couldn't do dope



## LOCAL STORIES

### *Darby's Story*

took all of the stress away. It was like, “Okay, I can’t do it. That’s it.” I started the “Thinking for a Change” class and things finally started looking up for me.

The drugs have left me crippled now. The range of motion in my left shoulder is maybe 20 percent. I can’t do my own hair, so I have been going to the hair salon two to three times a week so they can wash it, blow dry it out and straighten it. My parents and boyfriend have forgiven me, but before I could accept their forgiveness, I had to forgive myself.

There are no excuses for my decisions and behavior—it was all about me and getting high. I’ve also asked God to forgive me and He does. All of my guilt and shame—I had to let them go, and forgiving myself doesn’t mean forgetting. I’ll never forget that stupid stuff I did, but I had to forgive myself or it would eventually eat me alive and drive me back to the place where I was, and I would have to battle the bad feelings. Now, I look forward to each day, but I know I have to keep working at it.

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### In Loving Memory of Darby (1967–2017)

Maintaining Sobriety: “Whether it’s been one day or one thousand days of sobriety, maintaining it is one of the biggest challenges one could ever face.”



*Crisis Hotline—Dial 211*



(740) 485-5408



## FACTORS THAT INCREASE RISK 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 risk of developing their own drug problems

### *Peers and School*

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

### *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

### *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

### *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

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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 chance that taking drugs will lead to abuse and addiction. (Excerpted from *Drugs, Brains, and Behavior: The Science of Addiction* by NIDA)



## WHY WOULD MY CHILD USE DRUGS?



### *Other People/Generational Culture*

Teenagers see many people using various substances. They see their parents and other adults drinking alcohol, smoking and sometimes abusing other substances. The teen scene often revolves around drinking and smoking pot. Sometimes friends urge one another to try a drink or smoke something, but it is just as common for teens to start using a substance because it is readily available. They see all of their friends enjoying it. In their minds, they see drug use as a part of the normal teenage experience.



### *Popular Media*

47% of teens agreed that movies and TV shows make drugs seem like an okay thing to do. Not surprisingly, 12–17 year-olds who viewed 3 or more “R” rated movies per month were 7 times more likely to smoke cigarettes, 6 times more likely to use marijuana, and 5 times more likely to drink alcohol, compared to those who had not watched “R” rated films.



### *Stress & Escape*

When teens are unhappy and can not find a healthy outlet for their frustration or a trusted confidant, they may turn to chemicals for solace. Depending on what substance they are using, they may feel blissfully oblivious, wonderfully happy, or energized and confident. Many teens report they used drugs to deal with the pressures and stress of school.



### *Boredom*

Teens who can not tolerate being alone, have trouble keeping themselves occupied or crave excitement are prime candidates for substance use and abuse. Not only do alcohol and marijuana give them something to do, but those substances help fill the internal void they may feel. Further, they provide a common ground for interacting with like-minded teens, a way to instantly bond with a group of kids.



## WHY WOULD MY CHILD USE DRUGS?

### *Rebellion*



Different rebellious teens choose different substances to use based on their personalities. Alcohol is the drug of choice for the angry teenager because it frees him/her to behave aggressively. Methamphetamine, or METH, also encourages aggressive, violent behavior and is very dangerous. Marijuana appears to reduce aggression and is often seen as an avoidance drug. LSD & hallucinogens are also escape drugs, often used by young people who feel misunderstood and may long to escape to a more idealistic world. Smoking cigarettes can be a form of rebellion to flaunt their independence and make their parents angry.

### *Genetic Predispositions/Self Medicating*



About 70% of teens suffer from undiagnosed clinical depression at some point in their life. Many teens are unaware that they have an underlying mental or mood disorder that is causing them to use illegal or prescription drugs to self-medicate and cope with their symptoms.

### *Lack of Confidence/Peer Pressure*



Many shy teens who lack confidence report that they will do things under the influence of alcohol or drugs that they might not otherwise. This is part of the appeal of drugs and alcohol even for relatively self-confident teens: you have the courage to dance if you are a bad dancer or sing at the top of your lungs even if you have a terrible voice or kiss the girl you are attracted to. Alcohol and other drugs tend to not only loosen your inhibitions, but also alleviate social anxiety. Not only do you have something in common with those around you, but there is the mentality that, if you do anything or say anything stupid, everyone will just think you had too many drinks or smoked too much weed.

### *Misinformation*



Perhaps the most avoidable cause of substance abuse is inaccurate information about drugs and alcohol. Nearly every teenager has friends who claim to be experts on various recreational substances and they're happy to assure them that the risks are minimal. Educate your teenager about drug use so they get the real facts about the dangers of drug use.



## SIGNS TO LOOK FOR

There is no easy way to figure out if your teen is using drugs or alcohol. As you will see, many of the signs and symptoms of teen substance abuse listed below are also, at times, typical adolescent behavior. Many are also symptoms of mental health issues, including depression or anxiety disorders.

### *Personal Appearance*

- Messy, shows lack of caring for appearance
- Poor hygiene
- Red, flushed cheeks or face
- Track marks on arms or legs
- Long sleeves in warm weather to hide marks
- Burns or soot on fingers or lips from “joints” or “roaches” burning down

### *Personal Habits or Actions*

- Clenching teeth
- Smell of smoke or other unusual smells on breath or clothes
- Chewing gum/mints to cover breath
- Heavy use of over-the-counter preparations to reduce eye reddening, nasal irritation or bad breath
- Frequently breaks curfew
- Cash flow problems
- Reckless driving, car accidents, or unexplained dents in car
- Avoiding eye contact
- Locked doors
- Going out every night
- Secretive phone calls
- “Munchies” or sudden appetite

### *School or Work Related Issues*

- Truancy or loss of interest in school work
- Loss of interest in extracurricular activities, hobbies or sports
- Failure to fulfill responsibilities at school or work
- Complaints from teachers or coworkers
- Reports of intoxication at school or work

### *Health Issues*

- Nosebleeds
- Runny nose, not caused by allergies or cold
- Frequent sickness
- Sores, spots around mouth
- Queasy, nauseous
- Seizures
- Vomiting
- Wetting lips or excessive thirst (“cotton mouth”)
- Sudden or dramatic weight loss or gain
- Skin abrasion/bruises
- Accidents or injuries
- Depression
- Headaches
- Sweatiness



## SIGNS TO LOOK FOR

### *Behavioral Issues*

- Hyperactivity
- Unusually elated
- Periods of sleeplessness or high energy, followed by long periods of “catch up” sleep
- Disappearances for long periods of time
- Change in relationships with family members or friends
- Loss of inhibitions
- Mood changes or emotional instability
- Loud, obnoxious behavior
- Laughing at nothing
- Unusually clumsy, stumbling, lack of coordination, poor balance
- Sullen, withdrawn, depressed
- Unusually tired
- Silent, uncommunicative
- Hostility, anger, uncooperative behavior
- Deceitful or secretive
- Makes endless excuses
- Decreased motivation
- Lethargic movement
- Unable to speak intelligibly, slurred speech or rapid fire speech
- Inability to focus

### *Home or Car Related Issues*

- Disappearance of prescription or over-the-counter pills
- Missing alcohol or cigarettes
- Disappearance of money or valuables
- Appearance of unusual containers or wrappers or seeds left on surfaces used to clean marijuana
- Appearance of unusual drug apparatuses, including pipes, rolling papers, small medicine bottles, eye drops.
- Hidden stashes of alcohol

### *If you have noticed any of the changes*

related to substance abuse listed, do not be afraid to come right out and ask your teen direct questions. Make sure you reassure your child that you are looking out for him or her and that you only want the best for his or her future.

Of course, not all teens are going to fess up to drug or alcohol use and a “no” could also mean your child is in need of help for mental health issues. That is why experts strongly recommend that you consider getting a professional assessment of your child.

### *Need Help?*

*Call the Toll-Free Helpline at 1-855-DRUG-FREE (1-855-3784-3733) to speak with a trained specialist.*



## PARENTING INFO

### *Slang & Things to Know*

Talking with your children about the risks of drugs and the situations that the drugs could get them into is **very important**, especially if done before they enter their teenage years. Kids who know about the risks and dangers of addictive substances from their parents are **less likely** to try or use these substances. No parent, child or family is immune to the effects of drugs. Any child can end up in trouble, even those who have made an effort to avoid it and even when they have been given the proper guidance from their parents. The PRIDE data from Knox County students indicates that age **12** is the average age of onset for substance use whether it's alcohol, tobacco or other drugs among our youth. If family members or parents are prescribed prescription medications that could be easily abused it is **highly recommended** these medications be stored in a lock box and away from the reach of children. Making sure to **properly dispose** of these medications when not needed is also very important. See page 45.

**Having an unguarded substance in your house that can be abused is an invitation for your kids who may not realize the long-term consequences.**

It is important to know your child's friends—and their parents. Be involved in your children's lives. If your child's school runs an anti-drug program, get involved. Pay attention to how your kids are feeling and let them know that you're available and willing to listen in a nonjudgmental way. Recognize when your kids are going through difficult times so that you can provide the support they need or seek additional care if needed.

Role-playing can help your child develop strategies to turn down drugs if they are offered. Act out possible scenarios they may encounter. Helping them construct phrases and responses to say no prepares them to respond before they are even in that situation.

A warm, open family environment—where kids can talk about their feelings, where their achievements are praised and where their self-esteem is boosted—encourages kids to come forward with their questions and concerns. When censored in their own homes, children go elsewhere to find support and answers to their most important questions.

Make talking and having conversations with your child or children a regular part of your day. Find time to do things you enjoy together as a family to help everyone stay connected and maintain open communication.

If your child or loved ones find themselves addicted, ensure they get assessed by a pediatrician, psychiatrist or a specialized health expert.



## PARENTING INFO

### *Slang & Things to Know*

#### ***Meth***

Go, Chards

#### ***Heroin***

Boy, Black, Eagle, Black Pearl, Brown, Brown Crystal, Brown Rhine, Brown Sugar, Brown Tape, Chiba, China, China White, Chiva, Dogfood, 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, White Stuff

#### ***Heroin Users***

Channel Swimmer, Chasing the Dragon, Daytime, Dip and Dab, Do Up, Evening (coming off the high), Firing the Ack Ack Gun, Give Wings, Jolly Pop, Paper Boy

#### ***Cocaine***

Girl, Baby T, Yay, Blo, Line

#### ***Marijuana***

Baby, Baby Bhang, Babysitter, Pot, Smoke, Tree, Weed

#### ***Occasional Use of Drugs***

Baby Habit

#### ***Guide Someone Through First Drug Experience***

Babysit

#### ***LSD & Strychnine***

Back Breakers

#### ***Amphetamine***

Back Dex

#### ***Oxycontin, Percocet, Norco, Vicodin, & Other Painkillers***

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

#### ***Prescription Drug Abuse***

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





## SUSPECT YOUR LOVED ONE IS USING?

Finding evidence or hearing something that makes you suspect your loved one is abusing drugs or some other substance can be heartbreaking.

One of the first things to do is to have an honest conversation, not a confrontation.

### *Tips for a Conversation*

- 💡 Pick the right time.
- 💡 Do not start a conversation while they are impaired.
- 💡 Plan ahead for how you will approach them and what you want to say.
- 💡 Show your concern.
- 💡 Make sure they understand you are worried about them.
- 💡 Watch your tone of voice.
- 💡 You want them to talk so make it as relaxed as possible.
- 💡 Be direct and don't make assumptions.
- 💡 Only talk about the facts you are sure of and clearly state your concerns.
- 💡 Do not be judgmental.
- 💡 You can tell them you understand without agreeing with them.
- 💡 Show them love.
- 💡 They need to know you care.
- 💡 Take it slow.
- 💡 Try to do more listening than talking.
- 💡 Let them know you want to help them.



[www.drugfree.org](http://www.drugfree.org)



## LOCAL STORIES

### *Jody, Age 31*

I started smoking pot when I was eleven years old because my parents did it. My dad was a severe alcoholic and addict. My mother was addicted to the pain medications they were giving her. At 14 years old, I started stealing her Oxycontin and spreading them around to my friends and I started snorting them. I had a lot of pain in my childhood and adolescence—I didn't know how to cope with that. I didn't know how to deal with it. So, when I discovered this drug that made all of these bad things go away for me, it was like a miracle. I went over to a friend's house in 2012. I had never heard of heroin at this time, but she introduced me to this drug.

She tied a band around my arm, put the needle in my arm and shot heroin in my veins. Twenty dollars of this little brown powder and all of a sudden, I felt better than I have ever felt before. I felt like Superman. It didn't take long to really get hooked on heroin.

One day I took my son and went to meet this guy and I bought marijuana, cocaine and heroin. I kept thinking just go home and get my son in bed as soon as I had the drugs. Something came over me and I didn't want to wait, so I drove to a gas station in Columbus. I sat in my truck and shot up right there. I nodded out on the steering wheel parked in a parking lot. Thank God somebody called the cops on a "welfare check" because there was a person asleep at the wheel with a child in the back seat. They showed up and I still had the needle in my hand. They were screaming at me, "How could you do this with a child in the back seat?!" I was heartbroken instantly because I never put my son through anything like that. That was kind of the end and the beginning all at once. It was the beginning of the realization that I've got a problem. I can't control it—my life is out of control and unmanageable. This was 2013—now it's 2017. It didn't click overnight.

I was never really in recovery—I would be clean for a little while just to appease people. That went on for two years. My last DUI charge I was given the option to go into drug court. I started to think about my son and think about what kind of a life he would have. What life would he have knowing that his mom overdosed on drugs?



## LOCAL STORIES

### *Jody's Story*

Dealing with pain now is not without difficulty. I'm not going to lie. Once I started taking responsibility for that it was a little easier to accepting that these are the choices that I made to put myself in this position. Addiction may be a hereditary thing, but I still chose to use. The drug addict is not who I am. Those are things I've done. But that's not who I am. Mistakes don't make me. I had to accept that I struggled with this addiction and accept that this is a disease and it has to be treated as such. It takes maintenance, treatment, and like any other disease, it has to be managed. If you don't manage it, it's going to go out of control and kill you. If you truly want that help and to get better—it's there. You have to ask and reach out and say, "Hey, I want help. I need this and can't do this anymore." And it is there. That's all I had to do. There are so many resources that are available but you have to reach out for them—they're not just going to show up on your doorstep. You have to want it and go after it.

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### *We care about your well-being*



**The Main Place**  
Promoting Hope · Providing Tools  
Removing Barriers  
*Your Place to Recover*  
(740) 392-9491



**The Winter Sanctuary**  
Emergency Homeless Shelter  
(740) 392-9277



**United Way**  
**United Way of Knox County**  
(740) 397-5721



## SUSPECTING AN OVERDOSE

An opioid overdose requires immediate medical attention. An essential first step is to get help from someone with medical expertise as soon as possible.

*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 medicating, 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

Call 911 **immediately** if you or someone you know exhibits any of the symptoms listed above.

All you have to say: **“Someone is unresponsive and not breathing.”**  
Give a clear address and/or description of your location.

The Overdose Response Team (ORT) is a collaborative effort between local law enforcement, treatment providers and peer support to respond to non-fatal overdoses in an effort to save lives, reduce harm, and increase hope for individuals. The intent of ORT is to reach individuals in the critical hours of need following an overdose to provide compassionate and non-judgmental support to them and their family. The ORT connects them to resources and treatment options. Individuals can access ORT by dialing 2-1-1 and requesting assistance.





## HARM REDUCTION

*Keeping People Safe & Alive*

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

### *Senate Bill 319*

Strengthening Ohio's Fight Against Drug Abuse—Ohio has made progress in its fight to prevent prescription drug abuse and overdoses. New reforms in Senate Bill 319 improve oversight of individuals who have access to prescription opiates, while expanding access to life-saving naloxone and ensuring that those addicted to opiates get the treatment they need.

### *Project Dawn*

A community based overdose education and naloxone distribution program.



[odh.ohio.gov/health/vipp/drug/ProjectDAWN.aspx](http://odh.ohio.gov/health/vipp/drug/ProjectDAWN.aspx)

### *Narcan*

Section 4729.44 of the Ohio Revised Code and rule 4729-5-39 of the Ohio Administrative Code authorizes a pharmacist or pharmacy intern under the direct supervision of a pharmacist to dispense naloxone without a prescription in accordance with a physician-approved protocol. Naloxone (Narcan) can be given by intramuscular injection into the muscle of arm, thigh or buttocks or with a nasal spray device. Do not wait for help if you are with someone who is overdosing. With some basic training, friends and family members can recognize when an overdose is occurring and what the appropriate steps of action are to save a life.

*Listing of pharmacies in Ohio approved to dispense Naloxone*  
[pharmacy.ohio.gov/Licensing/NaloxonePharmacy.aspx](http://pharmacy.ohio.gov/Licensing/NaloxonePharmacy.aspx)





## HARM REDUCTION

*Keeping People Safe & Alive*

### *Healthy Moms & Babies*

To assist pregnant women who are addicted to or in the early stages of recovery from opioids with appropriate neonatal care, visit [momsohio.org/](http://momsohio.org/).

### *Recovery Housing*

A safe and healthy living environment that promotes abstinence from alcohol and other drugs and enhances participation and retention in traditional clinical treatment. Residents benefit from peer support and accountability, while gaining valuable relapse prevention skills, case management and employment skills training as they transition through the different levels of recovery and onto their own independent living.

**For information on Knox County's recovery homes, call 2-1-1**

### *Knox County MERIT Court (Drug Court)*

Knox County MERIT Court—MERIT Court is contributing to harm reduction in Knox County by improving the quality of life in Knox County through a court-supervised substance abuse program. This program is holding offenders accountable for their past while giving them a chance to become contributing members of their community in the future. This will also reduce the public's costs associated with drug and alcohol related crimes and enhances public safety by reducing future crimes. MERIT Court has had huge success in reducing the frequency of drug abuse among its participants, along with getting participants employed and going back to school.

CALL **911** WITHOUT RISK



## RESPONDING TO THE OPIOID OVERDOSE

### *Initially for All Suspected ODs*

- **DO** ensure the scene is safe.
- **DO** check to see if the person responds to you when you tap them or shout at them.
- **DO** Dial 911 – The 911 dispatchers are trained to assist in giving medical directions, including CPR.

### *If Breathing*

- **DO** roll the person onto their side to prevent airway obstructions from the person's tongue, vomit or other secretions.
- **DO** administer naloxone (NARCAN). If no response in 2–3 minutes, repeat the dose of naloxone (NARCAN) every 2–3 minutes until EMS arrives.
- **DO** stay with the person to keep him or her warm.

### *If Not Breathing*

- **DO** begin CPR
  - Place your hands on the lower half of the breastbone.
  - Begin compressions by giving 30 compressions, at least 2 inches deep, in 15-18 seconds.
  - After 30 compressions, open the patient's airway, give 2 rescue breaths, each breath should be over 1 second. (Only do this step if you have a pocket mask or personal barrier)
  - After the cycle of 30 compressions and 2 breaths, REPEAT until more help arrives or until the person becomes conscious.
  - If at ANY point an AED becomes available, turn on the AED and follow the instructions.
- **DO** administer naloxone if additional help arrives and naloxone can be administered without interrupting the CPR. If no response in 2–3 minutes, repeat the dose of naloxone every 2–3 minutes.
- **DO** stay with the person and keep him or her warm.
- **DO NOT** put the person in a cold bath or shower. This increases the risk of falling, drowning, or going into shock.
- **DO NOT** inject the person with any substance (salt water, milk, "speed", heroin, etc.) The only safe and appropriate treatment is naloxone.
- **DO NOT** 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.



## LOCAL STORIES

### *Josh, Age 32*

The first time I ever did METH I was probably about 20 years old just doing it with friends. I did it for a couple of months just here and there. I didn't like it—the staying awake for days on end was just becoming really irritable. I almost lost my job from not waking up on time when I would sleep, so I quit taking it. I went back to smoking weed. That never affected my job or anything. Plus, I moved away from Mount Vernon.

I ended up starting college. I moved back in with my mom in Columbus. Then I was working with my stepdad and stayed away from METH. I met a girl and had a really good job. I was probably making about \$1,000 a week in commercial tile work. I had a brand new car and a townhouse on Polaris Parkway. My girlfriend was about to have a baby. Then, I just hooked up with a couple of my friends from up here. They decided they wanted to stop by and it just happened to be me and my girlfriend were fighting. So, my friends came by the apartment and I got high with them. It just progressed from there. I was probably about 27 or 28 at the time. It was a pretty big gap from when I had used. Since then, it's just been nonstop.

The thing about my situation is that I come from a very educated family. Both of my parents work in hospitals and all my mom's sisters have nice homes and cars. My dad's family is the same. His siblings are doctors, lawyers, pilots and I'm the same. I'm very smart. I just used it in a horrible way. I've done a lot of horrible, horrible things. Now, I'm 108 days sober/clean. My mom trusts me. My mom will help me with things like getting minutes on my cell phone. We talk a lot now. I just told her that I didn't destroy my life in one day, so I'm not going to rebuild it in one day. My dad and I are still working on our relationship—I really hurt him bad. But me and my mom are closer than ever. It feels good.

I don't want to get high anymore. I just can't. Life is stressful enough as it is. I don't know how I did it for so long. There are a lot of people putting a



## LOCAL STORIES

### *Josh's Story*

lot of effort in me. I don't want to make them look like fools. They believe in me—for some odd reason—they believe that I'm worth it, and I want them to be able to say that "ha, told you so, he could do it."

I'm staying clean. I'm not missing appointments. I'm moving a little slower than I probably could, but the only reason I'm slowing myself down is that I don't want to overwhelm myself because I already know that if I get overwhelmed, everything comes crashing down. I heard this the other day in N.A. "I can carry the message, but I can't carry the addict." I've got friends who tell me, "Oh Josh, you're doing great! I just need the motivation." I'm like, "I can't do this for you. You're you. You need to do this for you. You need to be motivated for you, not because I'm here or what I'm doing. It's because this is my life and I need to do what is right for my life."

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*Don't know where to turn?*



(740) 522-1234



(740) 397-2660



## OHIO STATUTES

### Assembly or Possession of Chemicals to Manufacture Drugs §2925.041

*Schedule I or II,  
Methamphetamine*

F3–F2

Felony Class	Prison Term	Post Release Control	Maximum Fine
<b>F1</b>	3–11 years	5 years	\$20,000
<b>F2</b>	2–8 years	3 years	\$15,000
<b>F3</b>	9–36 months	Up to 3 years	\$10,000
<b>F4</b>	6–18 months	Up to 3 years	\$5,000
<b>F5</b>	6–12 months	Up to 3 years	\$2,500

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#### *Felony Levels*

**F1:** First Degree Felony, **F2:** Second Degree Felony, **F3:** Third Degree Felony  
**F4:** Fourth Degree Felony, **F5:** Fifth Degree Felony



## OHIO STATUTES

Drug Name	Amount	Possession §2925.11	Trafficking §2925.03*
<i>Heroin</i>	Less than 1g	F5	F5
	1g–5g	F4	F4
	5g–10g	F3	F3
	10g–50g	F2	F2
	50g+	F1	F1
<i>Schedule I or II (includes meth)</i>	Less than bulk	F5	F4
	Bulk–5x’s bulk	F3	F3
	5–50x’s bulk	F2	F2
	50x’s bulk+	F1	F1
<i>Cocaine</i>	Less than 1g	F5	F5
	1g–5g	F4	F4
	5g–10g	F3	F3
	10g–50g	F2	F2
	50g+	F1	F1
<i>Marijuana</i>	Less than 100g	MM	MM
	100g–200g	M4	F5
	200g–1kg	F5	F4
	1kg–20kg	F3	F3
	20kg+	F2	F2

\*Trafficking in the vicinity of a school or juvenile increases the felony one level.



## DRUGS IN THE WORKPLACE

- Drug abuse costs employers a staggering **\$81 billion per year**. (NCADD)
- **Marijuana** is the most commonly used and abused drug by employees, followed by cocaine, with prescription drug use steadily increasing. (NCADD)
- The National Council on Alcoholism and Drug Dependence (NCADD) reports **70%** of the estimated 14.8 million Americans who use illegal drugs are employed.
- The 2015 National Survey on Drug Use and Health showed workers in the accommodations and food services industry had the **highest rates of substance abuse**.
- Workers who report having **three or more jobs** in the previous five years are about twice as likely to be current or past users of illegal drugs as those who have had two or fewer jobs. (NCADD)
- Post-accident drug usage has increased **6.2 percent** in 2015 compared to 2014.
- Heroin positivity increased a relative **4.5 percent** since 2014, and a relative **84 percent** since 2011 (Quest Diagnostics).
- **Establishment of an Employee Assistance Program (EAP)** is the most effective way to address drug problems in the workplace.
- Research has demonstrated that **drug treatment pays for itself** in reduced healthcare costs that begin as soon as people enter recovery.

### *Workplace Behavior*

- Frequent financial problems
- Avoidance of friends and colleagues
- Blaming others for their own problems and shortcomings
- Complaints about problems at home
- Deterioration in personal appearance or personal hygiene
- Complaints, excuses and time off for vaguely defined illnesses or family problems
- Tardiness/sleeping on the job
- Extended lunch periods and/or early departure

### *Job Performance*

- Inconsistent work quality
- Poor concentration and lack of focus
- Lowered productivity or erratic work patterns
- Carelessness, mistakes or errors in judgment
- Needless risk taking
- Disregard for safety of self and others on the job



## TREATMENT OPTIONS

**TEXT  
YOUR  
ZIP CODE  
TO 898-211**

Or dial 211 to get a local referral to any of the types of treatment listed below. 211 can help you navigate the complicated addiction services network.

### *Types of Treatment*

**Long-Term Residential Treatment** provides care 24 hours a day, generally in non-hospital settings. The best-known residential treatment model is the therapeutic community (TC), with planned lengths of stay between 6 and 12 months. Treatment focuses on developing personal accountability and responsibility. It is highly structured and works toward socially productive lives. The resident examines damaging beliefs, self-concepts and destructive patterns of behavior and adopts new, more harmonious and constructive ways to interact with others. Many TCs offer comprehensive services, which can include employment training and other support services on-site.

**Short-Term Residential Treatment** provides intensive but relatively brief treatment based on a modified 12-step approach. Following stays in residential treatment programs, it is important for individuals to remain engaged in outpatient treatment programs and/or aftercare programs. These programs help to reduce the risk of relapse once a patient leaves the residential setting.

**Medical Stabilization Service** provides symptom relief for those experiencing acute withdrawal symptoms from alcohol, opioids or benzodiazepines. It consists of a medically supervised hospital stay for inpatient stabilization that typically lasts 3–5 days. The inpatient stay includes the following aspects: pre-screening, assessment, admission, medical stabilization and appropriate discharge planning. These patients are closely observed and treated as any other patient within a hospital setting.

**Medication-Assisted Treatment (MAT)** combines structured treatment planning with the use of medication to assist clients in managing withdraw and sustaining sobriety.



## TREATMENT OPTIONS (CONT.)

**Intensive Outpatient Program (IOP)** is a primary treatment program recommended in some circumstances by a clinical and medical assessment. IOP can enable people in recovery to continue their recovery therapies following successful detox to allow for family and work life. With the Intensive Outpatient Treatment program you are able to establish a foundation for long term recovery support in your local community right from the start of your treatment, instead of waiting until you return from living away in a rehab center.

## RECOVERY HOUSING

Recovery Housing provides housing for individuals recovering from drug addiction. This home provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance.

For more information on recovery housing and recovery homes in Knox County, **please call 2-1-1**

### LEVEL I:

- Peer-run/democratically run
- Housing often provided in shared living environments such as single family homes
- Most often no paid positions to run the housing
- Support services include self-help, drug screening and housing meetings

### LEVEL II:

- Monitored by one house manager who screens potential residents
- Shared living environment such as single family residences
- Structured
- Support services include self-help and drug screening
- No clinical services provided in-house

### LEVEL III:

- Supervised
- An organizational hierarchy with administrative oversight
- Found in all types of residential settings
- Staffed by a facility manager, certified staff or case managers
- Support services include life skills, development emphasis and clinical services
- Services provided through the program are limited

### LEVEL IV:

- Service provider with organizational hierarchy and administrative oversight
- Licensing varies from state to state
- Clinical supervision
- May be more institutional setting or treatment center with credentialed staff
- Support services include clinical services
- Services provided in-house





## OTHER SAFE WAYS TO DISPOSE OF DRUGS

The drug drop-off box allows you to dispose of unused or expired medication. Please don't drop off injectables, liquids or illegal drugs. When disposing of medications in a drug drop-off box remember to empty medications from bottles and other packaging, such as blister packs, into a plastic bag for easy disposal.

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### *Helping the Community & Environment*

- Reduce chances of drug abuse or accidental misuse
- Keeps drinking water clean & safe
- Protects rivers, streams & groundwater to not harm wildlife

## 24/7 Knox County Drop Box Locations

### Mount Vernon Police Department

5 North Gay St.  
Mount Vernon, OH 43050

### Fredericktown Police Department

182 S Main St.,  
Fredericktown, OH 43019

### Knox County Sheriff's Office

11540 Upper Gilchrist Rd.  
Mount Vernon, OH 43050

### *Another Safe Way to Dispose of Drugs*

If you cannot get to the drug drop-off boxes, here's how to dispose of your medications safely:

- Step 1:** Pour medications into a sealable plastic bag
- Step 2:** Add kitty litter, coffee grounds or water to make them unappealing and unusable
- Step 3:** Seal the plastic bag
- Step 4:** Place in the garbage can for disposal

The Knox County Health Department offers free Deterra bags. Deterra bags allow you to dispose of your medication in the bag, fill it up with water and safe, chemical compounds properly destroy the medicine in the bag. The Deterra bag can then be thrown in the trash can.



## DRUG TAKE BACK DAY

# Got Drugs? *Drop them off.*

4th Saturday in  
April & October

10:00 a.m.–2:00 p.m.

Annual Roundups

Collecting  
unused or  
expired  
medications

\*\* No liquids \*\*

sponsored by  
**KSAAT**  
Knox  
Substance Abuse  
Action Team

### Mount Vernon

Knox County  
Health Department

### Fredericktown

Police Station  
182 S. Main St

### Centerburg

Foster's HealthMart  
Pharmacy

### Danville

Police Department  
Municipal Bldg., Market St.

For more  
information,  
please visit  
[www.dea.gov](http://www.dea.gov)



## HELP FOR VETERANS

*& Their Families*



The Knox County Veterans Service Office provides eligible veterans and their families with those benefits to which they may be entitled under federal, state and local law, in accordance with established policies and procedures.

*Call for appointment: 740-393-6742*



***inTransition*** is a free, voluntary program with coaches who provide psychological health care support to service members, veterans and their health care providers during times of transition. Service members can call 800-424-7877 to self-enroll at any time, 24/7.



***The Veterans Crisis Line*** connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and press 1, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. Support for deaf and hard of hearing individuals is available.

*Visit [veteranscrisisline.net](http://veteranscrisisline.net)*



## RESOURCES

### *National Resources*

- Addiction Resource—[addictionresource.com](http://addictionresource.com)—1-800-662-4357
- Center for Disease Control—[cdc.gov/drugoverdose](http://cdc.gov/drugoverdose)
- Generation RX—[generationrx.org](http://generationrx.org)
- Medicine Safety—A Toolkit for Families—[learnaboutrxsafety.org](http://learnaboutrxsafety.org)
- National Council on Alcoholism and Drug Dependence—[ncadd.org](http://ncadd.org)
- National Council on Patient Information and Education—[bemedwise.org](http://bemedwise.org)
- National Institutes of Health—[ncbi.nlm.nih.gov](http://ncbi.nlm.nih.gov)
- National Institute on Drug Abuse—[drugabuse.gov](http://drugabuse.gov)
- Office of Adolescent Health—[hhs.gov/ash/gov](http://hhs.gov/ash/gov)
- Partnership for Drug Free Kids—[drugfree.org](http://drugfree.org)
- SAMHSA (Substance Abuse and Mental Health Services Administration)—[samhsa.gov](http://samhsa.gov)—1-800-662-4357(HELP)
- The Addiction Network—[addictionnetwork.com](http://addictionnetwork.com)—1-855-404-5489

**Find Mental Health Treatment Services: [samhsa.gov/esmi-treatment-locator](http://samhsa.gov/esmi-treatment-locator)**

### *State Resources*

- Addiction Center—[addictioncenter.com/rehabs/ohio](http://addictioncenter.com/rehabs/ohio)
- Drug Free Action Alliance—[drugfreeactionalliance.org](http://drugfreeactionalliance.org)
- Ohio Department of Alcohol and Drug Addiction Services—[adamh.ohio.gov](http://adamh.ohio.gov)
- Ohio Mental Health & Addiction Services—[mha.ohio.gov](http://mha.ohio.gov)—1-614-466-2596
- Recovery.org—[recovery.org/browse/ohio](http://recovery.org/browse/ohio)—1-888-599-8767
- Start Talking—[starttalking.ohio.gov](http://starttalking.ohio.gov)
- The Refuge—[therefugeohio.org](http://therefugeohio.org)—1-614-991-0131
- Treatment Center Directory—[treatmentcentersdirectory.com/Ohio](http://treatmentcentersdirectory.com/Ohio)

**Find Treatment Services: [emeraldjennyfoundation.org/](http://emeraldjennyfoundation.org/)**



## RESOURCES

### *Local Resources*

- 24-Hour Child Abuse Hotline—(740) 392-5437
- 211 Crisis Hotline—Dial 2-1-1
- Abuse Reporting Child & Elder—(740) 397-7177
- Alcoholics Anonymous—(740) 393-2439
- Behavioral Healthcare Partners—(740) 397-0442
- Celebrate Recovery—(740) 393-1326
- Family Life Counseling in Danville—(740) 599-2950
- Family Life Counseling in Mount Vernon—(567) 560-3151
- Knox County Health Department—(740) 392-2200
- Knox Community Hospital—(740) 393-9000
- Knox County Community Health Center: (740) 399-8008
- Knox County Sheriff's Office—(740) 397-3333
- Knox County Sheriff's Office Tip Line—(740) 399-3959
- Knox Veterans Services—(800) 298-2223
- Mental Health & Recovery for Licking & Knox Counties—(740) 522-1234
- Mount Vernon Police Department Tip Line—(740) 393-9500
- Mount Vernon Psychological Services—(740) 392-5416
- MVPD Chaplaincy Program: [facebook.com/vernonchaplains/](https://www.facebook.com/vernonchaplains/)
- NAMI Knox and Licking County—(740) 397-3088
- Narcotics Anonymous—1-800-974-0062
- Ohio Regional Help Line—1-800-587-4232
- Area Service Office—(614) 252-1700
- New Directions Domestic Violence—(740) 397-4357
- New Vision—(740) 399-3893
- Niznik Behavioral Health Health—1-866-483-4179
- Opportunity Knox—(740) 392-9675



## RESOURCES

### *Local Resources*

- Grievors of Loss to Overdose support group (in collaboration w/ Knox Community Hospital, Hospice of Knox County and The Freedom Center). Call (740) 397-5188
- Knox County Community Health Center—(740) 397-5188
- The Freedom Center—(740) 397-2660
- Overdose Response Team—2-1-1
- Pinnacle—(866)-343-5748
- Riverside Recovery—(740) 326-9255
- Shepherd Hill—1-800-223-6410
- Starting Point—(740) 393-0370
- The Main Place—(740) 392-9491
- The Winter Sanctuary (open Nov–April)— (740) 392-9277
- TouchPointe Family Services—(740) 485-5408
- United Way of Knox County—(740) 397-5721



Thank you to the Washington County United Way and ELEVATE, a community resource center, both of Wisconsin, for inspiring us with the idea of a community resource toolkit.



*Unite in our Fight*

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ksaat.org |  KSAAT | ksaat2011@gmail.com



Thanks to the Knox Substance Abuse Action Team  
and their collaborative partners for making this  
resource toolkit available to citizens of Knox County.

*Unite in our Fight!*

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[www.ksaat.org](http://www.ksaat.org) |  KSAAT | [ksaat2011@gmail.com](mailto:ksaat2011@gmail.com)