

A special thanks to the Washington County Heroin Task Force Prevention Committee and their individual agency expertise that brought the resources together to provide this toolkit.

Elevate Inc.

Youth and Family Project

Washington County Acute Care Services

Affiliated Clinical

Froedtert & the Medical College of Wisconsin  
St. Joseph's Hospital

Washington County Public Health

Early Head Start

Stop Heroin Now

Washington County District Attorney's Office

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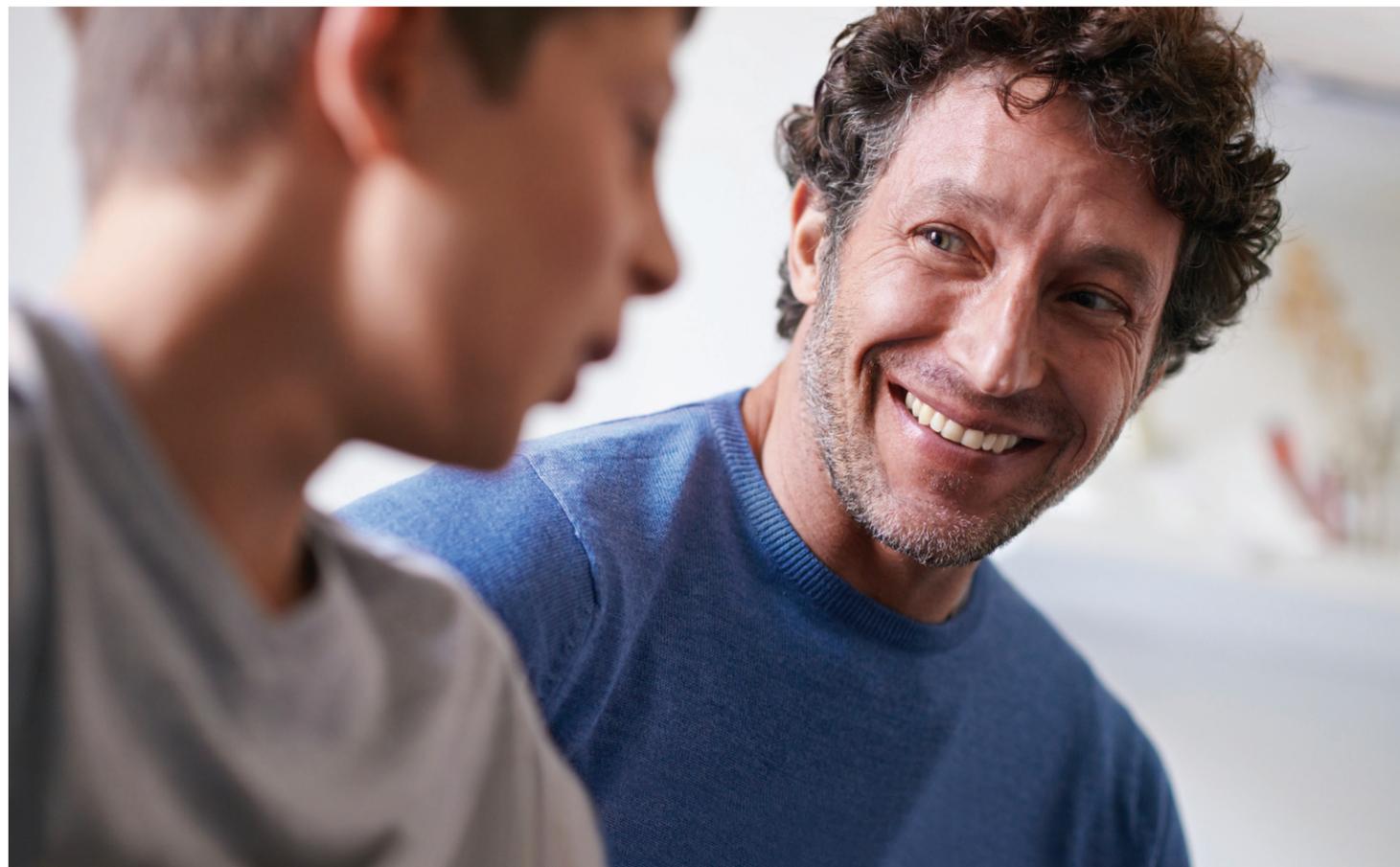
OPIATE & HEROIN AWARENESS TOOLKIT  
A Prevention Guide for Families





*As parents and family members, we are concerned about problems that may affect our children or loved ones. We seek out information for ways to address our concerns around opiate and heroin drug abuse. The Washington County Heroin Task Force realizes the value in having a local resource available to assist parents and family members who are seeking resources to address their concerns.*

— The Washington County Heroin Task Force



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## A Local Story

My name is Sue. To tell you a little about myself, I am a 50'ish year old, married for 33 years (Yes - to the same man!!), and we have 4 children. My husband and I both come from large families and live by our Catholic faith. We are all close to our extended family, talking and visiting often.

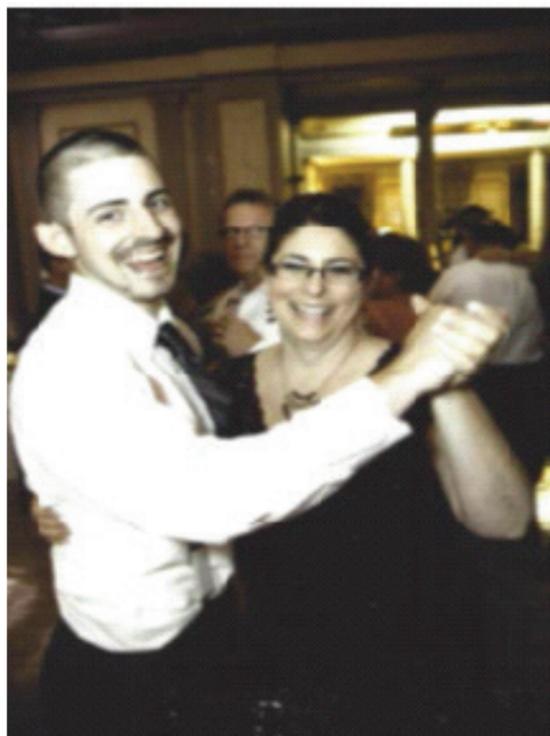
To most people, we look like a "normal" family. "Drugs" would not happen in our family. How could and why would a young man with so much potential turn to drugs? Our story started about 10 years ago when we found out our son, Benjamin, at age 17, started smoking marijuana and within a couple of years started taking narcotic pills. Ben worked hard at his job, paid his own bills, attended college, and stayed in close touch with our large families. He was a real jokester, very independent, hardworking, and the best friend you could ever have. Over time, and after a work injury with surgery to his hand, he became addicted to the pain pills. The pain in his hand was constant and intolerable.

Ben then tried heroin to ease the pain. Needless to say, it was the worst decision of his life. Over the years, Ben tried very hard to conquer his addiction, went to jail, rehab, and "stayed clean" more times than I can count. There were many times when he told me, I tried it once, then I had to do it just to feel normal. He insisted "this time", he would not start using again. Heroin took his life on March 27, 2014.

Our family participates in activities within our community to promote awareness of addictive illness. It is a disease and needs to be treated. We all need to continue to educate the public on drug awareness. The current drug problem in our society is not a "back alley" problem, it is a very real epidemic in our communities across the United States and affects the lives of "normal" people. Accidental overdose deaths are now the leading cause of accidental death in the United States, exceeding even motor vehicle accidents among people ages 25 to 64. It can happen to you, your neighbor, your child, your parent, it knows no boundaries by age, race or income.

In loving memory of my son Ben, who I will never see graduate from college, get married or have my grandchildren. No more "bye mom I love you" when we talk, and no more seeing his infectious smile. His last text to me "Love you as always" is what I hold on to everyday until I see him again.

— Sue



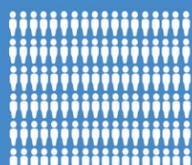
For every **1** overdose death there are...



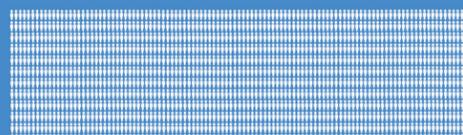
**10** treatment admissions for Rx abuse



**26** ER visits for Rx misuse or abuse



**108** people who abuse or are dependent



**733** nonmedical users



## A Local Story

Growing up, I never thought of my Mom as different or unique. I thought my family was normal, for the most part, and things were all right. Mom had been hospitalized occasionally for depression, but as a child, I did not understand why or what was happening. I went to school, stayed at a friend's house, life was not interrupted. Then, my freshman year of high school, things changed.

Mom made a mistake resulting in jail time. The court process took a long time, ups and downs that stressed my family and me. Finally, Mom was sentenced to six months with Huber. I saw her occasionally but not every day. This was hard – I was stressed with caring for the family and making sure her depression stayed in check. Finally, she was home but not long. I was alone with my Mom when she hit rock bottom and needed to be hospitalized. I had to find a hospital that could take her and had to drive to Milwaukee. At that point, I was only 17. I had never driven that far, and had had my license for a short time.

Mom received great care that accurately diagnosed her with depression and Bipolar Type II. But new information was revealed – Mom had a pill addiction. Due to a multitude of factors, including over-medication, she was addicted to stimulants, pain pills, and muscle relaxers. She, my Dad, and the doctors decided Mom would enter a residential rehab facility in Illinois. This was hard for me trying to finish school and be around Mom when she was angry or physically sick. She was an inpatient for three weeks, but came home in May of my senior year and has been out of the hospital since.

This should not be confused with her being "all better" – she is more stable and in recovery. Dad and I watched her to be sure she was OK. Occasionally, we still do. Just this past year, we went around our house to collect all pills. Now, all of her pills are handled by Dad and me and locked in a safe. Every night we take out her night pills and her morning pills for the next day. The amount of pills not prescribed that Mom had was incredible and went under our radar!



Today, Mom is far more sober and mentally healthy than she has been since I was born 21 years ago. There are times when I worry about her mental health and addiction coping, but with her continued therapy and support, she has stayed healthy. This may seem like more stress than what a child should bear, but I would do it all over to have the loving and kind Mom that I have today. My Mom made mistakes. But she raised me – a feat well deserving of praise in light of my medical issues including 19 surgeries which put her to the ultimate parenthood test multiple times! Mom was still a good Mom despite her struggle with addiction.

And though I have and will continue to make mistakes, I turned out great! I'm in college focused on becoming a counselor, part of various community volunteer organizations, and always striving to help others. I'm thankful because I'm lucky to wake up every day and still have my Mom. Not everyone experiencing addiction in their lives is blessed to say they have their Mom, Dad, son, daughter, brother, sister, or spouse. I love you, Mom.

— Alex





## A Local Story

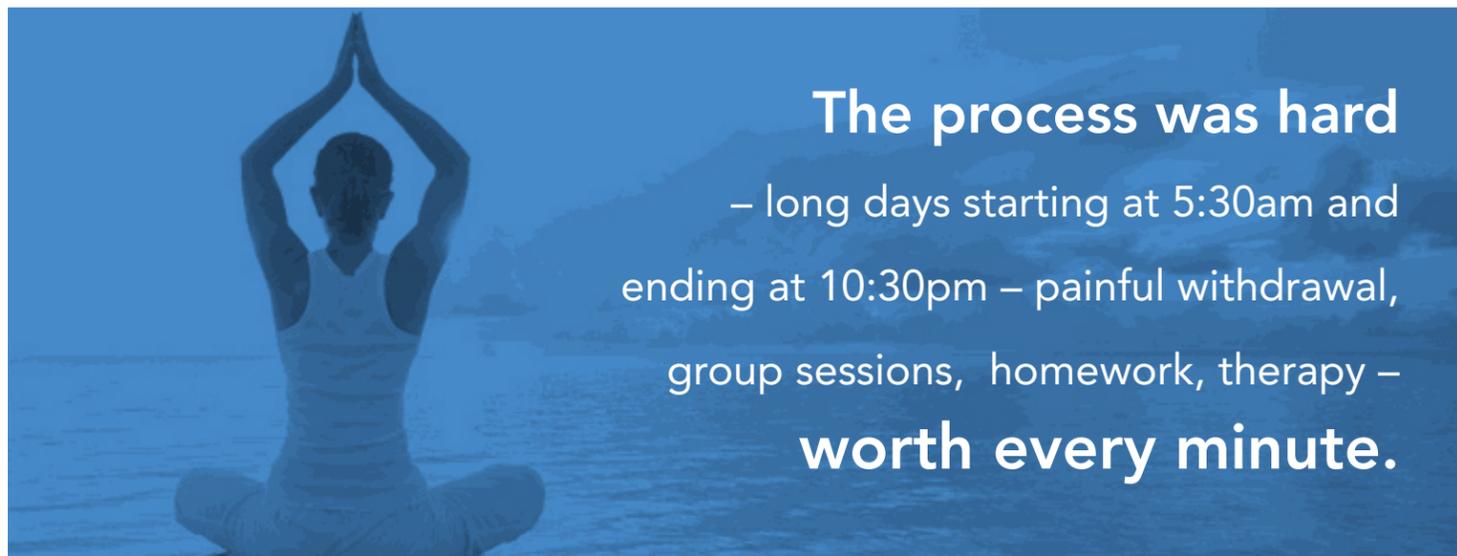
In my mind, life was supposed to be like all the TV shows – from Flintstones to soap operas – happily ever after, loving family, knight in shining armor ... the fairytale. Imagine being a thirteen-year-old girl and realizing that none of that was even close to reality.

My birth father left before I was born. Mom remarried and not long afterward my step-father began the sexual abuse that lasted more than a decade. We moved just before high school – I was confused, didn't belong anywhere, an outsider. And so it began ... It took a bit to find the "mindset group" – otherwise known as the drinking and drug-ging mindset. Things started off pretty tame: pot, cheap wine, almost empty bottles of brown liquor we managed to scrounge from our parent's liquor cabinets. Senior year I was introduced to cocaine and now going down the wrong road at a high rate of speed when I discovered I was pregnant. I was a lot of things, but I knew I didn't want to be a "junkie" single mother ... walked away and got clean and healthy.

Fast forward to 2012. I have a wonderful husband, two sons (age 18 and 21) and an addiction to a myriad of pills ... prescribed or not! This was no different than high school having to deal with pain from the past, present, or future – avoiding dealing with the same stuff and more. However, this time the addiction had become far worse, longer, more dangerous. It landed me in jail. It was about more than just me – this addiction was life or death! I wish I could've just stopped, walked away, I wanted to so many times.

Admitted to Aurora Behavioral Health in Wauwatosa and assessed for mental health and addiction, I started to learn about the real me and meeting my addiction head on. Within a few weeks, I entered a residential rehab facility in Illinois. The process was hard – long days starting at 5:30am and ending at 10:30pm – painful withdrawal, group sessions, homework, therapy – worth every minute. Then, time to come home. This was scarier than going into treatment – back to the real world, my disease, my downfall. But, I incorporated new things into my life: reading, walking, yoga, art, and acceptance. Today, I work hard to stay healthy, deal with things as they happen, share my story – I'm happier and healthier and beyond thankful I get another chance to live. Today, it's all about standing in the sun!

— Vicky



**The process was hard**  
– long days starting at 5:30am and  
ending at 10:30pm – painful withdrawal,  
group sessions, homework, therapy –  
**worth every minute.**



## A Local Story

But he only smoked weed....

My husband Jim died of a heroin overdose. He was 35 years old. When we met 13 years earlier, we had only gone on a few dates when he told me that he occasionally smoked weed. I didn't like it, but I continued dating him anyway. We were together for about 6 years when we got married and at that point I knew his "occasional weed smoking" was an everyday habit, but little did I know what that meant for him and what I was getting myself into.

A couple years later is when things got drastically worse. I knew that he would get some of his "friend's" prescription OxyContin and snort it. And once I knew about it, I HATED it. I know he tried quitting a few times on his own but it never really worked. I still don't know when, but at some point the pills transitioned to heroin. Besides smoking weed, Jim did a pretty good job of hiding most things from me, which was made much easier for him since we had many financial problems and I was working 3 jobs, so I was almost never home. Besides that, I was naive and clueless, I just had no idea. I didn't really understand what being an addict meant, I didn't know any of the signs of using, and I didn't know that pills would most likely lead to heroin. I had no idea how brutally awful of a drug heroin was, and that most people can't just stop on their own even if they wanted to, because once you become physically addicted, you need more just to be able to function.

In the middle of all of this, we find out I'm pregnant and we're expecting our first baby. This is what finally convinced Jim that he needed to tell me about everything because he needed help. He went through a detox program at a hospital, and for the next year or so he went to a methadone clinic everyday. Going to the clinic helped, but the addict in him was still not satisfied and his commitment waned. For the next few years Jim was very unstable in every way; he used many different drugs, he tried different ways to get/stay clean, he lost many jobs, and of course money problems only got worse in the middle of our chaotic life. This time also included a 911 call and a trip to the ER due to an over-dose which resulted in a number of months in jail. After being in jail, I would not allow Jim to come back home; I finally learned to set boundaries, to stop enabling him, and to finally let him deal with his own consequences. It was a year from when Jim got out of jail to when he died. When he came out of jail he was clean and did well for a while, and even ended up holding a job and making new friends. But at some point he ended up using and over-dosing again, and this time was his last.

At the end of his short life, heroin took everything from my husband. It took his good name, his friends, relationships with family, jobs, his health, our partnership and marriage; but that wasn't enough until it took his life. I had no idea about many things, but mostly about how heroin would break my heart and forever change my life. I don't feel I'll ever be free from the affects of heroin. It will take me years to get past the financial debt, the emotion scars, and the strained relationships. Then there is our beautiful little girl who wasn't quite 4-years-old when he died; he was a great dad and she was his princess, the apple of his eye, his baby girl. I have only begun to try to explain to her in simple terms why daddy can't be with us, and how daddy was sick when he died. Her questions and realization of her father's death, and learning to deal with all of it has barely just begun. And when I hold her because she's crying because she misses her daddy or because she doesn't have a daddy, my thoughts are filled with disgust and anger at addiction and heroin who took the father of my daughter, and the man I married...who only smoked weed.

— Stacy





## 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]

**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]



Percocet  
5 mg



Percodan  
4.5 mg



OxyContin  
20 mg



OxyContin  
80 mg



OxyContin  
160 mg

Please visit these sites for detailed information about prescription medications:

[www.theantidrug.com](http://www.theantidrug.com)  
[www.drugfree.org](http://www.drugfree.org)  
[www.nida.nih.gov](http://www.nida.nih.gov)



## Commonly Abused Street Drugs

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



## Steps We Can Take to Prevent Prescription Drug Abuse

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



**LOCK 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. [www.walmart.com/ip/sentrysafe-electronic-security-box](http://www.walmart.com/ip/sentrysafe-electronic-security-box)



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

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

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

**PASS IT ON** Share your knowledge, 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 no charge at Washington County Clean Sweep events and permanent disposal boxes throughout the 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.**





## 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

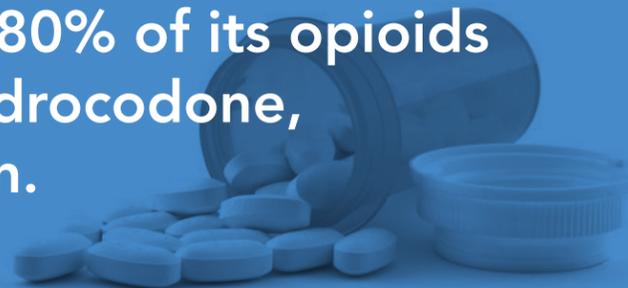


Unfortunately, all these diseases can occur from unsafe sex practice or needle sharing.

In addition, drug use during pregnancy can lead to neonatal abstinence syndrome, 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](http://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

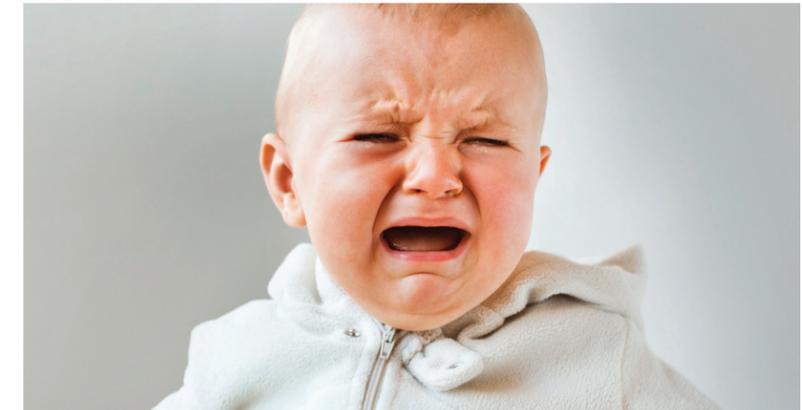


## Effects During Pregnancy

**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.

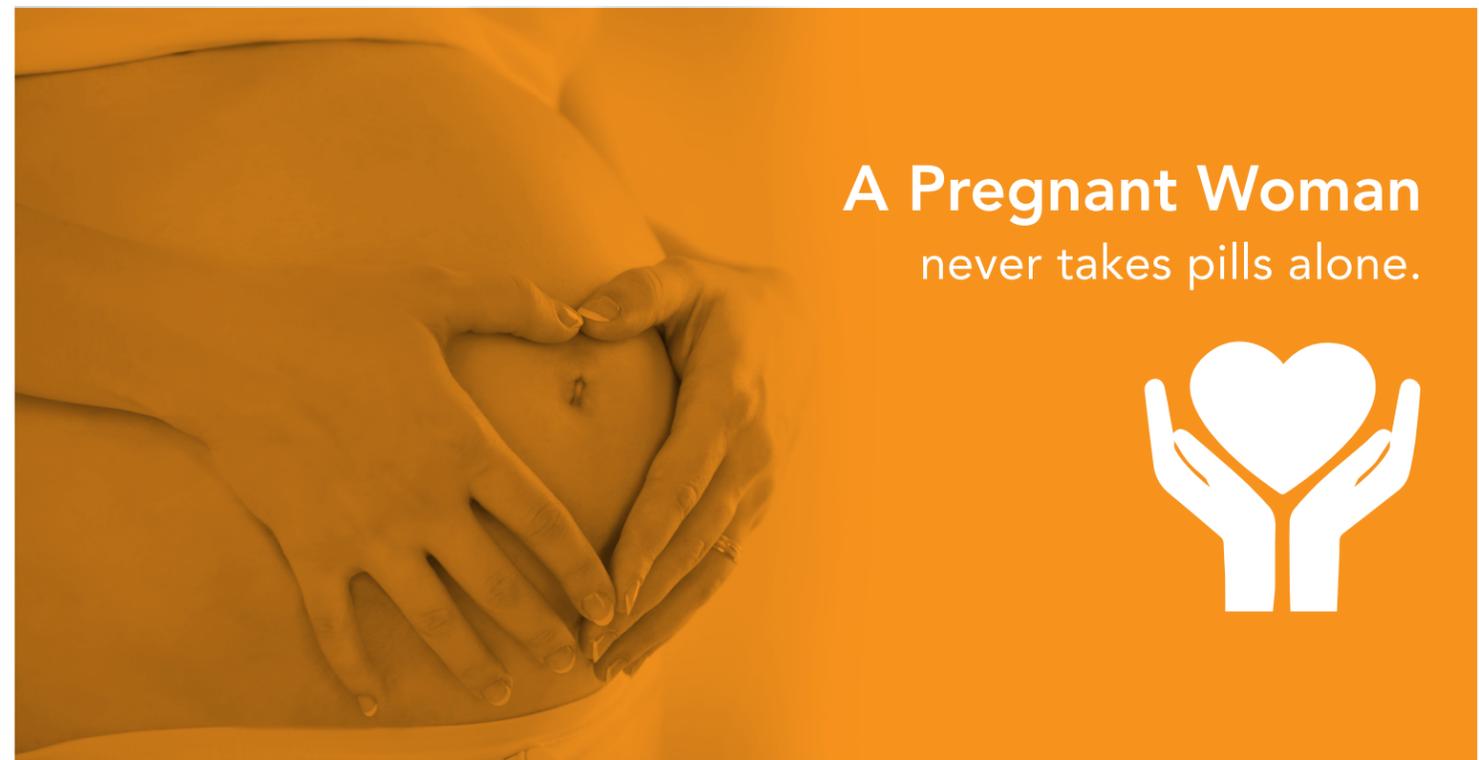
### SYMPTOMS OF WITHDRAWAL INCLUDE:

- 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.

**A Pregnant Woman**  
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...

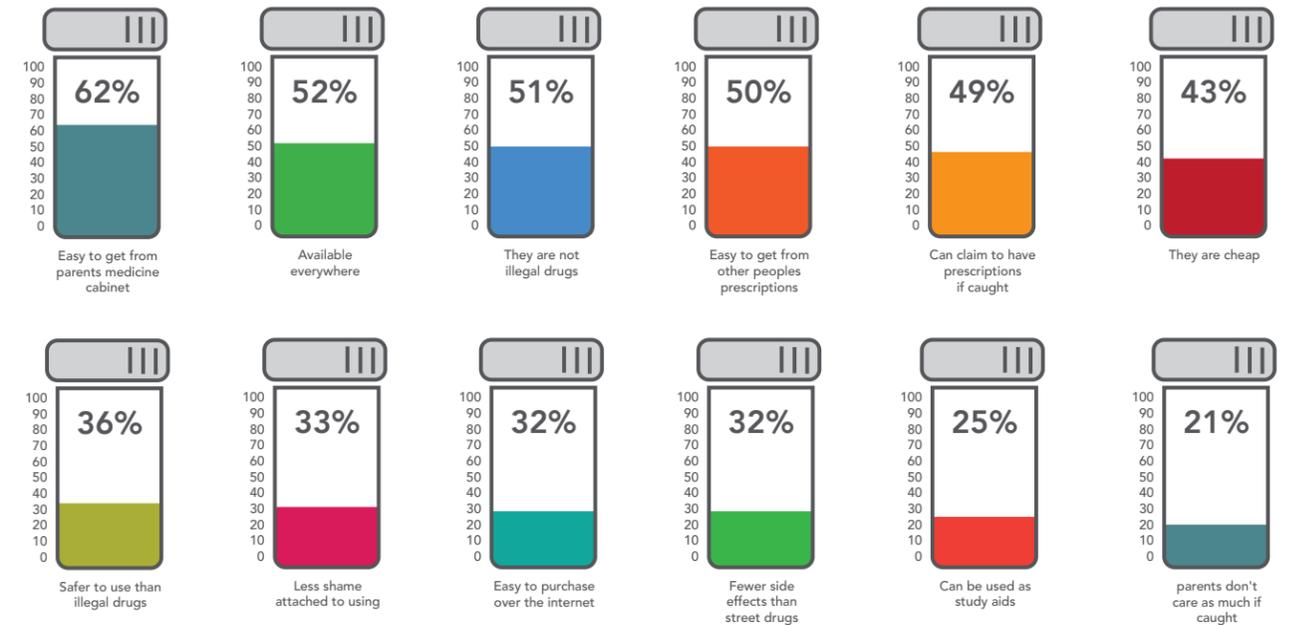
- Be repetitive, do things the same way, every time, over and over again
- Keep things quiet and calm
- Be realistic about what you expect, and understand that drug exposed children may not act their age
- Give support and encouragement
- Help them feel safe
- Help them separate the parent from the substance abuse
- Allow them periods of grief
- Teach them empathy by showing understanding, sympathy and compassion

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

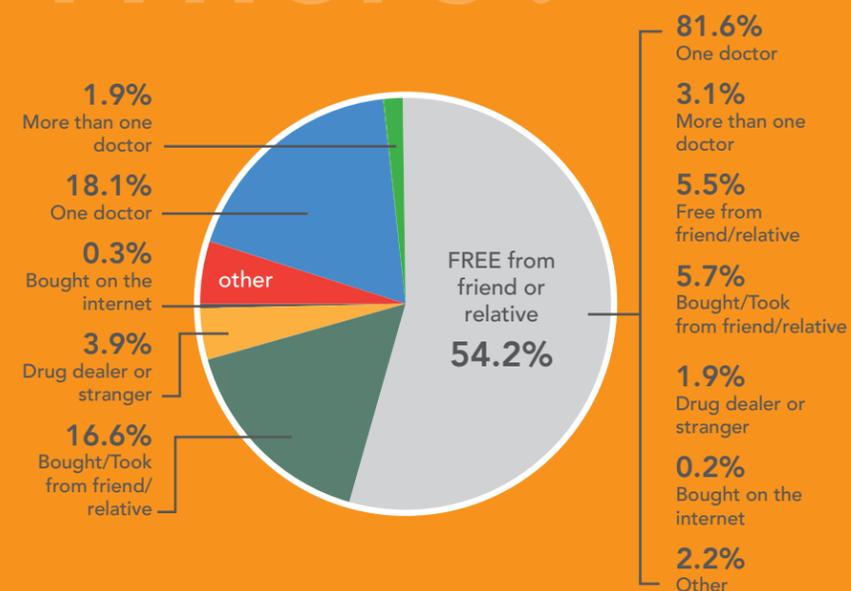


**Student Concerns:** 8.5% of Washington County 10th grade students reported abusing prescription drugs in the last 30 days. Source: Attitudes and Behavior 2014 Survey

## 12 Reasons teens use prescription drugs



## 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 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 Center 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

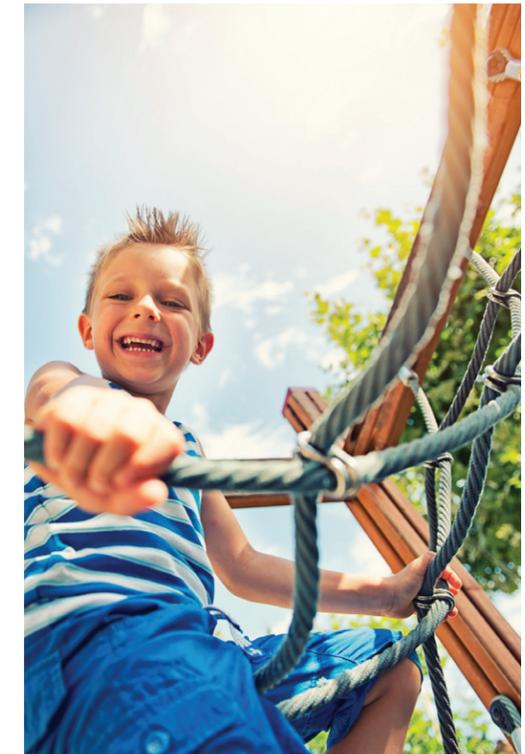
- Genetic factors account for 40%-60% of a person's vulnerability to addiction
- Effects of environmental factors on the function and expression of a person's genes
- A person's stage of development and other medical conditions
- Adolescents and people with mental disorders are at greater risk of drug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

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)



## Signs to Look For

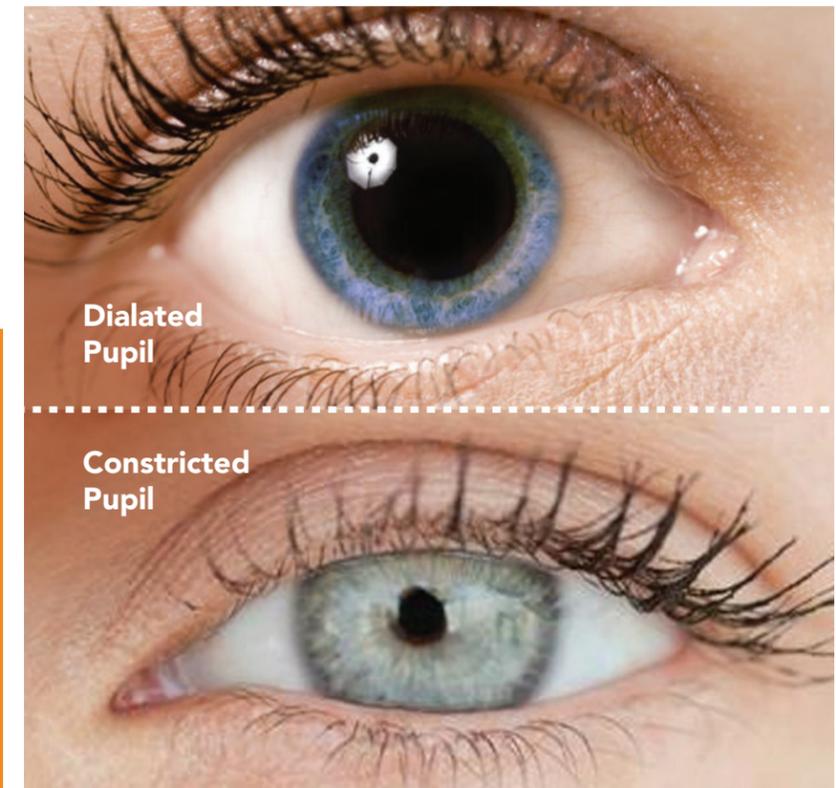
The duration of a dose of Heroin can last 3-6 hours and be detected up to 2 days. Physical and Behavioral signs & symptoms of opiate intoxication:

- 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
- Money loss, asking for money loans or missing items from family/friends





## Things to Know...

### Opiate/Heroin Paraphernalia Heroin can be:

- 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

Check out this great resource: [www.caspalmera.com/nicknames-stree-names-and-slang-for-heroin/](http://www.caspalmera.com/nicknames-stree-names-and-slang-for-heroin/)



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

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

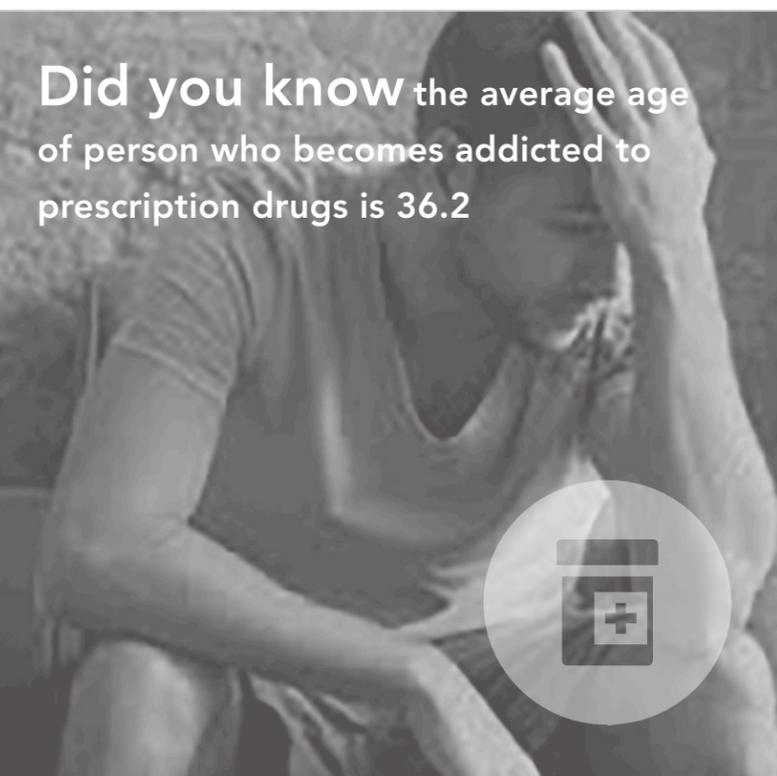
### 5 Tips for talking with kids about drugs and alcohol:

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

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

### Some suggested things to tell your loved one:

- You LOVE him/her and you are worried that he/she might be using drugs or alcohol.
- You KNOW that drugs may seem like the thing to do, but doing drugs can have serious consequences.
- It makes you FEEL worried and concerned about him/her when he/she does drugs.
- You are there to LISTEN to him/her.
- You WANT him/her to be a part of the solution.
- You tell him/her what you WILL do to help him/her.
- Know that you will have this discussion many, many times. Talking to your child about drugs and alcohol is not a onetime event.





## If You Suspect 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.

**Call 911 immediately** if you or someone you know exhibits any of the symptoms listed below. All you have to say: "Someone is unresponsive and not breathing." Give a clear address and/or description of your location.

### 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



## Good Samaritans

### 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. [www.samhsa.org](http://www.samhsa.org)





## Drugs in the Workplace

- 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 workers
- 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 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



## Wisconsin Statutes

Drug Name	Possession Statute	Possession Penalties	Manufacture, Distribution OR Possession with Intent to Deliver Statute	Manufacture, Distribution and Possession with Intent to Deliver Penalties
Marijuana	961.41(3g) (e)	1st offence: Depends on Quantity possessed. Municipal Citation up through misdemeanor 2nd and Subsequent Offenses Class I Felony	961.41(1)(h) / 961.41(1m)(h)	Min. Class I Felony. Max. Class E Felony Depending on Quantity
Prescription Narcotic Drug	961.41(3g) (am)	Class I Felony	961.41(a) / 961.41(1m)(a)	Class E Felony
Heroin	961.41(3g) (am)	Class I Felony	961.41(1)(d) / 961.41(1m)(d)	Min. Class I Felony. Max. Class C Felony Depending on Quantity
Cocaine	961.41(3g) c	1st Offense Misdemeanor Criminal Charge. 2nd Offense Class I Felony	961.41(1)(cm)(1g) / 961.41(1m)(cm)(1g)	Min. Class G Felony. Max. Class C Felony Depending on Quantity
Methamphetamine	961.41(3G)(g)	Class I Felony	961.41(1)(e)1 / 961.41(1m)(e)1	Class F Felony

Felony Class	Max - Prison Term	Max - Initial Confinement	Max - Extended Supervision	Max - Fine
A	Life	Life	N/A	N/A
B	60 Years	40 Years	20 Years	N/A
C	40 Years	25 Years	15 Years	\$100,000
D	25 Years	15 Years	10 Years	\$100,000
E	15 Years	10 Years	5 Years	\$50,000
F	12.5 Years	7.5 Years	5 Years	\$25,000
G	10 Years	5 Years	5 Years	\$25,000
H	6 Years	3 Years	3 Years	\$10,000
I	3.5 Years	1.5 Years	2 Years	\$10,000





## 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

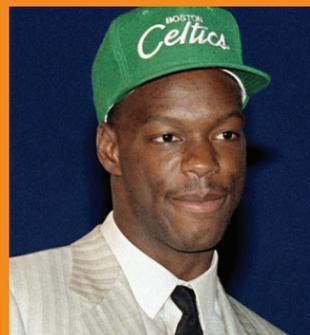
In addition, you must disclose you are a felon on all applications—university and employment. It is then per university or employer policy as to whether you are eligible for admittance or employment.

## 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.



## 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. [www.outthemonster.com](http://www.outthemonster.com)

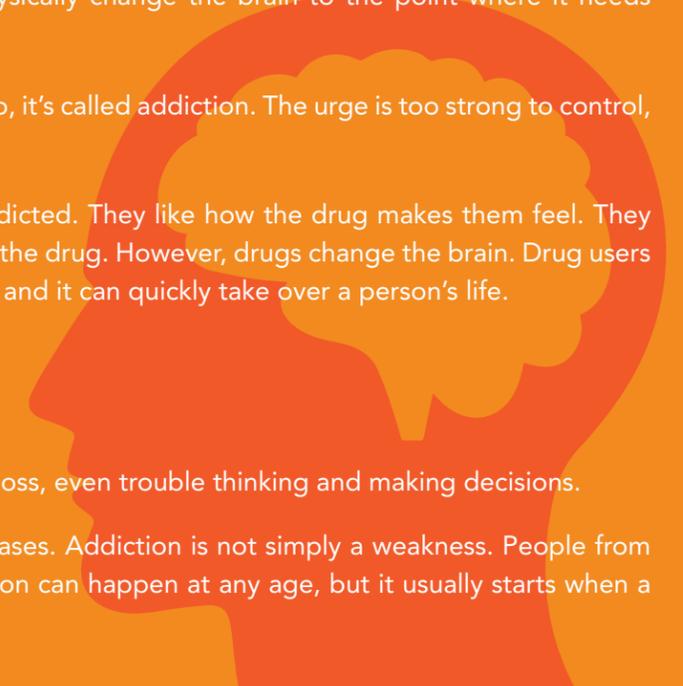
When a drug user can't stop taking a drug even if he wants to, it's called addiction. The urge is too strong to control, even if you know the drug is causing harm.

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](http://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](http://www.drugabuse.gov)





## 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"** 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** such as Al-Anon, Ala-Teen and Nar-Anon to 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.



## Local Stories

My story begins at age three. Adopted from Seoul, South Korea, I was blessed to have a new family of five – dad, mom, two brothers and a sister. At an early age, I never felt I was different. My new family did everything possible to make me feel like I was meant to be with their family.

As I grew older, I realized I was different with brown skin and different shaped eyes. Where did I come from? Why was I given away? How could a mother, much less my mother, do this? Do I have siblings in Korea? Is anyone looking for me? Was it just my mother, or did I have a father present?

Lonely and feeling abandoned, I became a person seeking attention to be a part of something, anything. I sought attention from the wrong peer groups. I was 11 years old when I first drank – a whole liter of vodka. I have brief memories of that day – my mother slapping me, trying to keep me awake, while my father drove me to the hospital in fear for my life. I had alcohol poisoning and was in a very critical state considering my 5 foot height and 80 pound weight. (As a parent today, I can't imagine the emotions my mom and dad felt – it haunts me still.)

Alcohol turned to smoking weed, to cocaine, to ecstasy, to acid/mushrooms and popping pills. I chose to deal drugs to support my monster habit. I began doing poorly in school, lost interest in sports, became a master liar and manipulator hiding what I was doing from my family while becoming the school drug dealer.

Desperate for money, I started to steal from my family, denying any and all accusations. One weekend, our whole family went up north to the family cabin. We returned to a house with doors open, ransacked, money and valuables stolen. Who would do this? Me. I robbed them to support my growing drug addiction. Eighteen months in a Jamaican boarding school promised to get me back on the path of being a loving son and brother. Awakened at 3am by two sheriffs, shuttled to O'Hare airport, I landed at the complex – the first, but not last attempt at rehab. I cried the first whole month.

Returning home, I finished my senior year of school and set off to Chicago for college where I began abusing drugs and alcohol again. I dropped out of college, found a job and excelled, still hiding my drug and alcohol "problems." One night, after using alcohol and drugs and driving, I flipped my car five times and walked away unharmed. This was my first DUI followed by a second and a third. I was out of control! I spent 30 days in jail for all three offenses.

I quit drinking, but an illness resulted in an OxyContin prescription which began the opiates abuse. I hid it, had a great career making 6-figures, life seemed great outside looking in. I moved to Arizona, had a relationship and became a father for the first time. I swore I'd get clean, be a better father, but I wasn't able to free the gorilla off my back. I stole, I lied, I cheated, I manipulated, I became the person I said I'd never become. I spent many times seeking treatment, getting clean, relapsing – like clockwork. Homeless, nowhere to go, I moved into one of my dealer's houses abusing opiates from the moment I woke up to the moment I went to sleep. I called my mother and sister to order food so I could eat. This continued for weeks until I opened the door one day to see my dad and sister standing there. We returned to Wisconsin and treatment and my job – things seemed to be going in the right direction.



**I WAS OUT OF CONTROL!**





## Local Stories

And then, I was introduced to heroin. The moment I made the decision to stick that needle in my arm, my life slipped right through my finger tips. I lived two lives – one life portrayed me doing well, and my other life was hiding in bathroom stalls sticking a needle in my arm. Offered an opportunity in Phoenix, I quit my job of eight plus years and moved back to Arizona using the excuse my son lives there. Sadly, it was to get away. I didn't want to be held accountable, nor did I want my family to know that I had hit rock bottom as a "full blown" heroin addict. The job ended up not panning out to be what was promised. I began stealing from my employer to maintain a certain life style and my heroin addiction. I was caught May 2014 and charged with extortion. Though at my all-time low and scared knowing it was probably a 50/50 chance of me dying shoving a needle in my arm, it didn't stop me. I was broke, homeless, and had burned all bridges. I reached out to my sister, an AODA therapist and VP of Stop Heroin Now – a profession she chose because of me and my addiction. She found a detox center but for me it was just a place to help with withdrawal and meet new connections. I was put on an ankle bracelet and court ordered to stay in Maricopa County.

I was homeless, jobless, without a single dollar to my name. Against their better judgement, my parents sent money as they feared my death sooner than later. I wanted help – to free myself from my addiction – I just wasn't able. So, my parents came to Arizona where the three of us lived in a hotel room for months. Even with this unconditional show of love, I lied to get money to support the vicious addiction cycle while sticking a needle in my arm not five feet away from them in the bathroom.

Then one day, sitting on the steps of the hotel, something made me think clearly. How, after all this, is my family still here wanting the best for me? This act of unconditional love made me want to be a better brother/son/father – I wanted to be free! How much time do I really have? Or, how much time do my family members have? I have a 4-year-old little boy that thinks the world of his father.

I let my parents know I had been using heroin, and that I wanted and needed their help to kick this on my own. Once those words slipped from my mouth, I saw the life escape them. I don't know why they stayed through three weeks of cold turkey detox witnessing their child coming off heroin, but they did. Only now, sober, I'm able to understand. It was unconditional love from the very day I got off the plane and met my new family, and because of that unconditional love, I want to be a better person, a sober person! It's over when it's over!

— Lee William Yum Goddard – sober since September 16, 2014

"The moment I made the decision to stick that needle in my arm, my life slipped right through my finger tips."



## 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.

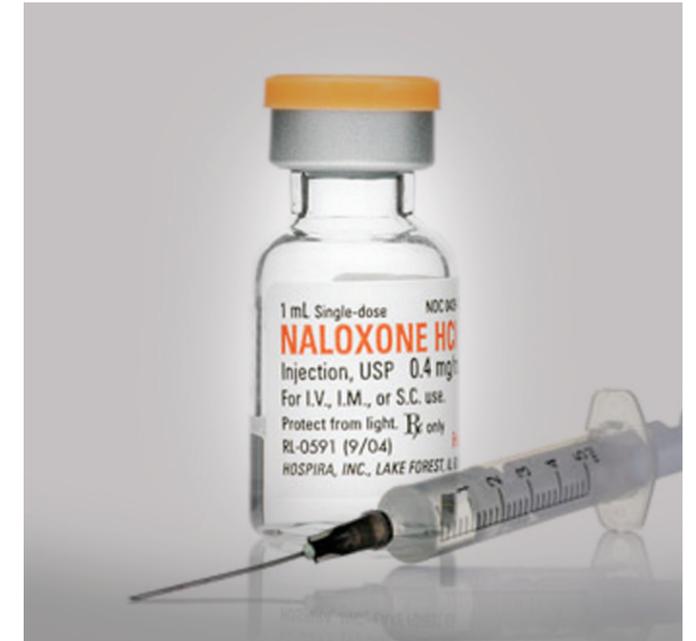
### HOPE LAWS

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](http://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](http://www.cdc.gov/hepatitis/c/cfaq.htm)



CALL 911 WITHOUT RISK

### 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





## Medication Disposal Information

### West Bend Police Department

350 Vine St  
West Bend, WI 53095  
(262) 335-5000  
Lobby open 24 hours a day, 7 days a week

### Jackson Police Department

N168W20733 Main St  
Jackson, WI 53037  
(262) 677-4949  
Available on appointment

### Hartford Police Department

109 N Main St  
Hartford, WI 53027  
(262) 673-2600  
Lobby open 24 hours a day, 7 days a week

### Kewaskum Police Department

204 1st St  
Kewaskum, WI 53040  
(262) 626-2323  
Lobby open 24 hours a day, 7 days a week

### Germantown Police Department

N112W16877 Mequon Rd  
Germantown, WI 53022  
(262) 253-7780  
Lobby open 24 hours a day, 7 days a week

### Slinger Police Department

300 Slinger Rd  
Slinger, WI 53086  
(262) 644-6441  
Lobby open 24 hours a day, 7 days a week

### Washington County Clean Sweep

<http://www.co.washington.wi.us>



## 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 Washington County 24 hours a day, 7 days a week.

**Search Online** – [www.impactinc.org/impact-2-1-1/](http://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](http://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 efforts 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. If you do not have insurance and are a Washington County resident contact Genesis Behavioral Services in West Bend at 262-338-8611 and request an AODA assessment for treatment.



## Resources

### EMERGENCY & ACUTE NEEDS – CALL 911

- Acute Care Crisis Intervention: 333 E. Washington St., West Bend 262.365.6565

### SUPPORT/FAMILY GROUPS

- Elevate Community Resource Center: N169 W21005 Meadow Lane, Jackson 262.677.2216 [www.elevateyou.org](http://www.elevateyou.org)
- Families of the Incarcerated: Columbia St. Mary's Clinic N112 W15415 Mequon Rd., Germantown 262.208.4776 [info@projectsecondstart.org](mailto:info@projectsecondstart.org)

### TREATMENT EFFORTS

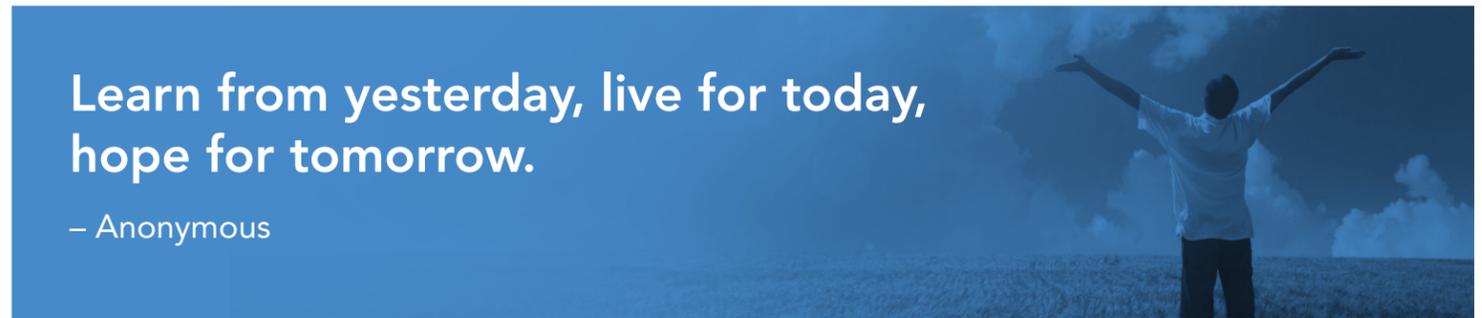
- Affiliated Clinical Services: 111 W. Washington St., West Bend 262.338.2717 [www.affiliatedclinical.com](http://www.affiliatedclinical.com)
- Alarus Healthcare: 1622 Chestnut St, West Bend, WI 262.306.9800 [www.alarushealthcare.com](http://www.alarushealthcare.com)
- Cornerstone Counseling: 279 S. 17th Ave., West Bend 262.789.1191 [www.cornerstonecounseling.com](http://www.cornerstonecounseling.com)
- Genesis Behavioral Services: 1626 Clarence Court, West Bend 262.338.8611 [www.westbendop@charterinternet.com](mailto:www.westbendop@charterinternet.com)
- Kettle Moraine Counseling: 125 N. 6th Ave., West Bend, WI 262.334.434 [www.kettlemorainecounseling.com](http://www.kettlemorainecounseling.com)
- Christian Family Counseling: W175 N11120 Stonewood Dr., Germantown, WI 262.335.5560
- Froedtert Medical and Associates: multiple locations [www.froedtert.com/behavioral-health/alcohol-drug-treatment](http://www.froedtert.com/behavioral-health/alcohol-drug-treatment)
- Exodus House: 1421 Fond Du Lac Ave., Kewaskum, WI 262.626.4166 [www.exodus-house.com](http://www.exodus-house.com)
- Northshore Clinic: 1615 Barton Ave., West Bend 262.334.5323 [www.northshoresclinics.com](http://www.northshoresclinics.com)

### RECOVERY GROUPS:

- AA-Alcoholics Anonymous: [www.aa.org](http://www.aa.org)
- NA-Narcotics/Heroin Anonymous: [www.na.org](http://www.na.org)
- Al-Anon/Al-Ateen: [www.al-anon.alateen.org](http://www.al-anon.alateen.org)
- NAR-Anon: [www.nar-anon.org](http://www.nar-anon.org)
- Unity Club: [www.unityofwb.com](http://www.unityofwb.com)
- SMART Recovery: [www.smartrecovery.org](http://www.smartrecovery.org)
- Celebrate Recovery: Stillwaters Church 3617 Scenic Rd, Jackson, WI 262.677.1377 [www.stillwaterschurch.com](http://www.stillwaterschurch.com)

### RESOURCE CENTER:

- Elevate Resource Center: N169 W21005 Meadow Lane, Jackson 262.677.2216 [www.elevateyou.org](http://www.elevateyou.org)
- AIDS Resource Center of Wisconsin: 820 N. Plankinton Ave., Milwaukee 414.273.1991 [www.arcw.org](http://www.arcw.org)



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

– Anonymous



