

KSAAT'S RESOURCE TOOLKIT

Prevention guide for communities



**Drug-Free
Communities**
Local Problems Require Local Solutions





The views, opinions and content expressed herein are those of the authors and do not necessarily reflect the official position of any resource or organization mentioned. The information presented in this document should not be considered medical advice and is not substitute for individualized patient or client care and treatment.



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

We are ALL a part of the solution.



Table of Contents

5	Who is KSAAT?
6	Local Stories: Jessi's Story
8	Substance Use Disorder - A Medical Condition
9	Risk Factors
10	Health Consequences of Substance Abuse
12	Suspect Your Loved One is Using
14	Local Youth Data
16	Signs to Look For
18	Why Would my Child Use Drugs?
20	Slang to Know & Tips
22	Drug Exposed Children
24	Local Stories: Amanda
25	Drug Effects During Pregnancy
26	Steps to Prevent Drug Abuse
28	Harm Reduction
29	What is an Overdose?
30	Local Stories: Darby's Story
31	Responding to an Overdose
32	Drugs in the Workplace
33	Medical Marijuana in Ohio
34	Ohio Statutes
36	Treatment Options
38	Local Stories - Alton's Story
39	Drug Take Back Day
40	Local Prevention Education
42	Hidden in Plain Sight
43	Protective Factors
44	Resources
46	Help for Veterans
48	Notes
49	References and Contributors



Who is KSAAT?

The Knox Substance Abuse Action Team (KSAAT) is a coalition of community members dedicated to reducing alcohol, tobacco and other drug abuse among youth and adults in Knox County, Ohio.

We are concerned parents, community leaders, teens, businessmen and women, law enforcement, and local media...KSAAT is anyone and everyone concerned about the impact substance abuse has on our community.

KSAAT continuously seek ways to address concerns and provide resources to our community. We have compiled information that is available to Knox County on a local, state and national level. KSAAT realizes the importance of providing a resource that includes personal stories, prevention, intervention and treatment for substance use disorder and mental health as many times these disorders can be co-occurring.

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

We vision a community connected to supportive resource and committed to health and wellness.

We are ALL a part of the solution.



Local Story - Jessi, age 32

My sober date is March 28, 2014. The day my world shifted.

My darkness started at a very young, vulnerable age. I was molested by a teenager in my early years, and that truly set the tone for how I felt about myself internally, and how I saw myself externally.

I remember being in elementary school, worrying about my body, what people thought of me, and if I got a stain on my clothes, I would pretend to be sick so I could go home. I didn't realize that as a young child, I felt dirty because of what happened to me. In my young mind, wanting to feel clean, if a stain was on my clothes, it would trigger chaos in my little mind.

As I got older, into middle school and high school, my issues just got more secretive, I was better at masking, and I was in survival mode. By this time, I became a professional at keeping secrets, pretending, and hiding my true emotions. Here's the thing, no one would have ever known how dark of a space I was in, had my parents not monitored me the way they did. By the end of high school, I had an eating disorder, I had learned to cut myself, and my senior year I discovered the numbing feeling that alcohol brought.

I went into my freshman year of college. I remember thinking "okay, this is it. I am going to stop with this eating disorder, I am going to be well mentally and physically". I got raped my freshmen year of college. I was violently raped. (It took me years to be able to say that). I walked into my counselor's office at the University and told her what had happened. The first words out of her mouth were "Well, you were intoxicated. You have no way of knowing if you consented". From that moment on, I told myself I was never telling another soul and I was on my own.

I transferred my sophomore year of college closer to home thinking that would fix me. I ended up getting pregnant, and after dating for a few months, getting married. In my mind I thought, "Okay, this is it. THIS will fix me. I will have a husband and a child, that will give me purpose and reason". When my son was 6 months old my alcoholism was so bad, I had lost complete custody of him and divorced.

By this time, I had only been actively drinking for two years. This is how quick my disease progressed. I could not physically get out of bed without alcohol in my system. I would have seizures and extreme withdraw symptoms.

My parents tried everything they knew at the time to get me well. They spent hundreds of thousands of dollars to get me well, years of therapy, numerous rehab facilities, and it just wasn't clicking. Also, my parents were lost! They didn't know what to do and their support system left them when they found out I was an alcoholic. They didn't want to be associated with that. My parents truly did all they knew, and I am so grateful for that.

At this point, I knew (thought) death was the only option. I remember thinking, "I would die for my son. I would die for him right now. I would step in front of a moving train for him, but I cannot stop drinking!". People would say to me, "Don't you love your son enough?" "If you loved your son, you would stop drinking". So, I assumed I didn't love my son enough. And that's when I knew I didn't deserve nor want to live. That's when I tried committing suicide. My parents found me, and medical professionals saved me, and I was angry at all of them. I did not want to be here, and my son did not deserve this.



I'll never forget the day I felt the tiniest shift. I had just stolen alcohol and that's when I was going to do it. That's when I was going to kill myself. It was February 2014 and there was a ton of snow on the ground. By my parents' home, there was a vacant house. I had my alcohol and my medication. I slipped walking up the stairs and smacked my face, so my nose was bleeding. I was intoxicated at this point, but I remember every second. I was sitting in the corner of the upstairs of this house, blood everywhere, begging God to let me die. Then, I heard someone walking up the stairs and I saw this big giant shadow in the moonlight. It was my dad. He saw his little girl, sitting there all alone, begging God to let her die. My Dad came over and sat next to me in silence. He didn't lecture me, yell at me, tell me how horrible I am. He just sat with me and said 4 little words that changed my life. "I need you here". The seed was planted.

A month went by, and I received a phone call from the Dr. Phil show. Yes, my life was so toxic, chaotic, and messy that Dr. Phil thought my life would bring in good ratings. (Chuckle 😊) I ended up being 100% honest with his producers over the phone, we did the interviews and filmed the show March 28th, 2014, and I have been sober since. Sitting on that stage, Dr. Phil made one statement that I will never forget. "Let's get your son back", and from that moment on, I hit the ground running and haven't stopped since.

I didn't know I needed to heal from trauma. I didn't know that secrets were keeping me sick. I didn't know that there were people out there who understood me, and I didn't know there were other ways of healing besides counseling. I spent three months in an intensive inpatient facility and one month in transitional living. They were both crucial to my recovery. I finally got the help I needed that worked for me, as an individual. I discovered what type of healing works for me as an individual. I dove into meditation, EMDR, Yoga, art therapy and numerous other therapeutic techniques that worked for my personality.

I'm so grateful today for my consequences, my family who fought for me when I didn't have the fight within myself, and for my loved ones who set strict boundaries with me to protect themselves and their mind, body and soul. I have now made it my life's mission to be for people what I needed but didn't get. We are such a diverse society. When it comes to healing around trauma, mental illness, and addiction, we do not all fit in a box.

I got full custody of my son back at one year sober. I am now married to an amazingly supportive husband with four kiddos! Every day I am so grateful I got sober while he was young, he doesn't remember me that way. I went on to get my BA in Behavioral Sciences. Being a Behavioral Scientist has allowed me to start my own business by analyzing client's human behavior, how they interact with themselves and the world around them, how their brain works and what their perceptions are, and coming up with an individualized plan for them to heal and live a happy, healthy, and whole lifestyle. I'm also able to use my own experiences as well. When you can look at someone and say, "I have been there, I get it, I lived it and I promise you, we will get through it together". Healing and growing and learning how to handle life on life's terms is such a gift that everyone should have a chance at receiving. I know I didn't survive all that darkness to stay dull. I survived so I can help others survive, and not just survive, but THRIVE. Every day I am so grateful for my chance.



Substance Use Disorder

A Medical Condition

Substance Use Disorder

A condition of the brain that affects the priorities, physiology and thought process. For example, opioid drugs work by binding to opioid receptors in the brain thereby reducing the intensity of pain signals that reach the brain. However, frequent use of opioids can physically change the brain to the point where it needs opioids to function normally. When a drug user cannot stop taking a drug even if they want to, it is called substance use disorder. The urge is too strong to control, even if they know the drug is causing harm. When people start taking drugs they do not intend to become dependent. They like how the drug makes them feel. They believe they can control how much and how often they take the drug. However, drugs alter the brain. Drug users start need the drug for the brain to feel normal. This can quickly take over one's life.

A Brain Disease

Drugs change how the brain works. These brain changes can last for a long time and can cause problems such as mood swings, memory loss, even trouble thinking and making decisions. Substance Use Disorder is a disease, just as diabetes and cancer are diseases. It is not simply a weakness. People from all social economic classes, races, genders and ages can develop substance use disorder.

What is Relapse?

Sometimes people quit using a drug for a while but start using again even when they try hard not to. This return to drug use is called a relapse. People in recovery can experience relapses during their journey. Substance Use Disorder is a chronic disease. This means that it can affect someone for a long period of time. It does not go away like a cold. In the event the person starts using again, they would:

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

Recovery means that one has to stop using drugs and learn new ways of thinking, and processing stress related experiences. Substance Use Disorder can make it hard to function in daily life. It affects how one acts with their family, at work and in their community. It is hard to change so many things at once and not fall back into the old habits. **Recovery is a lifelong dedication.**



RISK FACTORS

Home and Family

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

Peers and School

- Drug-using peers can sway even those without risk factors to try drugs.
- Academic failure
- Youth with poor social skills can be at higher risk for using drugs.

Early Use

- Research shows that the earlier a person begins to use drugs, the more likely they are 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 substance use disorder diagnosis

Biological Factors

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

Method of Use

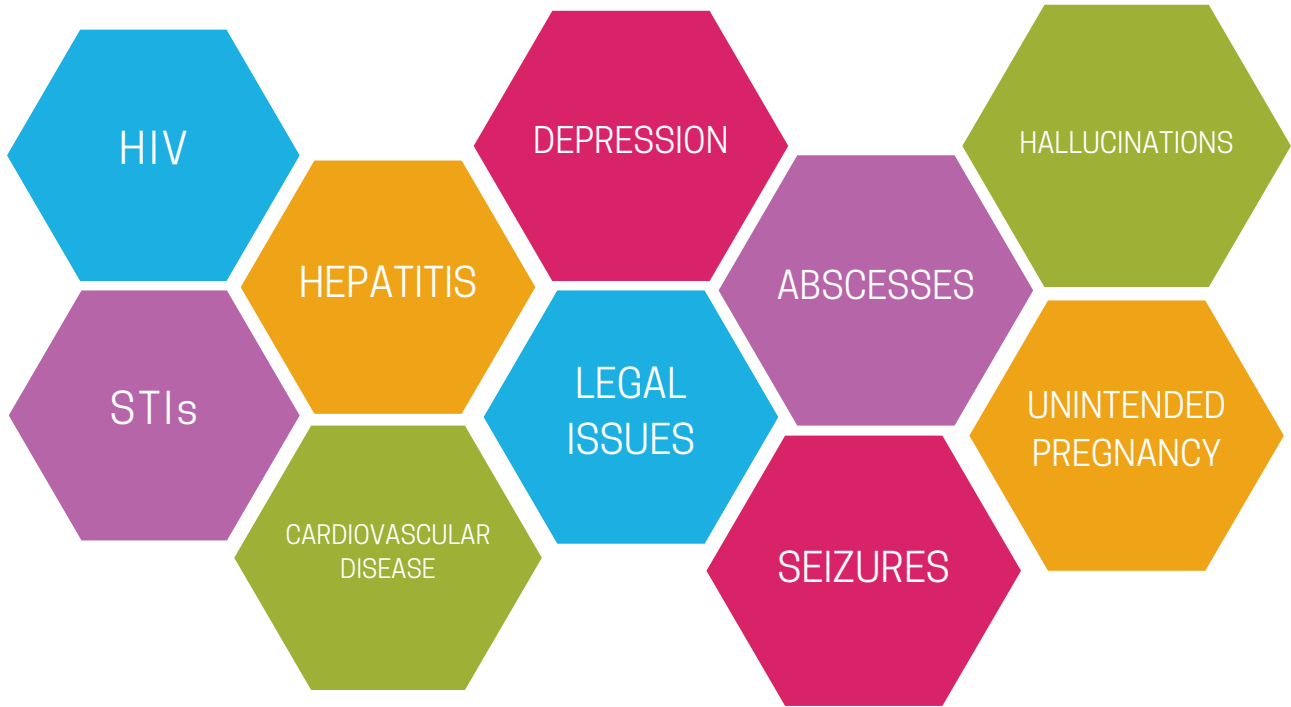
- Smoking a drug or injecting it into a vein increases its addictive potential
- Both smoked and injected drugs enter the brain within seconds
- This intense "high" can fade within a few minutes, taking the abuser down to lower, more normal levels

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



HEALTH CONSEQUENCES OF ABUSE

Drugs alter a person’s thinking and judgment, which can increase the risk of injury or death from drugged or drunk driving. Additional concerns include:





JOIN THE



YOU can be a
part of the solution

Alcohol and drug misuse
takes a toll on
our community
our families and
our youth



We can do this together:

- Passionate community members
- Parents
- The Recovery Community
- Churches
- Local leaders
- Law Enforcement
- All are welcome

Meetings held
1st Wednesday
monthly

10am
Energy
Fieldhouse

email ksaat2011@gmail.com to learn more



Suspect Your Loved One is Using

Finding evidence or hearing something that makes you suspect your loved one is abusing drugs or some other substance can be heartbreaking. Your support can be key to getting them the treatment they need.

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



Starting the Conversation



Identify the appropriate time and place

Consider a private setting with limited distractions, such as at home or on a walk. Do not start a conversation while they are impaired.

"I've been worried about you. When do you have time to talk?"



Acknowledge their feelings and listen

Listen openly, actively, and without judgement. They need to know you care.

"I see you're going through something. How can I best support you?"



Express your concern and be direct

Ask how they are feeling and describe the reason for your concern. Only talk about the facts you are sure of do not make assumptions.

"I care about you and I am here to listen. Can we talk about what's been going on?"



Offer to help

Provide reassurance that mental and/or substance use disorders are treatable. Help them locate and connect to treatment services.

"I've noticed you haven't seemed like yourself lately. How can I help?"



Be patient

Recognize that helping your loved one does not happen overnight. Continue reaching out with offers to listen and help.

For more resources, visit [SAMHSA.gov/families](https://www.samhsa.gov/families).

If you or someone you know needs help, call **1-800-662-HELP (4357)** for free and confidential information and treatment referral.



When Someone you Love is Dealing with Mental and/or Substance Use Disorder



Educate Yourself

Search for credible, online resources such as government, university, medical and research-based websites for the most up-to-date information on mental health and substance use disorders. Look into local resources for information and steps one can take to stay informed and involved.



Be Aware of Doctor Shopping

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



Attend Family Support Groups

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



Supportive Boundaries

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



Focus Conversations Towards Recovery

Do not blame, threaten or shame your loved one. Reinforce treatment is available and that you are there to assist in the recovery process.



Be a Part of the Recovery Process

Offer to attend therapy. Clinicians and treatment providers cannot legally talk to you unless your loved one asks them to. A written consent form will have to be signed by your loved one for communication to happen. Ask them for their consent.



Take care of yourself

When someone you love is dealing with mental health or substance use disorder it can take a major toll on your physical and mental well-being. You need to take care of yourself to continue to be the best support that you can. Take care of your basic needs such as sleep, healthy eating and exercise. Engage in healthy activities regularly and seek support for yourself.

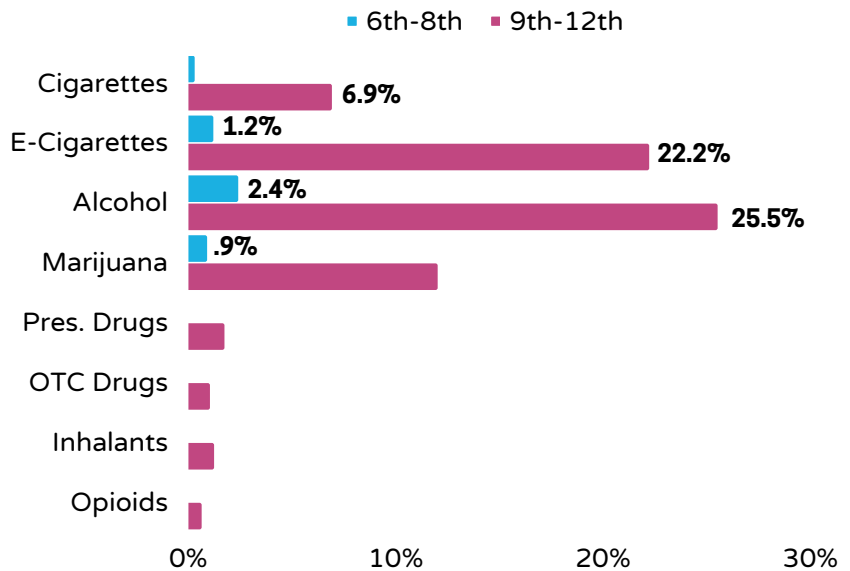


Local Youth Data

Knox County students participate in the Pride Survey Questionnaire every two years. This is an anonymous student survey to measure risk and protective factors, school climate, including bullying, violence, alcohol and drug use. The data collected is utilized to make informed decisions in the evaluation and implementation of safety/bullying and drug education programs in Knox County. Pride Surveys have been used as a reliable source for schools in all 50 states and several countries. The figures and tables are a summary of results gathered from the administration of the Pride Survey Plus for Grades 6-12 to students during the 2021-2022 school year. These topic areas are of most interest to communities. Full reports can be viewed on the ksaat.org website.

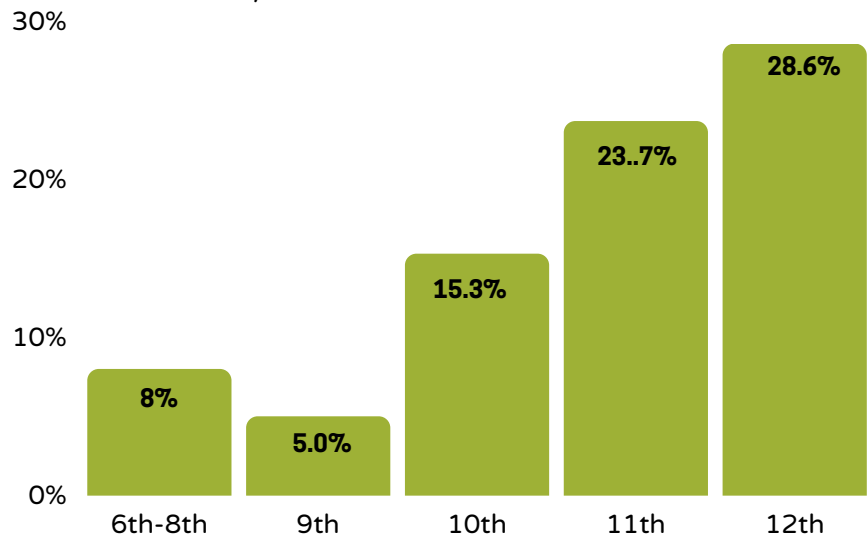
Students Responding "Yes" to Using Specific Drugs in the Past 30 days

Students were asked if they had used any of the following in the past 30-days: cigarettes; e-cigarettes; alcohol; marijuana; prescription drugs; over-the-counter drugs; inhalants; and prescription opioid painkillers to get high.



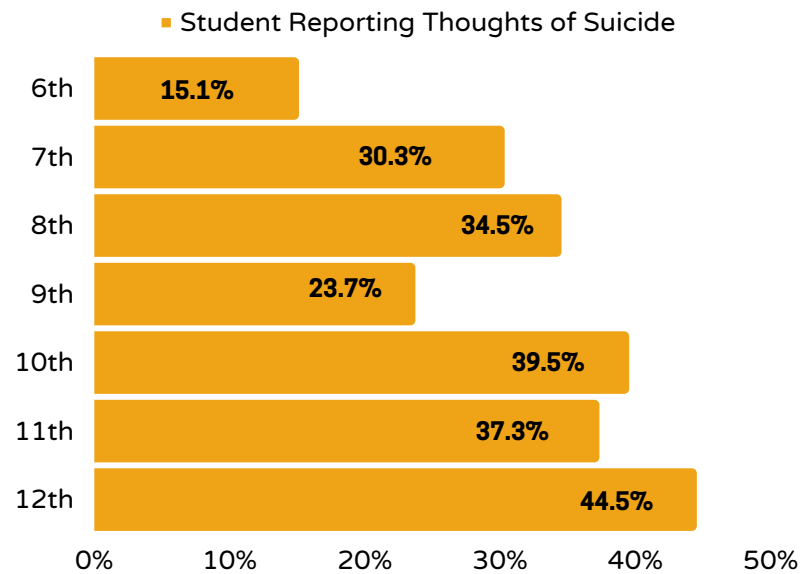
Any Illicit Substance Use in the Past Year

Students were asked to report on their use of illicit drugs. Data in this figure illustrate the percentage of students who responded some frequency of use (ranging from "once/year" to "every day") in the past year. In Pride Survey reports, marijuana is included as an illicit substance.





The Pride Survey Plus questionnaire asks students to report whether they have thought of committing suicide; students can select from responses: never, seldom, sometimes, often, a lot. This figure shows the percentage of students who selected a response other than "Never."



Parents have a significant influence in their children's decision to experiment with alcohol and other drugs. Although it may not seem like it, when you talk about underage drinking, substance use, unsafe sex and other risky behaviors **your children do hear you.**



Most students report using alcohol, tobacco, prescription drugs and marijuana on the **weekends at home** or at **a friends house.**



Only **18.6%** of 12th graders perceive marijuana, alcohol or other drugs as a great risk.



Only **26.7%** of 12th graders think their friends disapprove of marijuana, alcohol or e-cigarette use.



In 2020, **5,017** Ohioans died from unintentional drug overdoses, which was a **25%** increase over the number of overdose deaths in 2019. Knox County's unintentional drug overdose death rate is 15.5 deaths per 100,000 population.



46.3 million people aged 12 or older (or 16.5% of the population) criteria for having a substance use disorder in the past year, including **29.5 million** people who were classified as having an alcohol use disorder and **24 million** people who were classified as having a drug use disorder. (SAMHSA, 2023)

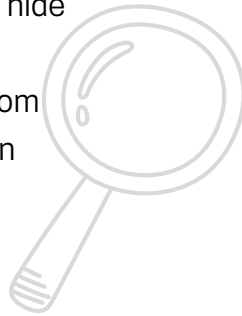


Signs to Look For

There is no easy way to figure out if your loved one is using drugs or alcohol. Drug use tends to significantly alter a person's behavior and habits. Some drugs can impair the brain's ability to focus and think clearly. Changes, such as the following, are sometimes associated with problematic substance use:

Personal Appearance

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



Personal Habits or Actions

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

School or Work Related Issues

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

Health Issues

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





Behavioral Changes

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



Home Related Concerns

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



If you have noticed any of the changes related to substance abuse listed, do not be afraid to come right out and ask direct questions.

Make sure you reassure your loved one that you are looking out for them and that you only want the best for their future.

It is always best to seek professional support and guidance if you suspect a loved one may be dealing with substance use or mental health disorders





Why Would My Child Use Drugs?

Other People/Generational Culture



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

Popular Media



A study conducted by the National Center on Addiction and Substance Abuse at Columbia University found that teenagers who regularly use popular social media outlets were 5 times more likely to use cigarettes or vape, 3 times more likely to drink and 2 times more likely to use marijuana. In addition to drug exposure through marketing and advertising, social media is the catalyst for many mental health problems that can lead to substance abuse.

Stress & Escape



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

Boredom



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

Rebellion



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



Lack of Confidence/Peer Pressure



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

Misinformation



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

Genetic Predispositions/Self Medicating



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

GET SMART ABOUT DRUGS

A DEA RESOURCE FOR PARENTS, EDUCATORS & CAREGIVERS

getsmartaboutdrugs.gov





Slang to Know & Tips

No parent, child or family is immune to the effects of drugs. Parents have a significant influence in their children's decision to experiment with alcohol and other drugs. Although it may not seem like it, when parents talk about underage drinking and substance use, their children do hear them. Talking with your children about the risks of drugs early and often provides an environment where they receive the information from you, a trusted adult not from the internet or friends.

- Be **open and honest**.
- Model what it looks like to share your feelings in a **healthy way**.
- Be direct. If you notice a change in your child or a sign that something is wrong, approach them about it in a **loving, direct manner**.
- Take advantage of "teachable moments" or other natural conversation starters.
- Have **regular conversations** with your child.
- Know your child's friends and their parents
- Listen in a **non-judgemental way**. Providing an open environment encourages kids to ask questions and talk, when they are censored in their own home they will go elsewhere to find answers.
- Role-play to help your child **develop refusal skills** and strategies to turn down drugs. Create a code phrase or word to use in a text or phone call to let you know they feel unsafe in a situation.





Common Emojis/Names

Drug Potency Symbols



Drug Effects Symbols



Drug Dealer aka Plug



Drug Price aka Ticket



Marijuana aka Trees, Weed, Dank, Pot, Dope, Hash, Loud, Fire



THC Edibles



THC Extract aka Honey Oil, Budder



THC Vape Cartridges



Ectasy/MDMA



LSD/Acid



Psilocybin
Mushrooms



Codeine aka Little C,
School Boy, Purple Drank



Crack Cocaine



Cocaine aka Snow, Bump, Blow, Rail, Flake, Rock



Crystal Methamphetamine aka Fast, Glass, Crystal



Methamphetamine aka Go, Chards, Ice



Oxycodone/Percocet aka 30s, 40s
Blues, Bananas

Hydrocodone/Vicodin aka Vikes, 357s



Xanax aka School Bus,
Bars, Footballs,
White Girls, Bricks



Heroin aka Boy, Brown, Dogfood,
Dope, Dragon, Tar



Fentanyl/Fentanyl Analogs/
Fentanyl-Related
Compounds



Oxycodone,
Hydrocodone, Xanax,
Adderall, Fentanyl, Ecstasy



Fentanyl, Heroin, Cocaine





Drug Exposed Children

What is a Drug Exposed Child?

A drug exposed child is one whose brain and/or body has been affected because his/her parents used drugs or alcohol during pregnancy, and/or who is living in a home where drugs are abused and/or are illegally made, sold, traded, or given away.

Understanding the Child You Care For

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

Emotional

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

Behavioral

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

Cognitive

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



Helping the Child You Care For

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



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

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

Helping Yourself

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





Local Story - Amanda, age 35

I will be celebrating two years of sobriety on September 1st.

I am the mother of three amazing boys, ages 12, 3 and 1.

The first time I tried meth I was 18 years old. I was just out of foster care where I spent about six years of my life. I was lost and alone. I actively used daily for three years when I found out I was pregnant with my now 12-year-old. It was hard but I was able to stop using. I was born and raised in California and just before his 1st birthday we moved to Ohio for a fresh start. I was mostly isolated from the time we moved here and was sober for seven years, I was by no means in recovery. Soon things rapidly went downhill from there.

Almost two years into using again I found out I was pregnant with my 2nd son, but unfortunately stopping was not as easy this time around. When I gave birth, we both had drugs in our system. When CPS opened a case I managed to stay sober for 45 days and the case was closed. But the moment it was, I was back getting high. It wasn't long after that, that their father went to jail and then eventually to prison, so now I was left with my two kids with no job, very little experience and absolutely no coping skills. Soon I was going from house-to-house couch surfing with my 9-year-old and 6-month-old, and it wasn't long before CPS came knocking. I wasn't as lucky this time around and my boys were removed. And I hit rock bottom.

It was now 9 months later and 7 months pregnant with my 3rd son that my world was crumbling. My fiancé was in treatment and I was struggling. I was on the verge of CPS taking our baby the moment he was born. But with the love and support of my amazing fiancé I was able to admit I had a problem and needed help. He helped me get in touch with Riverside Recovery Service. I called and did an intake and was placed in their inpatient program. With a few bumps in the road. I gave birth to a very healthy baby boy and was able to keep him with me the whole time. We completed the 6-month program. And after completing out patient, I began working at Riverside Recovery, as transport. But soon became an Intake Coordinator. I have also had my boys back for a year now. And I've learned that every day may not go as we planned but if we give up you will never know what amazing thing could be waiting for you.

I enjoy every day that I get to help and hopefully inspire people that are where I once was.





Drug Effects During Pregnancy

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

Symptoms of Withdrawal Include:

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



Increased Risk of Stillbirth from Substance Abuse in Pregnancy

Tobacco
1.8-2.8
times
greater risk

Marijuana
2.3
times
greater risk

Opioids or
Stimulants
2.2
times
greater risk

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.



Mommy & Me
Tobacco Free

The Mommy & Me Tobacco Free program (funded by United Way of Knox County) encourages mom and their spouse/partner to give up smoking/vaping.

A **\$25 diaper voucher** (up to 10 vouchers during prenatal/postpartum terms) is offered as long as mom remains tobacco/vape-free. If a mom's spouse/partner vapes or uses tobacco, nicotine replacement (patches, gum and/or lozenges) will be given to help with their quit journey.

Any Knox County mom and spouse/partner who wants to **quit smoking/vaping** can enroll regardless of income.

To enroll in the program call Knox Public Health at **740-392-2200**.



Steps to Prevent Prescription Drug Abuse

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



Lock Your Meds

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



Take Inventory

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



Educate Yourself and Your Child

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



Set Clear Rules and Monitor Your Behavior

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



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

Fredericktown Police Department

182 South Main St., Fredericktown, OH 43019

Danville Police Department

512 South Market St., Danville, OH 43014

Knox County Sheriff's Office

11540 Upper Gilchrist Rd., Mount Vernon, OH 43050

Mount Vernon Police Department

5 North Gay St., Mount Vernon, OH 43050





Access to Medication

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

In Ohio, there were **5,017 fatal drug overdoses in 2020**—that is a 25% increase from 2019.

What are you and your children being prescribed?

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

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

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

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

Commonly Abused Prescription Medication

Opiates can be ingested in various ways.

Prescription opiates are typically taken in pill form and sometimes with alcohol to intensify the effects. They can be crushed to snort, or can be injected like heroin. Some commonly abused opioid prescriptions include:

- Codeine (Tylenol with Codeine)
- Hydrocodone (Vicodin, Lorcet, Lortab, Norco)
- Dilaudid
- Demerol
- Methadone
- Morphine
- Oxycodone (Oxycontin, Roxicodone, Percocet, Endocet, Percodan)
- Buprenorphine (Suboxone/Subutex)
- Fentanyl
- Gabapentin

Steroids prescriptions that are abused include:

- Anadrol
- Durabolin
- Depo-testosterone

Stimulants are abused medications to treat ADHD/ADD. Similar to opioids these can be crushed to snort, or can be injected. Some commonly abused prescription stimulants include:

- Adderall
- Ritalin
- Focalin, Focalin XR
- Vyvanse

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

- Xanax
- Klonopin
- Ativan
- Restoril
- Valium
- Ambien



GenerationRx
Safe medication practices for life.



Harm Reduction

Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.

Healthy Moms & Babies

To assist pregnant women who are addicted to or in the early stages of recovery from opioids with appropriate neonatal care, visit momsohio.org

Recovery Housing

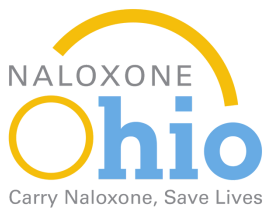
A safe and healthy living environment that promotes abstinence from alcohol and other drugs. Recovery housing enhances participation and retention in traditional clinical treatment settings. Residents benefit from peer support and accountability, while gaining valuable relapse prevention skills, case management and employment skills training as they transition through the different levels of recovery and onto their own independent living. For information on recovery housing, call 2-1-1. (housing level details on page 37)

Knox County MERIT Court (Drug Court)

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

Narcan/Naloxone

Section 2925.61 of the Ohio Revised Code authorizes a family member, friend, or other individuals who is in a position to assist an individual who is apparently experiencing or at risk of experiencing an opioid-related overdose to administer Narcan. Furthermore, Ohio's Good Samaritan Law grants immunity for a minor drug possession offense for the person who overdosed **AND** the person who called **911** to seek help. Even if you already gave someone naloxone (such as Narcan), it can wear off and the person can start overdosing again. So, it’s important to call **911**. Do not wait for help if you are with someone who is overdosing. With some basic training, friends and family members can recognize when an overdose is occurring and what the appropriate steps of action are to save a life.



SCAN ME



TO ORDER BY MAIL





What is an Overdose

An overdose (OD) occurs when a toxic amount of a drug, or combination of drugs overwhelms the body so that the victim is not responsive to stimulation and/or breathing is inadequate. People can overdose on several things, including alcohol, Tylenol, opioids or a mixture of drugs. This happens because opioids fit into specific receptors in the brain that also affect breathing. If someone can not breathe or is not breathing enough, the oxygen levels in the blood decrease. This oxygen starvation eventually stops other vital organs like the heart, then the brain. This leads to unconsciousness, coma, and then death.

With opioid overdoses, surviving or dying wholly depends on breathing and oxygen.

Who is at Risk?

Anyone, including those who use opioids for long-term management of chronic pain, individuals who use heroin or misuse prescription pain relievers.

Others who may be at risk include:

- individuals recently released from incarceration
- those who have been discharged from care after a previous overdose
- individuals who have been abstinent or completed an opioid detoxification
- those who receive a rotating regimen of rotating opioid medication
- older adults with respiratory conditions such as asthma or chronic obstructive pulmonary disease (COPD)

Tips to Avoid an Accidental Overdose

Do not mix opioids
with alcohol

Set a timer to ensure
adequate time between doses

Be careful if a dose is missed or if doses
change, you feel ill, or start new medications

Do not mix opioids with benzodiazepines (i.e.
Xanax, Ativan, Klonopin, Valium) or other
medicines that cause drowsiness



Local Story - Darby, age 50

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

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

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

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

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

In Loving Memory of Darby 1967-2017

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



Signs of an Overdose



Not moving and can't be woken



Slow or not breathing



Blue lips and nails



Choking, gurgling sounds or snoring



Cold or clammy skin



Tiny pupils

Steps to Respond to a Suspected Overdose

1



2

Check for a Response

Try to stimulate using a sternal rub, if there is no response



3

Administer Narcan

If there is no response after 3 mins administer a second dose of Narcan Nasal Spray



4

Do Rescue Breathing

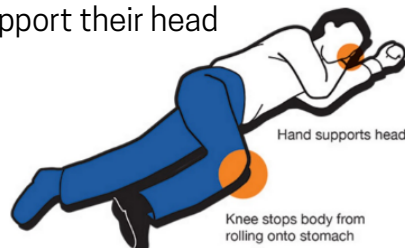
Place the person on their back, tip their head back to straighten the airway, pinch their nose, put your mouth over theirs and form a seal, one breath every five seconds



5

Stay with the Person

Narcan wears off in 30 to 90 minutes. If you must leave for any reason place the person in the recovery position. On their left side, bend the top knee up to support them use their hand to support their head





Drugs in the Workplace

Untreated substance use costs businesses over \$700 billion in lost productivity. Costs to businesses can be measured at the expense of absenteeism, injuries, health insurance claims, loss of productivity, employee morale, theft, and fatalities. According to NCADI statistics, alcohol and drug users are far less productive because they use three times as many sick days, are more likely to injure themselves or someone else, and are five times more likely to file a worker's compensation claim.

- According to data from the 2018 National Survey on Drug Use and Health, approximately **70%** of all adults with an alcohol or illicit drug use disorder are employed
- **13.6 million** workers have current alcohol or illicit drug use disorders, **13.4 million** workers report that they are in recovery or have recovered from a substance use problem.
- Approximately **16%** of emergency room patients injured at work have alcohol in their system.
- Establishment of an **Employee Assistance Program (EAP)** is the most effective way to address drug problems in the workplace.
- Research has demonstrated that drug treatment pays for itself in reduced healthcare costs that begin as soon as people enter recovery.

Workplace Behavior

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

Job Performance

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





Medical Marijuana in Ohio

House Bill 523, effective on September 8, 2016, legalized medical marijuana in Ohio. The Ohio Medical Marijuana Control Program allows people with certain medical conditions, upon the recommendation of an Ohio-licensed physician certified by the State Medical Board, to purchase and use medical marijuana.

Three state government agencies are responsible for the operation of Ohio's Medical Marijuana Control Program:



OHIO DEPARTMENT OF COMMERCE

The Ohio Department of Commerce is responsible for overseeing medical marijuana cultivators, processors and testing laboratories.



STATE OF OHIO BOARD OF PHARMACY

The State of Ohio Board of Pharmacy is responsible for overseeing medical marijuana retail dispensaries, the registration of medical marijuana patients and caregivers, the approval of new forms of medical marijuana and coordinating the Medical Marijuana Advisory Committee.



STATE OF OHIO MEDICAL BOARD

The State Medical Board of Ohio is responsible for certifying physicians to recommend medical marijuana and may add to the list of qualifying conditions for which medical marijuana can be recommended.

For more information visit
medicalmarijuana.ohio.gov



Ohio Statutes

Assembly or Possession of Chemical to Manufacture Drugs §2925.041

Schedule I or II, Methamphetamine		F3-F2	
Felony Class	Prison Term	Post Release Control	Maximum Fine
F1	3-11 years	2-5 years	\$20,000
F2	2-8 years	18 months-3 years	\$15,000
F3	9 months-3 years	up to 2 years	\$10,000
F4	6-18 months	up to 2 years	\$5,000
F5	6-12 months	up to 2 years	\$2,500

Felony Levels

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





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

*Trafficking in the vicinity of a school or juvenile increases the felony one level.
MM, Criminal Minor Misdemeanor; M4, 4th Degree Criminal Misdemeanor



Treatment Options



Long-Term Residential Treatment

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



Short-Term Residential Treatment

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



Medical Stabilization Service

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



Medication-Assisted Treatment (MAT)

combines structured treatment planning with the use of medication to assist clients in managing withdraw and sustaining sobriety.



Intensive Outpatient Program (IOP)

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



Recovery Housing

Recovery Housing provides housing for individuals who are not actively using drugs or alcohol. The home provides an alcohol and drug-free living environment, peer support, assistance with obtaining substance abuse services, and other recovery assistance.

Level 1:

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

Level 2:

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

Level 3:

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

Level 4:

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



Riverside Recovery Services
Where Recovery Brings Hope

Knox Recovery



Local Story - Alton, age 38

I have struggled for 20 years with addiction. It wasn't until I was 35 that I accepted a life of recovery as a lifestyle I wanted to live. It took the understanding of integrity and my willpower to survive and persevere through my recovery.

I tried pot when I was 18, alcohol when I was 19, cocaine when I was 20, meth at 21, pills at 22. I went through detox at 23 and was sober for a while but then due to some health reasons I began to use again. That led me to heroin and fentanyl. The state of Ohio "put me in a program" a few years ago and at that time I decided I wanted to be part of the solution. I had spent too many years being part of the problem here and it was time to help not hurt. I have been working in the recovery field for one and half years now and every day I am grateful for the opportunity to help others by guiding, inspiring and leading by example every chance I get. The most important thing to remember is that you are not alone and recovery is not a fairytale, it is realistic and it is attainable. I am a testament that recovery works.

Let me leave you with something I have learned over the past few years that has really stuck with me. Our own integrity is the only real accountability we have and when you start picking and choosing what you decide is important, you begin putting your character into question. Integrity is a true life skill you build on until the day you die. We have to have the wisdom to recognize a risky situation, that is the by-product of our integrity and your will to survive is the strength to subtract yourself from it.



**KNOX COUNTY
VETERANS SERVICE OFFICE**



Rx Annual Take-Back

4th Saturday in April and October
10:00 am – 2:00 pm
5 locations across Knox County

Collecting
unused, unwanted
or expired
medications and
syringes

Sponsored by:



Mount Vernon

Knox County
Chamber of Commerce
501 South Main Street, Mount Vernon

Knox County
Health Department
11660 Upper Gilchrist Road, Mount Vernon

Fredericktown

Police Department
182 South Main Street, Fredericktown

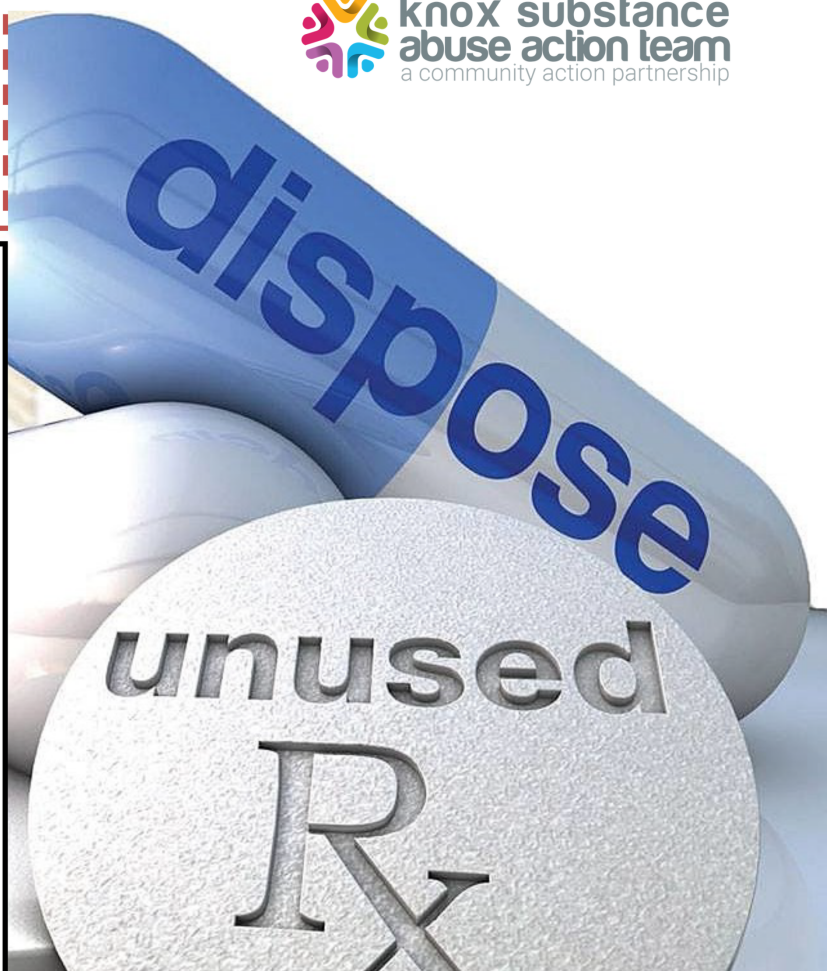
Centerburg

Foster's HealthMart
Pharmacy
4584 Columbus Road, Centerburg

Danville

Police Department
Municipal Bldg.,
512 South Market Street, Danville

NO LIQUIDS PLEASE



For more information visit ksaat.org





Local Prevention Education



Healthy Relationships 101 workshop provides a space for community members to learn how to discuss healthy and unhealthy relationships, consent, bystander intervention, and proactive interventions for adults. Participants will learn how to identify signs of intimate partner violence, create healthy boundaries, and communicate more effectively.

Keep Knox Safe is a training funded by DELTA Impact and the Drug-Free Communities grant. This program for the service industry, it increases participants knowledge of alcohol rules and regulations, how sexual violence is carried out in bar/restaurant settings and builds skills for intervening in problematic situations. This training adheres to Mount Vernon’s DORA compliance requirements.

Safe Zone participants learn how the LGBTQ+ community is impacted by violence, LGBTQ+ vocabulary, and how to be intentionally inclusive in both personal and professional settings.

Teens & Technology where adults learn about the popular apps teens use, how to safely use apps, and the challenges teens face with social media, relationships, and consent.

To learn more about any of the New Directions trainings contact: Lindsey Lamp, Director of Programming at 740-397-4357 or email Lindsey@newdirectionsshelter.org



Self-Care and Stress Reduction this 45-minute Self-Care essentials training offers a comprehensive and interactive exploration of self-care practices that promote personal well-being and effective stress management. Participants will learn about the seven types of self-care and have the opportunity to undergo a stress screening.

Mental Health First Aid and **Youth Mental Health First Aid** are evidence-based training programs designed to empower community members with the skills and knowledge to recognize and respond to mental health concerns and crises in adults and young people. These courses provide essential tools and resources for individuals to make a positive impact on the mental well-being of their friends, family members, colleagues, and neighbors.



 **Mental Health and Recovery Board of Licking and Knox County cont.**

enCompass is an innovative, evidence-based training program is designed to empower communities in addressing addiction challenges. The training is designed to be engaging, interactive, and accessible, making it an ideal resource for a wide range of community members, including educators, healthcare professionals, law enforcement, and concerned citizens.

Question, Persuade, Refer (QPR) is an evidence-based suicide prevention training program designed to equip community members with the knowledge and skills to recognize and respond to individuals in crisis. QPR training focuses on teaching participants three simple, yet critical, steps to help prevent suicide.

Not so Different is a compelling movie and training experience designed to empower community members with the knowledge and resources necessary to access local mental health and addiction services. This unique 3-hour event not only highlights the individuality of recovery journeys but also addresses the impact of stigma and the stages of change.

To learn more about any of the Mental Health and Recovery Board of Licking and Knox County's trainings email info@mhrlk.org



Conscious Discipline for Parents is a 6-week, interactive parent training from Dr. Becky Bailey's Conscious Discipline.

To register for Conscious Discipline for Parents call 740-393-6985



Triple P has practical and simple strategies to help parents and caregivers of children and teens manage behavior, build strong family relationships and enjoy parenting more. Triple P offers a variety of parenting resources and support to suit all kinds of families. Choose from online, virtual or in-person sessions.

To find out more about Triple P contact Parent Support Initiative Coordinator, Susan McDonald at 740-397-2840 or email psiknox@gmail.com
Check their website at triplep-parenting.com/knox for upcoming classes



Hidden in Plain Sight

Hidden in Plain Sight is an interactive exhibit, resembling a teen's bedroom with more than 100 items that could indicate dangerous or risky behavior. The presentation increases participants knowledge and awareness of drug and alcohol use, teen dating violence, and suicide.

Hidden in Plain Sight is a great resource to display during:

- Staff Training
- Parent-Teacher Conferences
- Company Events
- Community Events
- Conferences
- Health Fairs
- Sporting Events

To schedule an in person presentation/display please complete a request form online at ksaat.org or email ksaat2011@gmail.com

A virtual option of Hidden in Plain Sight (funded by New Directions DELTA Impact and the Drug Free Communities) is available online at odvn.talentlms.com/catalog/info/id:175 or scan this QR code





PROTECTIVE FACTORS

Home and Family

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

Peers and School

- Drug-using peers can sway even those without risk factors to try drugs.
- Academic failure.
- Youth with poor social skills can be at higher risk for using drugs.

Early Use

- Research shows that the earlier a person begins to use drugs, the more likely they are 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 substance use disorder diagnosis.

Biological Factors

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

Method of Use

- 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.

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



Resources

National Resources

- Center for Disease Control - cdc.gov/drugoverdose
- Generation RX - generationrx.org
- Medicine Safety - A Toolkit for Families - learnaboutrxsafety.org
- Make the Connection - maketheconnection.net
- National Council on Alcoholism and Drug Dependence - ncadd.org
- National Council on Patient Information and Education - bemedwise.org
- National Institutes of Health - nida.nih.gov/research-topics
- National Institute on Drug Abuse - drugabuse.gov
- Office of Adolescent Health - opa.hhs.gov/adolescent-health
- Partnership for Drug Free Kids - drugfree.org
- SAMHSA (Substance Abuse and Mental Health Services Administration) - samhsa.gov - (800)-662-HELP(4357)

Find Mental Health Treatment Services: samhsa.gov/esmi-treatment-locator

State Resources

- Addiction Center - addictioncenter.com/rehabs/ohio
- Next Distro - nextdistro.org/ohio
- Ohio Mental Health & Addiction Services - mha.ohio.gov - (614)-466-2596
- Prevention Action Alliance - preventionactionalliance.org
- Recovery.org - recovery.org/browse/ohio - (888)-599-8767
- Start Talking - starttalking.ohio.gov
- The Refuge - therefugeohio.org - (614)-991-0131
- Treatment Center Directory - (800)-838-1752

Local Resources

- 24-Hour Child Abuse Hotline - (740) 392-5437
- 211 Crisis Hotline - Dial 2-1-1
- Abuse Reporting Child & Elder - (740) 397-7177
- Alcoholics Anonymous - (740) 393-2439
- Anew Behavioral Health - (740) 326-6110
- Behavioral Healthcare Partners - (740) 397-0442
- BHP Care Now Clinic - (740) 324-7800
- Celebrate Recovery - (740) 393-1326
- Family Life Counseling in Danville - (740) 599-2950
- Family Life Counseling in Mount Vernon - (567) 560-3151
- Grievors of Loss to Overdose Support - (740) 397-5188



Local Resources Continued

- Interchurch Social Services
 - Centerburg - (740) 625-5940
 - Danville - (740) 599-5673
 - Fredericktown - (740) 694-8110
 - Mount Vernon - (740) 397-4825
- Knox Community Hospital - (740) 393-9000
- Knox County Community Health Center - (740) 399-8008
- Knox County Sheriff's Office - (740) 397-3333
- Knox County Sheriff's Office Tip Line - (740) 399-3959
- Knox Public Health - (740) 392-2200
- Knox Recovery - (740)-326-9099
- Knox Veterans Services - (740) 393-6742
- Mental Health & Recovery for Licking & Knox Counties - (740) 522-1234
- Mount Vernon Police Department Tip Line - (740) 393-9500
- Mount Vernon Psychological Services - (740) 392-5416
- MVPD Chaplaincy Program - (740) 324-5524
- NAMI Knox and Licking County - (740) 397-3088
- Narcotics Anonymous - (800) 974-0062
 - Ohio Regional Help Line - (800) 587-4232
 - Area Service Office - (614) 252-1700
- New Directions Domestic Violence Shelter and Rape Crisis Center - (740) 397-HELP (4357)
- New Vision - (740) 399-3893
- Opportunity Knox - (740) 392-9675
- Riverside Recovery - (740) 326-9255
- Shepherd Hill - (800) 223-6410
- Starting Point - (740) 393-0370
- The Freedom Center - (740) 397-2660
- The Main Place - (740) 392-9491
- The Salvation Army - (740)392-8716
- The Winter Sanctuary (open Nov-April) - (740) 392-9277
- TouchPointe Family Services - (740) 485-5408
- United Way of Knox County - (740) 397-5721



Help for Veterans and their families



KNOX COUNTY VETERANS SERVICE OFFICE

The Knox County Veterans Service Office provides eligible veterans and their families with those benefits to which they may be entitled to under federal, state and local law, in accordance with established policies and procedures. Call (740) 393-6742 for an appointment.



The Veterans Crisis Line is free and confidential. When you call, chat, or text, a qualified responder will listen and help. You decide how much information to share. Support doesn't end with your conversation. Our responders can connect you with the resources you need. You don't have to be enrolled in VA benefits or health care to connect.



Operation Homefront is a national 501(c)(3) nonprofit whose mission is to build strong, stable, and secure military families so they can thrive — not simply struggle to get by — in the communities they have worked so hard to protect.. Our organization provides relief, resiliency, and recurring family support programs and services throughout the year to help military families overcome short-term difficulties so they don't become long-term hardships.





NOTES

A large rectangular area for writing notes, featuring a vertical red margin line on the left side and horizontal blue ruling lines. The left edge of the page has a series of circular punch holes.



Contributors

A special thank you to the following organizations and individuals for making this coalition and resource toolkit possible. We are all a part of the solution.

Organizations

Behavioral Healthcare Partners (BHP)
Centers for Disease Control
Centerburg Local Schools
City of Mount Vernon
Conway's Eastside Pharmacy
Drug Free Communities Grant
Knox County Commissioners
Knox Public Health
OSU Extension-Knox County
United Way of Knox County

Individuals

Story Owners
Amy Smart
Debbie Ruggles
Emily Morrison
Jordan Shremshock
Kristin McCloud
Tina Cockrell
KSAAT Membership

References:

<https://www.nih.gov/news-events/news-releases/tobacco-drug-use-pregnancy-can-double-risk-stillbirth>

<https://www.hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021.html>


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


<https://odh.ohio.gov>

<https://recoveryohio.gov/employer-education/awareness/impact-on-the-workplace/substance-use-disorder-impacts>


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


WE are all a part of the solution.

 ksaat2011@gmail.com

 ksaat.org

 [@KnoxSubstanceAbuse](https://www.facebook.com/KnoxSubstanceAbuse)

 [@knoxco_ksaat](https://www.instagram.com/knoxco_ksaat)

 [@KnoxCo_KSAAT](https://twitter.com/KnoxCo_KSAAT)