



As families, we are often concerned and seek information about problems that may affect our children. With an increase in opiate-use and heroin in our area, the Ozaukee County Heroin Task Force realized the importance of having a local, family-relevant and readily available resource to assist parents and other family members who are seeking resources. We believe that the information contained in this guide will assist parents and the community in developing a better understanding of preventing prescription drug, specifically opiate and heroin misuse/abuse, in addition to providing very local and appropriate treatment options and services.

Your Ozaukee County Heroin Taskforce

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Ryan (left) with his brother Tyler

NOT MY BROTHER

On May 9, 2013 heroin changed my world forever.

As a big brother, you take pride in protecting your siblings. Tyler was only two years younger than me, so naturally we grew-up pretty close. We played sports together, sometimes ran in the same circles, and had each other's back. I was secure in knowing he would always be there for me.

Getting that call about Tyler was nothing you can ever expect. Since relocating to Texas in 2012, I haven't seen my family nearly as much as I would have liked, but I never suspected Tyler was using heroin. The signs of a drug user just weren't present. He held a steady job and had tons of friends -- many from grade school. To this day I wish I could have protected him from heroin.

Our family dynamics have changed so much. I went from having a brother to share every moment in life with, to feeling like an only child. Losing my brother sucks! This drug sucks!

Ryan, Brother of Tyler

Not My Son...

He was 26, an all conference athlete, a recent college graduate, and loved by so many. Born December of 1986 Tyler Benjamin Bares completed our family. He was the baby affectionately nicknamed "Bean" by his older brother, the easy going one with the great sense of humor. On May 9, 2013 that life was snuffed out by a bad choice. Not only did my son lose his life experimenting with drugs, but he changed the lives of so many others. Every day we struggle to find meaning in our world now filled with sorrow and pain.

As a mother you are blessed with a child to love and protect from the moment they are born. You install child proof items around the house to keep them safe, and as they grow you monitor their friends, set curfews and finally breathe a sigh of relief when they graduate from college and start a career. You look forward to the future. But that all ended with one bad choice. Now our family wrestles with "why?" and "how did this happen?" Tyler's death was so preventable.

Spring is when everything comes alive again, a time of year when I look forward to the weather getting nicer, daylight getting longer and family gatherings taking place. But that is no longer the case. When I got home from work that horrible spring day and found my son unresponsive in our family room, my world came to an end as I knew it. May 9 was a cold, ugly, horrible day. I had no idea what happened to my son. Drugs? An overdose? Not a chance, not my son -- especially not heroin! There was no needle. There was no indication of any drug use prior to finding him that day. No signs along the way, nothing. I had nothing. Talk about a nightmare that I never wake from. The guilt is unbearable -- "what DIDN'T I do, what DIDN'T I see?" I lost my son and I was also dealing with the guilt of not being able to function and be there for my other son.

With one bad choice, the sun doesn't shine as brightly, the moments aren't as special and every day I do what I can to make it through another minute. I exist; I try to survive this nightmare that is now my life. Every day I am reminded that I will never see Tyler's huge smile, hear his contagious laugh, or feel his arms wrapped around me while he whispers "me love you long time". My heart was broken in two, half died with Tyler that day in May, and the other half is shattered and will never mend. How do you bury your child and ever heal from that?

Tracy Jeske
A Mother Forever Broken

I love morning in the summertime.

The breezes are dancing through open windows. I open my eyes, deeply breathing in the sweet smells of the flowers from the yard next door. The birds are chirping, some ridiculously loud, but are welcoming sounds, nonetheless. Cloudless, blue skies and warm sunshine are just the icing on the cake, affirming the fact that today will be a good day.

That very concept is one of my favorite aspects of being clean from opiates and heroin. It may sound a tad strange but let me take it farther.

For five years, I dreaded every morning. Dreaded may be the understatement of the year. I HATED mornings with every fiber of my being. I knew every day when I opened my eyes that it was just another day of lying, scheming, stealing, worry, suffering and battling the demon(s) that had overtaken every single second of every single day of my miserable life as a junkie. I had fallen so far that it was impossible for me, at that moment, to see any sort of way out.



Ashley with her daughter

“It all began with my experimentation with Oxycontin...that very choice to try Oxys kicked off an addiction that nearly sent me to an early grave.”

It all began with my experimentation with Oxycontin and not realizing what I was popping and snorting was in essence, heroin itself. That very choice to try Oxys kicked off an addiction that nearly sent me to an early grave. My whole life became devoted to finding, funding and using all that I could get my hands on or afford (which in a short time wasn't much at all due to my rising hunger and tolerance). Enter the cheaper, more potent, much more deadly twin brother Heroin. At first, I was hesitant with the idea of a needle; scared the crap out of me actually. Had I truly sunk this far down? Trust me when I say, I was much more easily convinced than I ever imagined and when that first liquid dose of euphoria was put through my veins, that was it. I was hopelessly hooked along with a man I loved. We sunk further into this madness we had built together. We married and tried to start a life together. I had to hide my track marks at our wedding, was going through withdrawals due to no H beforehand and our reception was a mixed bag of dope fiends and coke heads. Our days were a rollercoaster ride of volatile fights, due to our dope sickness, working for negative dollars, attempting to obtain, shooting up and heroin fueled nodded off conversations about our hopes and dreams when we ever got out of this mess. Dreams? Hopes? I was barely surviving day in and day out.

I am not able to write pages and pages so let's fast forward to December 24th 2007.

Now there is not much I can tell you about that day but this I do remember; not being able to find pills/heroin/whatever and hearing my favorite counselors words echo in my head that she had asked me many times after failed attempts at the methadone clinics. “Do you want to die, Ashley?? Because you surely will die if you continue.” It resonated straight to my deadened soul; hit me so hard it nearly knocked the wind out of me. Suddenly it was so clear. My misery could end if I stepped up and made the change! I have to be free. I have to get clean. I am meant to LIVE not just survive! I informed my husband, now my ex husband may he rest in peace, that I wanted a divorce. All I left with that day was a backpack and my dog. Off I went to my mom's to begin the process of getting through the dope sickness. I get asked, “Wasn't going through the withdrawal hard?” or “How could you do that on your own?” My response is 1) Absolutely awful but necessary to get to the next step 2) I was not ready to die. I was prepared to do whatever it would take to live. Something clicked in me that day and I am so incredibly thankful it did or my addiction would have surely taken my life. Kicking the heroin/opiate addiction was only the beginning. There was much work to be done on my mind and my impulses. As addicts, our brains function differently and I had to learn to manage that aspect. This year will mark seven years free from heroin and opiates and I am blessed beyond words with two beautiful children, a husband who loves me and a job that I am passionate about. Waking up to life these days is pretty awesome and before what I dreaded, I now rejoice that I get to spend another day in a life refreshed and not imprisoned by heroin addiction.

~Ashley

“DON'T THINK ONE TRY IS O.K.

DON'T THINK OPIATES ARE A CHEAP, ONE-TIME, FUN-TIME.

DON'T THINK YOU'RE TOO SMART TO NOT WANT MORE.”



Watching my nephew write letters to his father in prison breaks my heart...BUT, he is at least alive and will get to be in his boys' lives again one day.

The choices we make each day affect not only our lives but the lives of those that love and care about us. We must choose wisely, for them.

~Kari

7 FOOT-TALL MONSTER

Picture a 7 foot tall monster with 10 inch claws. Nails of steel; unbreakable.....

Picture someone who loves you. Parent, brother, sister, Aunt, Uncle, cousin, Grandparents, your best friend since 1st grade.....

Imagine, feel that long-clawed monster digging into their chest and ripping their heart out. How would THAT feel?

That's how I feel every day. Only one of many horrible feelings and thoughts I have each day. Morning, noon and night. My son died over 8 years ago and the pain is still intense, as it was that evening when the police arrived at our door with the news of his death. We don't know which opiates led to his death. Doesn't matter. He's dead. We lost a great son, brother, husband, father, and friend. His son will never personally know what a wonderful person his Dad was.

Don't let the long-clawed monster of opiates rip out you and your loved ones' heart.

Don't think one try is O.K.

Don't think opiates are a cheap one-time fun-time.

Don't think you're too smart to not want more.

What legacy do you want to have? How do you want people to remember you? As getting an education, obtaining a skill, working and taking care of yourself? Being happy? Or being controlled by the long-clawed monster?

My son, honors student through high school, university and medical school, was not that wise.

I sure hope you are wiser than he.

Marge (Mom and Gramma)



This poem was written by a 17 year old heroin addict during her recovery.
In her poem, heroin is referred to as *she*.

***“The thing she put me through
One would only do for true love
And when she’d kiss my consciousness
It was like the touch of a peaceful dove
But when that bird would leave and fly away
My love and kindness couldn’t even make her stay”***



This poem was written by Angela of Cedarburg in September 2005. Angela first tried heroin in June of 2005, by July she was addicted, and on November 30, 2005, heroin took her life.

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Please visit these sites for detailed information about prescription medications:

www.theantidrug.com

www.drugfree.org/drugguide

www.nida.nih.gov

PAIN MEDICATIONS

Pain relievers are a class of the most abused prescription medications among adults and teens. Some commonly abused pain medications include:

- Codeine-Brand Names: Promethazine Syrup with Codeine; Tylenol w/ Codeine
- Hydrocodone-Brand Names: Vicodin, Lorcet, Lortab
- Hydromorphone-Brand Name: Dilaudid
- Meperidine-Brand Name: Demerol
- Methadone-Brand Name: Methadone
- Morphine-Brand Name: MS Contin
- Oxycodone-Brand Names: Oxycontin, Roxicodone, Percocet, Endocet

SEDATIVES:

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

- Alprazolam- Brand Name: Xanax
- Clonazepam- Brand Name: Valium
- Lorazepam- Brand Name: Ativan
- Temazepam- Brand Name: Restoril
- Zolpidem- Brand Name: Ambien

STIMULANTS:

Abused stimulant medications used to treat ADHD include:

- Amphetamine- Brand Name: Adderall
- Methylphenidate- Brand Names: Ritalin, Concerta

STEROIDS:

As with other medications, steroids are prescribed and also abused, they include;

- Anabolic steroids- Brand Name: Anadrol, Durabolin, Depo-Testosterone

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.



These are OxyContin pills

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 Vicadin, Oxycontin, and other versions are super, super strong. We live in a very high-prescribing county. Youth are not an exception. They are being prescribed huge quantities of very, very strong medications for things such as simple sports injuries. Be an advocate while you can and look into options. Pain is no fun but it's better than starting an addiction in your child.

YOUR MEDICINE CABINET

Statistics show that your medicine cabinet is an easy place for your children to get drugs. It might not be your children that take the pills from your medicine cabinet; it might be your children's friends that come over. Make sure you tell your children's friends, your friends and relatives to lock their medicine cabinets.

1 in 9 youth will use prescription drugs to get high this year.

MEDICATION TAKE BACK

The Ozaukee County Public Health Department in partnership with local police departments, offer two county-wide medication disposal events, annually. In addition, unused and unwanted prescription medications can be disposed of at ANYTIME at each of the local police stations and the Ozaukee County Sheriff's Department.

New D.E.A legislation makes it legal to dispose of drugs at pharmacies. It is voluntary so ask your pharmacy if they collect and how their process works.



What You Can Do

1. Keep all medications out of the reach of children.
2. Even though your children might be older, you still need to secure your medications.
3. Lock your medicine cabinet or keep these medications in a secure location.
4. If you suspect your medication are missing it is important to speak to your children.
5. Dispose of unused or outdated medications safely. Local drop-off locations are listed on the next page. You can refer to the Food and Drug Administration's website for proper disposal methods here: www.fda.gov
6. If your child is abusing prescription medications, keep reading! This guide will give you some much needed information.

REMEMBER: Our youth don't just get prescription medications from their parents' medicine cabinets, but also from their friends, grandparent's home or other family members.

OzMedDrop Project

Dispose of unused, unwanted or out-dated medications in the MedReturn drug collection unit at your local police department or the Ozaukee County Sherriff Department on the days and times listed below. Please remove personal information from the container.

Cedarburg Police Department

W75 N444 Wauwatosa Road Cedarburg, WI 53012
Phone: 262-284-8436
Days: daily
Times: 24 hours/day:

Grafton Police Department

1981 Washington Street Grafton, WI 53024
Phone: 262-375-5320
Days: daily
Times: 24 hours/day

Port Washington Police Department

365 N. Wisconsin Avenue Port Washington, WI 53074
Phone: 262-284-2611
Days: daily
Times: 8am – 5pm

Mequon Police Department

11300 N. Buntrock Avenue Mequon, WI 53092
Phone: 262-242-3500
Days: daily at Safety Building Lobby
Times: 24 hours/day

Saukville Police Department

639 Green Bay Road Saukville, WI 53080
Phone: 262-284-9423
Days: Monday - Friday
Times: 7:30am – midnight

Thiensville Police Department

250 Elm Street Thiensville, WI 53092
Phone: 262-242-2100
Days: Monday – Friday at Municipal Center Lobby
Times: 8am – 4:30pm

Ozaukee County Sheriff's Office

1201 S. Spring Street Port Washington, WI
Phone: 262-284-8436
Days: Monday - Friday
Times: 8am – 5:15pm



DID YOU KNOW



**OVER 6.5 MILLION PEOPLE
AGE 12 AND OLDER ABUSED
PRESCRIPTION DRUGS IN THE
LAST MONTH.**

**EVERY DAY, 4,047 CHILDREN
AND YOUNG ADULTS BEGIN
EXPERIMENTING WITH
PRESCRIPTION DRUGS.**

**ONLY 4.7 PERCENT OF
CHILDREN WHO ABUSE
PRESCRIPTION DRUGS GET
THEM FROM A STRANGER, A
DRUG DEALER OR THE
INTERNET.**

A PARENTS' GUIDE TO PRESCRIPTION DRUG ABUSE PREVENTION

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. Review the following guidelines for prescription drug abuse and discuss them with your family and friends.

LOCK YOUR MEDS

Every day, 4,047 children and young adults start experimenting with prescription drugs. Only 4.7% 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 that they cannot access.

TAKE INVENTORY

Using a home medication inventory card, write down the name and amount of medication you currently have, and check regularly to make sure that nothing is missing.

EDUCATE YOURSELF AND YOUR CHILD

Learn about the most commonly abused types of prescription medications (pain relievers, sedatives, stimulants and tranquilizers). Then, communicate the dangers to your children regularly; once is not enough.

SET CLEAR RULES AND MONITOR BEHAVIOR

Express your disapproval of using prescription drugs without a prescription. Monitor your child's behavior to ensure that the rules are being followed.

PASS IT ON

Share your knowledge, experience and support with the parents of your child's friends. Together, you can create a tipping point for change and raise safe, healthy and drug free children. Learn more about ways to get involved at www.nfp.org.

DISPOSE OF OLD AND UNUSED MEDICATIONS

For guidelines on safe and proper disposal of medications, visit www.nfp.org/safemeddisposal.

WHAT TO DO IF YOUR CHILD ALREADY HAS A PROBLEM

If you think your teen is using drugs, **don't wait** to do something about it. Visit the Substance Abuse & Mental Health Services Administration at www.findtreatment.samhsa.gov for a list of treatment centers in your area or call; 1 (899) 662-HELP (4375)

Health Consequences of Prescription Medication Abuse

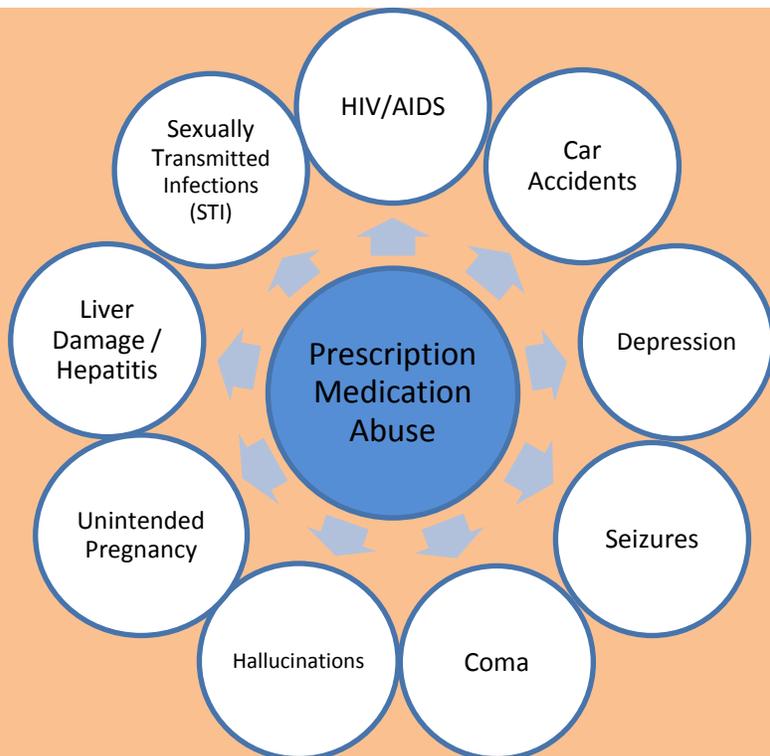
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Sexually Transmitted Infections (STI)

Drug use and abuse, including the illegal use of prescription medication is associated with impulsivity, impaired judgment, and risk taking, like needle sharing and unsafe sex. Drug use & abuse also weakens the immune system.

This combination increases a person's chance of getting or passing:

- Chlamydia
- Gonorrhea
- High risk HPV
- Genital Warts
- Herpes
- Syphilis
- Hepatitis C
- HIV



Drug Addiction is a Brain Disease

Although initial drug experimentation or use might be voluntary, drug abuse and dependence have been shown to alter gene expression and brain circuitry, which in turn affect human behavior. Once addiction and dependence develops, these brain changes interfere with an individual's ability to make voluntary decisions, leading to compulsive drug-craving, drug-seeking and use.

When you hear the words “consequences of drug abuse” you may think of addiction, crime, social problems. However, the most immediate and long lasting problems caused can be medical in nature. The impact of addiction can be far reaching.

- Cardiovascular disease
- Cardiac arrhythmias and stroke
- Cancer
- HIV/AIDS
- Hepatitis
- Other infectious diseases
- Lung disease
- Kidney damage
- Liver damage
- Damage to an unborn baby
- Mental health effects/suicide
- Death

Some of these conditions may occur after just one use. Abuse of almost any drug abuse may harm some tissue or organ.

(Source: National Institute on Drug Abuse (NIDA), National Institutes of Health)

Students Report

Students who abuse prescription stimulants (e.g. the ADHD medication Adderall) 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)

Parenting Style

Have you ever thought what your parenting style might be with your son or daughter? Parenting styles vary depending on personality and how you were once raised by your parents. So...

- Do you think you're too strict?
- Not strict enough?
- Or too relaxed?

Would you like to find out how your parenting style can influence your relationship with your child? Studies show that parents who are strongly bonded to their children, with a Balanced Parenting Style, have a better chance of raising resilient, drug-free youth!

For parenting resources, visit the Parenting Advice section at



www.theantidrug.com



“...you have to go into **THEIR** world to reach them.”

Important Conversations...

More conversations with your son or daughter mean that you're bonding with them. The stronger your bond, the less likely they will use drugs or alcohol.

Having everyday conversations about your child's daily activities, hobbies, school life or sports is a great place to start. Remember, you have to go into THEIR world to bond with them.

On the other hand, if you feel your child might be experimenting with drugs, there are some specific conversations you should have. Check out these conversations guides and informative websites created just for parents,

www.timetotalk.org

www.timetoact.drugfree.org

Here are five quick tips to remember when 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.

FREE HOME DRUG TESTING

1. Visit www.TestMyTeen.com and click on products
2. Add the Noble 10 Drug Home Test Kit to your Shopping Basket
3. Enter this special voucher code 5R8H4 when prompted on during checkout.
4. The cost of the kit will drop to \$0.00 and all that will remain are the shipping and handling charges.

*Limit 1 per family. Subject to Terms and Conditions listed at <http://www.testmyteen.com/Terms.aspx>



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

Factors that Can Increase the Chance of Addiction

Home and Family

The influence of the home environment is usually most important in childhood. Parents who are emotionally and physically unavailable and older family members who abuse alcohol or drugs, or who engage in criminal behavior, can increase children's risks of developing their own drug problems.

Peers and School

Friends and acquaintances have the greatest influence during adolescence. Peers who use drugs can sway even those without risk factors to try drugs for the first time which can trigger the genes that can cause addiction. Academic failure or poor social skills can put a child further at risk for drug abuse.

Early Use

Although taking drugs at any age can lead to addiction, research shows that the earlier a person begins to use drugs the more likely they are to progress to more serious abuse. This finding identifies why early use can significantly impact the developing brain. Early use can also result from a constellation of early biological and social vulnerability factors, including genetic vulnerability for addiction and or mental illness, unstable family relationship, and exposure to physical or sexual abuse. It is a strong indicator of problems to come.

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, producing a powerful rush of pleasure. However, this intense "high" can fade within a few minutes, taking the person down to lower, more normal levels. It is often an extreme contrast, and scientists believe that this low feeling drives individuals to repeated drug abuse in an attempt to recapture the high pleasurable state.

(Excerpted from Addiction: "Drugs, Brains, and Behavior - The Science of Addiction" NIDA)

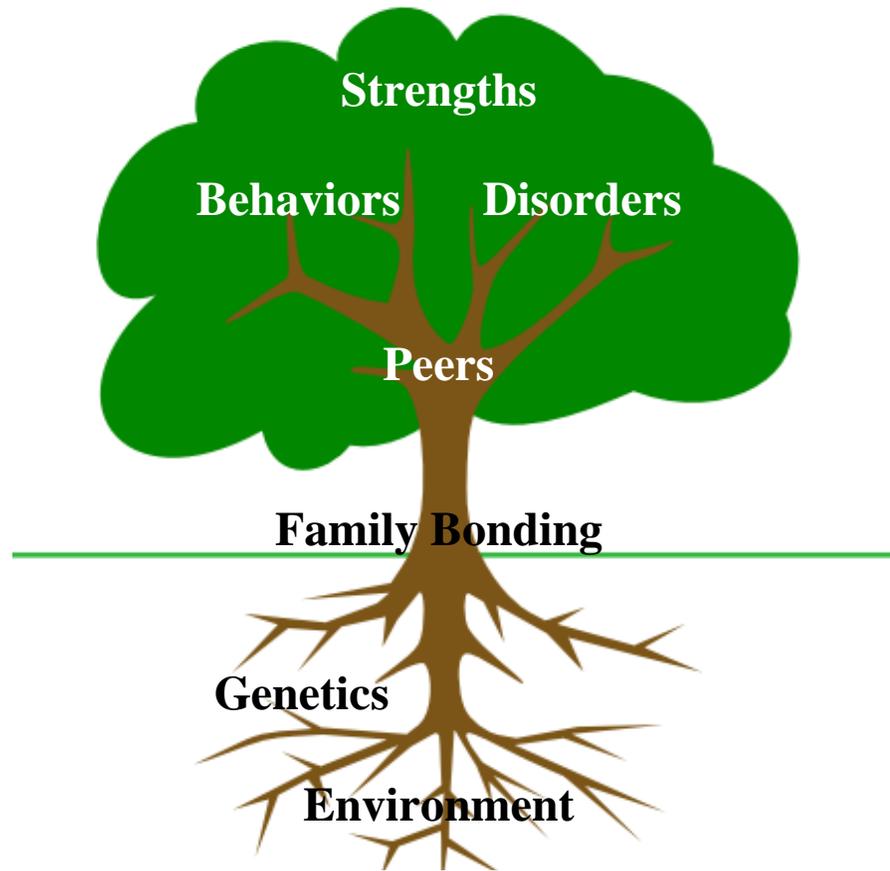
Scientists estimate that genetic factors account for between 40 and 60 percent of a person's vulnerability to addiction, including the effects of environment of gene expression and function. Adolescents and individuals with mental disorders are at a greater risk of drug abuse and addiction than the general population. Although, the initial decision to take drugs is mostly voluntary.



When drug abuse takes over, a person's ability to exert self control can become seriously impaired. Brain imaging studies from individuals who are addicted to drugs and or alcohol show physical changes in areas of the brain that are critical to judgment, decision-making, learning and memory, and behavior control. Scientists believe that these changes alter the way the brain works, and may help explain the compulsive and destructive behaviors of addiction.

As with any other disease, the capacity to become addicted differs from person to person. In general, the more risk factors an individual has, the greater the change that taking drugs will lead to abuse and addiction. "Protective" factors reduce a person's risk of developing addiction and assist in developing behavioral and emotional strengths.

Children's earliest interactions within the family are crucial to their healthy development and reducing the risk of drug use. Family bonding and the child's acceptance and relationship with both parents are critical protective factors.



www.drugabuse.gov

Is my child using drugs?

Parent: The Anti-Drug provides this watch list for parents:

- Changes in friends.
- Negative changes in schoolwork, missing school, or declining grades.
- Increased secrecy about possessions or activities.
- Use of incense, room deodorant, or perfume to hide smoke or chemical odors.
- Subtle changes in conversations with friends, e.g. more secretive, using “coded” language.
- Change in clothing choices: new fascination with clothes that highlight drug use.
- Increase in borrowing money.
- Evidence of drug paraphernalia such as pipes, rolling papers, etc.
- Evidence of use of inhalant products (such as hairspray, nail polish, correction fluid, common household products). Rags and paper bags are sometimes used as accessories.
- Bottles of eye drops, which may be used to mask bloodshot eyes or dilated pupils.
- New use of mouthwash or breath mints to cover up the smell of alcohol.



Recommendations & Suggestions

There are many resources available for parents when they suspect that their son or daughter is using drugs. 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.



Some suggested things to tell your son or daughter:

- 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 one-time event.

For more information, go to
www.drugfree.org/time-to-act/

Be Aware!!
Youth can get any drug they want.
You can't be everywhere to watch...but you can inform, be supportive, and be available to talk!

“Parent denial is real and very strong. I had clues but no clue. Dedicate your full attention to your growing teenager...pay attention while your child is still healthy and alive!”



Family Check-Up
Positive Parenting
Prevents Drug Abuse
www.drugabuse.gov

Dear Parents,

I am a parent who was able to help and support my daughter by renting an apartment for her (because there was nowhere else to live anymore and she needed a safe place), and utilized the Suboxone and Methadone programs, both are not cheap. In the end her strength was unbelievable when she fought for herself and became heroin-free. My thoughts are that tough love is essential from one parent, but one parent has to fight for them to keep them fed, safe, and sheltered. That child is not weak, or a loser. Research the physiology of addictions please. The HBO special called, “Replacement Therapy,” was the only thing that I found that made sense which brought my attention to the programs.

I can honestly say that the signs of drug use were so obvious looking back but I had excuses for everything. My voice to you is to say, parent denial is real and very, very strong. I had clues but no clue. Did you know that Heroin was circulating in Port Washington? Me either. Red Ribbon Campaign did not cover snorting Oxy. My A+, shy, computer child, who almost passes out from the word "medical," was in the city shooting up heroin! Get a clue parents! Getting out of parental denial is the first key to catching early drug use. Know the signs. You are not always losing the money out of your purse, okay?!

The only other opinion I would like to write at this time is that if you do not do the parent work now of stalking, spying, prying, calling other parents, curfews, discipline, researching friends, researching drugs in the community, and most of all following through on every instinct you have. This can be about social anxiety, panic disorders, bipolar disorders, and other teenage problems your child may have. Never leave them alone as much as you can. Dedicate your full attention to your growing teenager. Even if you have to have private meetings with teachers, principals or even switch schools or physicians, just get your child what they need before they turn 18. It is very difficult to help after 18. Be in their life no matter how much they fight you. What’s that you say? Think that is too much trouble, or time from your job or too much attention or lack of trust? Then you can do what I did. Watching your child spiral downward from heroin is not fun on you or your family or your wallet or your time or your heart with the grief and sorrow you feel for the loss of your child to this drug world. If they don’t end up with jail time, diseased, raped, beaten, or overdosed it will be a miracle like my daughter. Thank you God! Just do the "easy work" now. Pay attention while your child is still healthy and alive.

~Laura



A CRY FOR HELP?



This is a photo of a canvas piece of art. It was created by Chelsea while she was in high school. Later she would become addicted to Oxycontin, which led to heroin use. Non-traditional signs are important to recognize.

While intoxicated on opiates, the person may show these signs

- Reduced social interaction
- Drowsiness
- Poor memory and concentration
- Anxiety
- Constipation (may try to acquire remedies)
- Slowed breathing
- Slow movement and reactions
- Mood swings
- Apathy and depression

www.drugfree.org/drug-guide/



Drug paraphernalia

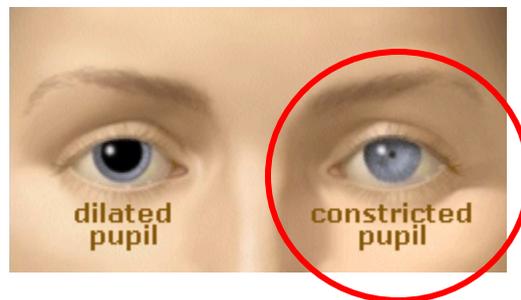
www.justice.gov/archive/ndic/pubs6/6445/6445p.pdf

Signs to Look For

A person who is abusing opiates will have constricted pupils, will appear tired and drowsy. They may actually nod out but continue to try to talk as they don't realize they have nodded out.

A person early in their abuse of these drugs may get itchy and nauseated. As the drug kicks in, he or she may vomit.

A person who has been crushing pills and snorting them may leave short straws and rolled dollar bills around, along with small mirrors. If they smoke the drug, there may be pipes left around, and if they inject it, there may be syringes, rubber tubes, syringe caps, droppers, and spoons.



Lifestyle and Behavioral Changes

- Money loss, banks calling or increases in bounced accounts
- Lose touch with family and friends
- Neglect work or school
- Change in attitude and increase in temper or outbursts
- Deteriorating physical appearance/poor hygiene
- Loans of money being asked or things of theirs missing or items missing from family and friends

Track marks from needle use





Photo during use

During use my face is always flushed or red. Under eyes look terrible, dark, and puffy. I'm too skinny. My one eye is always droopy from being faded, can't keep my eyes fully open. Hair is not washed ever. Exhausted and tired all the time.



Photo of me now

My face is clear. My eyes are clear and OPEN! No flushed or red or droopiness. There is no haziness. I have a nice bright smile and face. I prefer this look.

What is it Like to Do Heroin: The Truth

At first you feel like this spooky drug 'heroin' hasn't delivered. You just feel mellow and think everybody has been lying to you the whole time and it's not addictive like everybody says it is. It doesn't make you hallucinate, you don't get a hangover, it just feels...nice.

The next day you wake up and think everything is still normal. And hey...that drug was pretty cheap as well! It only cost me 10 dollars for a night of being high what is everybody talking about? I thought heroin was supposed to be expensive? You enter the next weekend again and sure you could smoke some pot or snort a line of coke, but you really liked that heroin! And of course it only costs me 10 dollars so why not buy more so I can have it the entire weekend! This is great! I can just do heroin on the weekends now. But I have a job, I work, and have some responsibilities yet. You know you can't go into work drunk or high, but you can function pretty well on heroin and nobody will know! Instead of being depressed you can be happy at work now. Wow, life is pretty good and everything is wonderful.

Heroin is a great drug. Heroin is better than everything else. Heroin makes me who I wish I was. Heroin makes life worth living. Heroin is **better than everything and anybody else**. Heroin tolerance builds up fast. Heroin starts to cost more money. I need heroin to feel normal. I don't love anymore. **NOW I'M SICK**. I can't afford the heroin I need. How did 10 dollars used to get me high now I need 100 dollars! That sketchy friend of a friend who let me try a few lines that one day doesn't actually deal, so now I need to find a real dealer?! Oh god this guy is a felon and carries a gun, but hey he can sell me the drug. I sold my car to buy more heroin. I lost my job because I don't have a car. I have no money because I lost my job. Let's take this cash from this purse. Let's steal this and sell it so I can buy heroin. Heroin, Heroin, **Heroin**. All I think about 24/7 is HEROIN. This isn't who I am. NO. NO. NO. NO THIS ISN'T WORKING! I NEED TO QUIT.

....To answer your question, heroin feels nice....that's all...

~Chelsea

HOPE Laws Heroin, Opiate Prevention and Education

Laws that save

In 2014, Governor Walker signed all seven of Rep. John Nygren's, HOPE Agenda bills into law to help prevent and fight the growing heroin and prescription drug epidemic in our state.

For more information about these bills, visit legis.wisconsin.gov

Overdose Naloxone (Narcan)

EMT's, police, first responders 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]

Naloxone (Narcan) is a special narcotic drug that reverses the effects of other narcotic medicines. It may be used to treat narcotic drug overdose. In Ozaukee County, all police officers and first responders have Narcan.

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. Please seek immediate medical help after administering.

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

stopoverdose.org/faq.htm

If you are with someone who is overdosing, CALL 9-1-1 without risk

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

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.

Hepatitis C 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

For more information contact the AIDS Resource Center of Milwaukee:

AIDS Resource Center of Wisconsin-Milwaukee

www.arcw.org
(414) 273-1991



Possible Legal Consequences of Prescription Medication Abuse

20



ILLEGAL ACTS

It is illegal to alter, change, or manufacture a prescription to obtain any medication.

It is illegal to order prescription medication over the internet or from outside the United States without a legal prescription.

It is illegal to transfer any prescribed medication to any other individual (even giving a friend or family member one pill is an illegal act).

It is illegal to obtain a controlled substance; or one of the therapeutic - value for any medical issue, from a second physician without advising the second physician that you have already received a similar controlled substance. This is referred to as doctor shopping.

If They're Arrested

A phone-call in the middle of the night...“Mom, I’m in jail.”

At least you know that your child is alive, but you need to think before you rush in, what will happen to them in the court system?



What parents can do when their son or daughter is arrested:

BOND OR NO BOND-Are they better sitting in jail until their court hearing? Or should you bond them out, and will they continue to use drugs when they are released?

A simple drug possession arrest is a third degree felony and the bond for a single charge is generally \$1,000, per charge.

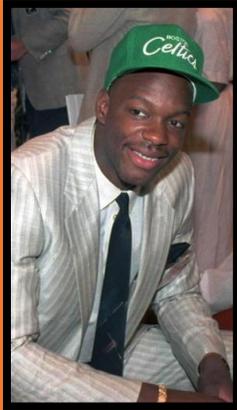
A drug trafficking arrest is a first degree felony and the bond can vary between \$75,000, up to \$500,000 per charge.

MAGISTRATE HEARING-Judge determines if there is “probably cause” for the arrest and a bond is announced for the individual arrested (defendant). If they are in custody (jail), the hearing is within 24 hours. If they bond out before the magistrate hearing then their first hearing will be an arraignment hearing.

ARRAIGNMENT HEARING-A hearing where the judge gives a formal reading of the charges and asks for a plea from the defendant; a plea of guilty or not guilty is requested by the judge. If the defendant does not have an attorney, a public defender can be appointed at this time. Most individuals plead ‘not guilty’ at this hearing; then a trial date is set for approximately 30 days from the hearing (this date can, and often is continued by the attorneys numerous times before a formal trial takes place).

TRIAL-Every defendant is entitled to a trial or the defendant can take a ‘plea,’ which is a negotiated sentence with the State Attorney. During the negotiation process the defense attorney, parents or other interested parties can communicate with the court to request ‘drug treatment or counseling’ for the defendant. When the court mandates the treatment, the defendant is required to complete the treatment or they can be violated and go to jail.

Len Bias Law



Lenard Kevin "Len" Bias (November 18, 1963-June 19, 1986) 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 holds the supplier of a drug responsible when a user dies.

This law was rarely used in Wisconsin until recently, with the resurgence of heroin.

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.**

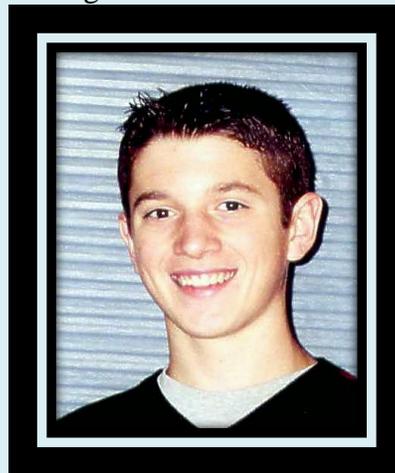
Heroin and Its Deadly Consequences

The phone rings. I go to wake up Matt and realize he's dead. Something no parent should ever have to experience.

Death by overdose.

Everyone has problems at some point in their life. Drugs or Alcohol are not the answer.

Do you really think you'll be accepted and part of the "group" because you say yes to drugs? Saying no may not be easy, but at least you'll have your dignity and a future. What can be said for those who have chosen the path of drugs? Lie, Steal, Failure, Jail, Death! With so many drugs available, do you even know what you're taking before it's too late and you're addicted? If you have a job, you may lose it. How can you afford your drugs, you STEAL. Where is your life headed? You'll use people; you'll lie in order to get your drugs. Your life becomes a living hell. Or how about becoming a dealer? You've already ruined your life, but now you can take credit for ruining someone else's.



How long will this go on before kids understand the consequences? No one starts taking drugs thinking, I'm going to become an addict, ruin my life and OH by the way I may end up in jail or DIE. The decisions you make today could have serious consequences.

The individual convicted of our son's death made the comment from prison, he's "**dead**". A metaphor for the everyday life he's living behind bars. Being in prison for 25 years is not something kids in high school think could happen to them. The authorities have stepped up their efforts to **arrest and convict** those engaged in illegal activity. Very lonely life when they realize they will now have their freedom taken away. And where are their so-called friends... nowhere to be found.

You can't imagine the pain I felt the day I found my son. Memories of Matt will be in my heart forever.

~Debbie, Mother of Matt

PARENTS' COMMITMENT TO KEEP KIDS SAFE FROM PRESCRIPTION DRUG ABUSE:

1. **As parents, we will talk to our children about the dangers of taking medications without a prescription.**
2. **We will set clear rules for our children about not sharing medicine and using medication only as prescribed.**
3. **We will secure our medicine to prevent our children or guests from accessing it.**
4. **We will take stock of our medications, and regularly check to make sure see that nothing is missing.**
5. **We will encourage family and friends to follow the same guidelines to keep all our children safe from prescription drug abuse.**



A Story of Shame

Parents experience many emotions when dealing with a child who is using drugs. Fear is one; distrust is another. And then there is shame. Fear and distrust can be expected when your child exhibits behaviors like deception, disrespect, justification and general avoidance of family members. These traits are common among young people who have made a bad choice in their lives because once usage becomes addiction; their life is a living hell. They no longer use drugs to feel good; they use drugs to prevent the unbearable symptoms of withdrawal. It is important to act on your emotions, through direct communication, or even intervention if that becomes necessary. But shame should **never** be part of the equation. In the case of young drug users, I believe shame is only self-serving for a parent and counterproductive for the child.

I feel no shame regarding my son David, who lost his battle with addiction after 20 years of opiate use. During the periods in David's life when he used drugs, he exhibited most of the negative behaviors I mentioned. At other periods of his life-- almost seven years --between the ages of twenty five to the age of thirty two when he did not use drugs, he exhibited qualities that were the *real* David. He consoled others, ran N.A. meetings, and went into a prison to hold meetings for inmates. He went back to college at the age of twenty six, made the dean's list, and was accepted into a masters PHD program in Psychology at Nova Southeastern University. His dream was to get his degree so that he could help others. How can I have shame? Why he relapsed (and within a year he was gone), I will never know. I will always have sadness -- but, never shame.

I know other parents who have lost a child to drug addiction. Some say their child died of a heart attack or other mysterious illness. They are concerned about how they would be viewed as the parent of an addict. They worry about negative stigma being attached to their status in the community, when they should be forthright in helping other parents to understand what to look for, how to deal with and possibly avoid this happening to their child.

All parents who have experienced this tragedy look back at how we raised our child, think about mistakes we made and wonder what we could have done differently. If I had created a stronger bond during the formative years, spent more quality time, or really focused on the relationship, would it have made a difference? This is only natural, and is a subject for another discussion. Shame or cover-up does not belong in any discussion.

I spoke at David's funeral, first by acknowledging that my son died of an overdose after struggling for twenty years with his addiction. I then went on to talk about the many good things he accomplished in his life. I closed by saying David is and always will be my hero.

The only shame a parent should experience is their own, if each day that they speak to their children they neglect to tell them that they love them, as I now do every time I talk to my daughter.
~ Howard

Science & Addiction

When science began to study addictive behavior in the 1930s, people addicted to drugs were thought to be morally flawed and lacking in willpower. Society responded to drug abuse, treating it as a moral failing rather than a health problem, which led to an emphasis on punitive rather than PREVENTION and TREATMENT. Groundbreaking discoveries about the brain have revolutionized our understanding of drug addiction, enabling us to respond effectively to the problem.

As a result of scientific research, we know that addiction is a disease that affects both brain and behavior. Many of the biological and environmental factors have been identified and are beginning to search for the genetic variations that contribute to the development and progression of the disease. Scientists use this knowledge to develop effective prevention and treatment approaches that reduce the impact drug abuse takes on individuals, families, and communities.

Source: Nora Volkow, MD, Director National Institute on Drug Abuse

What are the basic symptoms of addiction?

The primary symptoms of addiction include TOLERANCE (development of resistance to the effects of alcohol or other drugs over time) and WITHDRAWAL (a painful or unpleasant physical response when the substance is withheld). Many people with this illness deny that they are addicted. In addition to TOLERANCE and WITHDRAWAL other symptoms include:

- Inability to control drug use
- Continued drug use despite negative consequences
- Significant time spent on getting drugs
- Avoidance of school, family, or social activities
- A desire to cut down, stop use, or previous failed attempts at stopping

How does it get *more serious*?

Addiction grows more serious over time. The progression can be measured by the amount, frequency and context of a child's substance use. As the illness increases, children need more drugs or alcohol; they use more often, increase the amount of the substance and use in situations you never imagined. The illness becomes harder to treat and the related health problems surface such as an organ disease (heart, liver, kidneys).

*Brend LaVar, Ph. D.
Comprehensive Training Center, Inc.*

What's a relapse?

People recovering from addiction can experience a lack of control and return to their substance use at some point in their recovery process. This faltering common among people with most chronic disorders, is called relapse.

To non-recovering people, relapse is one of the most perplexing aspects of addiction. Millions of Americans who want to stop using addictive substances suffer tremendously, and relapses can be quite difficult for the family, but ARE part of the recovery process.



I unfortunately earned my spot in front of the judge and that was it, being sentenced 18 months in prison, 2 years extended supervision. Prior to my prison sentence I did jail time 60 days, got out and EXACTLY 30 days later I violated probation and was revoked for 9 months, got out again and 7 weeks later overdosed and went back to jail which then led to my prison stay.

FINALLY!!!! I realized enough was enough once I was at the lowest point in my life and had nowhere else to go besides digging a deeper grave. I knew at this point in time that something had to change. I blamed everyone else around me; especially my parents. I never took ownership to my drug use. It was always “well nobody cares, why should I stop there is no reason to, there’s nothing else to look forward to” and the million other excuses and lies I could come up with.

As I was sitting in my jail cell I was thinking what am I going to do with my life? How am I going to get help **THIS TIME** and truly, sincerely mean it; that my family and friends would actually believe me this time around versus the prior times?

When I had the opportunity I abused it and chose to use more and more. I hurt everyone around me and I gave up because I felt like they gave up on me. Many questioned me, judged me, degraded me and criticized me because I begged and pleaded for boot camp. Was told you’re dumb, all they are going to do is brain wash you and mess your life up more.

For that split second I believed it, because my second thought was yeah, they’re right; *is this what I REALLY WANT?* Do I really want to get sober and clean?

Being an only child, I was self-fish and I was number one, cold hearted, it was about me nobody else, I rebelled and thought what I was doing was the right way to get back at everyone else as to why I was hurting inside. **I WAS WRONG!**

Since this tragic incident of my own, I’ve turned my life around a complete 180. I attended the Challenge Incarceration Program (boot camp) in New Richmond, Wisconsin. The program included; physical activity, work assignments, discipline, instruction on military bearing, intense AODA treatment, individual educational programming, in depth group interaction addressing rational thinking and responsible behavior. After seven months of dedication to myself and the program I graduated and re-entered into the community on May 29th, 2013. Upon returning to the community I engaged myself in counseling, had a beautiful baby girl Addison, enrolled back into school to finish my B.A. Business and Human Services, and work full time. When I look at the amazing accomplishments in one year of being out, something has been telling me to speak up and reach a hand out to share my testimony.

~Tina



“I blamed everyone else around me, especially my parents. I never took ownership of my drug use.”

What is Treatment?

Drug treatment is intended to help addicted individuals to stop compulsive drug seeking and use. Treatment can occur in a variety of settings, in many different forms, and for different lengths of time. Drug addiction is typically a chronic disorder characterized by occasional relapses, a short-term, one-time treatment is usually not sufficient. Many times treatment is a long-term process that involves multiple interventions and regular monitoring.



At times it might feel like you're hands are tied if your child won't seek treatment.

You as a parent you have options:

- Contact a private psychologist or psychotherapist to request a consultation to determine if a substance abuse intervention is needed
- Request treatment if in court

Recovery Groups

To get plugged into a group

- **AA-Alcoholics Anonymous**
www.aa.org
- **NA-Narcotics/Heroin Anonymous**
www.na.org

Local meetings:

New Day Club, 11936 N. Port Washington Road, Mequon
newdayclub.org
262-241-4673

24 Hour Foundation, 153 Green Bay Road, Thiensville, WI-262-242-9999
Celebrate Recovery

- **National Alliance on Mental Illness**
www.namimilwaukee.org or namiozaukee.org
- **Al-Anon/Al-Ateen**
www.al-anon.alateen.org
- **NAR-Anon**
www.nar-anon.org
- **SMART Recovery**
www.smartrecovery.org
- **Other**
www.intherooms.com

Clinics

To get medical services

Columbia St. Mary's Hospital-Ozaukee
13111 N. Port Washington Rd. Mequon, WI 53097
262-243-7300

Aurora Hospital
975 Port Washington Rd. Grafton, WI 53024
262-329-1000

Ozaukee County Human Services
121 West Main Street Port Washington, WI 53074
262-284-8200 or 262-238-8200

AFTER JAIL

Depending on the case, after jail-time is served, a person will either be sentenced to prison or released back into the real world. Where will your son or daughter go?

The National Institutes of Health found that drug addicts and alcoholics who cycle directly out of inpatient treatment and into their old lives and habits face a greatly elevated chance of relapse. Fortunately there is an alternative for the in-between-stage, sober-living homes.

TREATMENT, ALTERNATIVES, & DIVERSION

Treatment Alternatives and Diversion (TAD) programs provide District Attorneys or judges with options to offer offenders the opportunity to enter into voluntary substance abuse treatment, case management, and other risk reduction services as a safe alternative to jail or prison confinement.

Diverting non-violent offenders into substance abuse treatment keeps them out of jail and correctional facilities – thereby saving bed space and taxpayer dollars – as well as treating the underlying addiction that may have influenced the commission of a crime or may contribute to future criminal behavior. To successfully graduate from a TAD program, an offender must be abstinent from substances.

To learn more, visit www.doj.state.wi.us

Ozaukee County's TAD Program

Starting Point of Ozaukee
101 Falls Rd. Suite #402
Grafton, WI 53024
262-375-1110 or 262-284-3144
www.startingpointoz.org
start@startingpointoz.org

SOBER-LIVING/HALFWAY HOMES

Sober-living houses, also known as halfway homes or halfway houses, can be a vital link back to the community by bringing together addicts from every walk of life who are at varying stages of addiction recovery to provide support and community for patients who have recently been discharged. Most sober-living homes are privately owned and will bill directly for service, though some do accept insurance. The living environment is a huge factor in whether a person can stay clean and avoid temptation to use drugs. Sober housing, also known as clean housing offers a place for users to live. It is court-ordered and they have a structure and strict rules to follow with frequent drug testing and accountability measures, offering counseling, job support, and other services.

Currently, Ozaukee County does not have any sober living homes. Other surrounding counties do. The Heroin Task Force is working diligently on this issue and there is hope for the near future!

Local Sober Living Homes

Intervention America-National Resource on Recovery

Sober house listing

soberliving.interventionamerica.org/

Exodus House- Kewaskum

www.exodus-house.com

Roots Recovery-Milwaukee

www.rootsrecovery.org

SALS Recovery Houses-Waukesha

Salssoberhouses.com

Butterfly House for Women-St. Croix Falls

www.butterflyhousescf.org



EMERGENCY & ACUTE-Call 911

- Columbia St. Mary's Hospital Ozaukee- 13111 North Port Washington Rd., Mequon 262-243-7300
- Aurora Hospital, Grafton- 975 Port Washington Rd., Grafton 262-329-1000

INPATIENT & OUTPATIENT TREATMENT

- Columbia St. Mary's Hospital-Ozaukee
www.columbia-stmarys.org/Behavioral_Medicine
 - Intake line: 262-241-6127
 - Adolescent Substance Abuse Program-Huiras Center: 262-241-6127
- Aurora Psychiatric Hospital: 877-666-7223
www.aurorahealthcare.org/services/behhealth
- Rogers Memorial Hospital: 800-767-4411
www.rogershospital.org

RESIDENTIAL PROGRAMS

- NOVA-Oshkosh www.novaoshkosh.com 920-231-0143
- Matt Talbot Recovery Services and Homes mtrcinc.com 414-342-5474
- Hazelden Recovery Housing-Chicago www.hazelden.org 312-943-3534

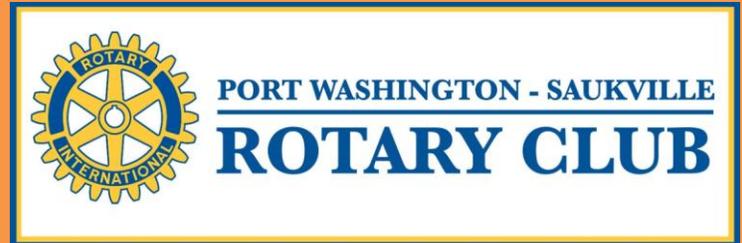
MENTAL HEALTH, COUNSELING & SUBSTANCE ABUSE SERVICES

- **Ozaukee County Counseling Center**: 121 W. Main Street Port Washington, WI 53074. (262) 238- 8145. Operated by the Ozaukee County Department of Human Services, the Counseling Center provides individual and group treatment addressing mental health and substance abuse.
www.co.ozaukee.wi.us/HumanServices/AdultServices/MHAODA.htm
- **Achievement Associates**: Mental health and substance abuse for adults and youth. 1317 West Towne Square Road Mequon, WI 53092 (262)241-5099 www.achievementassociatesllc.com
- **Comprehensive Counseling Services**: Mental health and substance abuse services. 1317 West Grand Avenue Port Washington, WI 53074 (262) 284-5789 www.compounselingservices.com
- **The Gilane Center**: Substance Dependence IOP, Individual, and Family Counseling. 10144 N. Port Washington, Rd. Suite LL-B Mequon, WI 53092 262-240-1240.
- **Mequon Clinical Associates**: 1045 W. Glen Oaks Lane Suite 1 Mequon, WI 53092 (262) 241-7778 Five Points Wellness and Recovery. Therapy consists of individual, group, and family sessions designed to enhance the participant's motivation to change and end the problems of substance abuse. Participants will develop safety and recovery skills needed to achieve abstinence and gain control over their lives. www.mequonclinical.com
- **Northshore Clinic and Consultants**: Children, adolescents and adults are treated for a variety of emotional, mental health and chemical dependency concerns. W62 N246 Washington Avenue Suite 207 Cedarburg, WI 53012 (262) 375-1116 www.northshoreclinics.com
- **Wisconsin Community Mental Health Counseling Centers**: Addiction Treatment, SMART - Supervised Medication Assisted Recovery & Treatment Program is an outpatient opioid dependence recovery program combined with psychosocial counseling, SuboxoneBuprenex detoxification program, AODA group therapy. 1330 West Town Square Road Mequon, WI 53092 (262) 240-9960. www.communitymhcenters.com

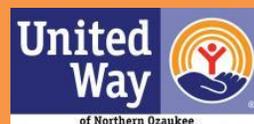


**For more
resources visit
ozheroinhelp.org
or dial 2-1-1**

THANKS TO OUR SPONSORS...



...and supportive partners



With Our Gratitude

We would like to thank those that have worked so hard to put this great toolkit together. This undertaking by the Community Education Committee of the Ozaukee County Heroin Task Force could not have been done without the support and contributions from the community, including the stories and shared resources and knowledge. We hope that our toolkit offers hope and guidance to parents, families, and the wonderful people of Ozaukee County. We strive and will continue to work together to make Ozaukee County a healthy and safe place to live, work, and play.

Your Ozaukee County Heroin Task Force

www.ozheroinhelp.org