

THE SPREAD OF THE HEROIN EPIDEMIC

Funding provided by Cobb EMC, Cobb Community Foundation and State of Georgia/DBHDD

EXCLUSIVE

PARENTS OVERPOWER PEER PRESSURE

HOW TO TALK TO YOUR TEEN ABOUT OPIOIDS

EXCLUSIVE:
ONE PARENT'S JOURNEY
THROUGH ADDICTION

THE LATEST
BRAIN
RESEARCH



www.ccapsa.org



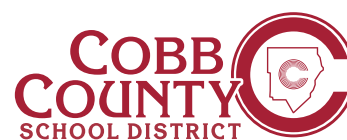
DO TEENS REALLY
THINK PRESCRIPTION
DRUGS ARE SAFE?

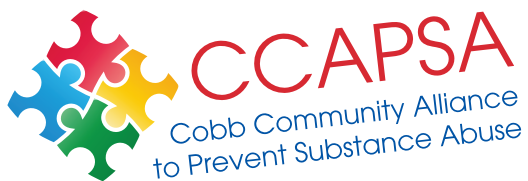


WHAT ARE
OPIOIDS?



WHAT CAN
PARENTS DO?





Dear Cobb County School and Marietta City School Families,

Our students in Cobb County are facing an issue that is becoming more prevalent not only in our schools and neighborhoods, but also throughout the country. Prescription and over-the-counter (OTC) drugs are one of the most commonly abused substances by Americans 14 years of age and older. In fact, more teenagers are abusing prescription drugs than cocaine, heroin, and methamphetamine combined. Every day in the United States, an average of 2,000 teenagers use prescription drugs for the first time without a doctor's guidance. Nearly 15% of high school seniors reported that they have used a prescription drug in the past year for reasons other than prescribed. We must act now!

One of the most significant (and preventable) causes of prescription drug misuse and abuse among youths is a lack of knowledge and understanding about the importance of proper use. Forty-one percent of teens believe that it is safer to get high using a prescription drug than it is with a drug such as marijuana or cocaine. Teenagers believe that since doctors prescribe prescription drugs, they must be safe. We need to help build an understanding that this perceived safety is predicated only on proper use. The objective of this resource is to change the way teens view prescription drugs, ensuring that they know the value of proper use and the dangers of misuse and abuse.

You have more power over the choices your children make than you may realize. Studies show that parents, not peers, are the most important influence in a teen's life. Parents can set an example, talk with youth, and monitor youth activities. Empowered parents and adult family members can trump peer pressure!

The good news? The most effective techniques to remain connected to your teen are among the most simple:

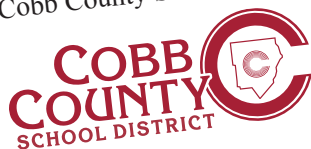
- Know your children's friends and where they are
- Investigate changes in personal habits, behavior and appearance
- Dispose of prescription drugs properly
- Have daily positive communication and interaction with your children

The Cobb Community Alliance to Prevent Substance Abuse, Inc. (CCAPSA), in partnership with the Cobb County School District and Marietta City School District, is providing this special edition to educate parents and families about the dangers of misusing prescription drugs and signs that indicate your student may be abusing drugs or is addicted to opioids. Please read the personal story of the Solomon family and keep the resource readily available.

We wish you and your family all the best and a healthy and productive school year.

Regards,

Mr. Chris Ragsdale
Superintendent
Cobb County School District



Dr. Emily Lembeck
Superintendent
Marietta City Schools



a mother's story of LOSS *and heartbreak*

Letters like this are so hard to write. How do you tell a stranger about your smart, handsome and talented son that became a heroin addict? How do you convey that he wasn't just an addict, but a beautiful person who just made a bad choice? But, nonetheless, a choice that changed the course of a life destined for great things?

We are a normal suburban family who live in Cobb County. My husband and I have two handsome, very intelligent sons. We attend church regularly and participated in boy scouts, youth trips, and numerous family vacations. We knew all of our sons' friends and they hung out regularly at our house. We were just like everyone else. Or, so we thought.

I wish you could have known my youngest son. Isaac was so full of life and lit up every room he entered with his beautiful smile. He had a charismatic personality that drew people to him and a heart that had no judgment. You couldn't help but love him upon first meeting him. Isaac was very intelligent, a fact that he tried to hide. He had a quick wit and many times surprised those around him with the knowledge he had. He was also a talker. As a child and young adolescent, Isaac loved to talk (non-stop) and share everything. I always admired his transparency in how he shared things that bothered him. Isaac participated in our church youth group, participating in all of its activities and church camps. He was a Life Scout and participated in theater from his elementary years into high school. But, Isaac's one true love was music and his talent came from deep within. He was a very talented guitarist and lyricist and he had the soul of a musician. He would play for hours on end, honing his craft, getting those rifts just right. He felt things deeply and through his lyrics he conveyed joy, worship and pain. Then, one day things began to change.

I can't say when it started. In retrospect I can see the signs now. I now see that there were little things that things just weren't right. Between the ages of 12-14, Isaac began to be difficult to deal with. As a child, Isaac had always had a stubborn-streak. He had

a tenacity for standing his ground and questioning rules and authority — a bent that, as parents, we attempted to mold into perseverance for his future. He also began to not talk very much about things going on in his life. He began to be very difficult to wake up for school and he wanted more and more to be away from home. Knowing that teenagers assert their independence and have various responses to hormonal changes, we considered this to be a normal, albeit frustrating, phase of life and expected that one day he would get beyond it. But, unfortunately, when Isaac was 16 we found out that this behavior had reasons behind it. Isaac had his first encounter with the legal system when he was arrested for possession of marijuana. Isaac was mandated to attend drug education classes through the juvenile system in Cobb County and he was placed on probation. We hoped that encountering consequences for drug use would serve as a wake-up call.

“The addiction spiraled quickly and the money ran out. Isaac then moved to the next cheapest thing: heroin.”

Later we would become aware that the marijuana use had continued. At 17, Isaac was arrested again and faced more legal charges. As an adult, he was placed on probation, and as a result of probation requirements, Isaac was prohibited from smoking marijuana. I later learned that he still felt the need to get high and so he switched his drug use to a drug that he wouldn't be tested for — OxyContin. During this time, Isaac began to frequently be angry and dismissive, but when questioned, he always deflected or told us that we were just looking for things. In retrospect, there were other signs as well. Isaac had always been a neat child. His room was always straight and he always dressed to show his sense of style.

These were just small things, but Isaac's room became more and more of a disaster, and his clothing began to look dirty and disheveled. He also began to lose weight. We questioned him about his weight and were given the plausible excuse of, I'm just not hungry. Other things began to change as well.



Whenever he was home, Isaac played his guitar for hours and he always had music equipment around the house. He personally owned about half-dozen different guitars that he had saved and purchased with his own money. He was always trading or selling to upgrade his equipment. As time went on, we began to notice that Isaac was playing less and that more of his equipment, pedals and amps were missing. When we questioned Isaac, there was the perfect reasoning of “upgrading that guitar” or he “didn't need that amp or pedal any longer.” One day, we began to assess what was missing and realized that everything, but his one prized guitar, was gone. It was such a gradual thing that we thought he was saving for a new guitar and, as in the past, just hadn't found the right one. Later, we found out that he was pawning everything he owned to buy OxyContin. The addiction spiraled quickly and the money ran out. Isaac then moved to the next cheapest thing: heroin.

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what are opioids?

- According to the GBI, 74% of the accidental drug-related deaths in the state were Rx drug overdoses. (2013)

Prescription opioids are pain relievers with an origin similar to heroin. They are often used non-medically, leading to overdose and death. People who are addicted to Rx opioid painkillers are 40 times more likely to be addicted to heroin.

(Source: National Survey on Drugs and Health 2011-13)

COMMERCIAL NAMES
Hydrocodone
Oxycodone
Morphine
Codeine
Fentanyl

Continued from page 3

I know many of you are wondering how on earth could we not have known? For us, the changes were subtle — each one building on the last. What seemed like normal teenaged angst was underwritten by a world to which we weren't privy. Isaac became a master of excuses and stories that were actually plausible and seemed to make total sense. Isaac was to turn himself into Cobb County jail, but instead, he was allowed to make the choice to go to a long-term rehab. We were ecstatic because he was finally being required to obtain help. However, three days prior to leaving for rehab, Isaac overdosed in his bedroom and was taken to the hospital to detox. That following weekend, Mother's Day weekend, we took him to a 10-month rehab facility. Finally, he was going to obtain the skills to beat this demon.

In the months that followed, Isaac would walk away from rehab two times, go to jail too many times to count, finally complete a state-mandated rehab, and overdose for the 2nd time. During this time, we thought that Isaac had reach that proverbial "bottom." I received a phone call from Isaac. He was sobbing and saying, "I did it mom. I said that I never would, but I did it. I sold my 'baby.'" I was panicked and crushed, at the realization that things had gotten so out of hand that they could no longer be controlled. Isaac was arrested again and, after being mandated to rehab, we thought that maybe this was the time he would turn his life

“Isaac's downward spiral actually began when, at the young age of 12, a church friend asked Isaac to use marijuana with him.”



around. After 14 months, Isaac returned home and set out to go straight. After eight-weeks Isaac violated his probation again because drugs showed up in his system. Incarcerated again, we thought that surely this would be the last time we would go through this. We were right, but for all of the wrong reasons.

Three days after his 21st birthday, Isaac was released from jail and came home. The next day my husband and I found Isaac in his bed — he had overdosed and simply “fell asleep”, to never wake again. I miss my son more each and every day. I grieve what could have been and miss the good times we had as a family. We are filled with sorrow for the pain our family experienced through Isaac's addiction. I am sometimes overwhelmed with the grief of how did I not know? How did I not notice the signs that were staring at me so blatantly? The thing is — at first it all seemed so normal and so plausible.

My family is only one of many families whose child experimented one too many times. It can begin at any age, with the most unsuspected of friends. Isaac's downward spiral actually began when, at the young age of 12, a church friend asked Isaac to use marijuana with him. While most adolescent changes are phases teens go through, some are not. Please educate yourselves on what is normal, and what may actually be a sign of drug use. Throughout our journey we have heard numerous parents question how they couldn't know that their child was abusing drugs. The symptoms can be subtle, and seem quite normal. If you are concerned, please ask for help.

— Stacey Solomon, Cobb County Resident

How Opioid Addiction Works

Opioids increase the amount of dopamine in a part of the brain called the limbic reward system. It is human nature to repeat the behaviors that we find pleasurable and rewarding; it is the responsibility of the brain's reward system to provide "rewards" that motivate us to repeat those behaviors that help us survive.

Most drugs of abuse target the brain's reward system by flooding it with dopamine. **Dopamine causes intense feelings of pleasure, which drives users to seek out the drug again and again.**

Why are drugs more addictive than natural rewards?

When some drugs of abuse are taken, they can release 2 to 10 times the amount of dopamine that natural rewards such as eating and sex do. In some cases, this occurs almost immediately (as when drugs are smoked or injected), and the effects can last much longer than those produced by natural rewards. The resulting effects on the brain's pleasure circuit dwarf those produced by naturally rewarding behaviors. The effect of such a powerful reward strongly motivates people to take drugs again and again. This is why scientists sometimes say that drug abuse is something we learn to do very, very well.

What happens to your brain if you keep taking drugs?

A person who abuses drugs eventually feels flat, lifeless, and depressed, and is unable to enjoy things that were previously pleasurable. Now, the person needs to keep taking drugs again and again just to try and bring his or her dopamine function back up to normal—which only makes the problem worse—a vicious cycle.

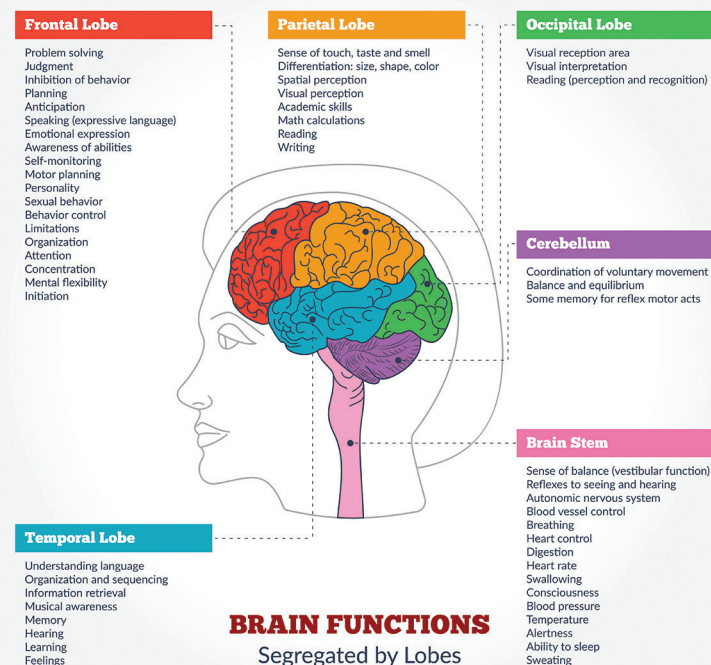
After repeated drug use, the brain starts to adjust to the surges of dopamine. Neurons may begin to reduce the number of dopamine receptors or simply make less dopamine. The person will often need to take larger amounts of the drug to produce the familiar dopamine high — an effect known as **TOLERANCE**.

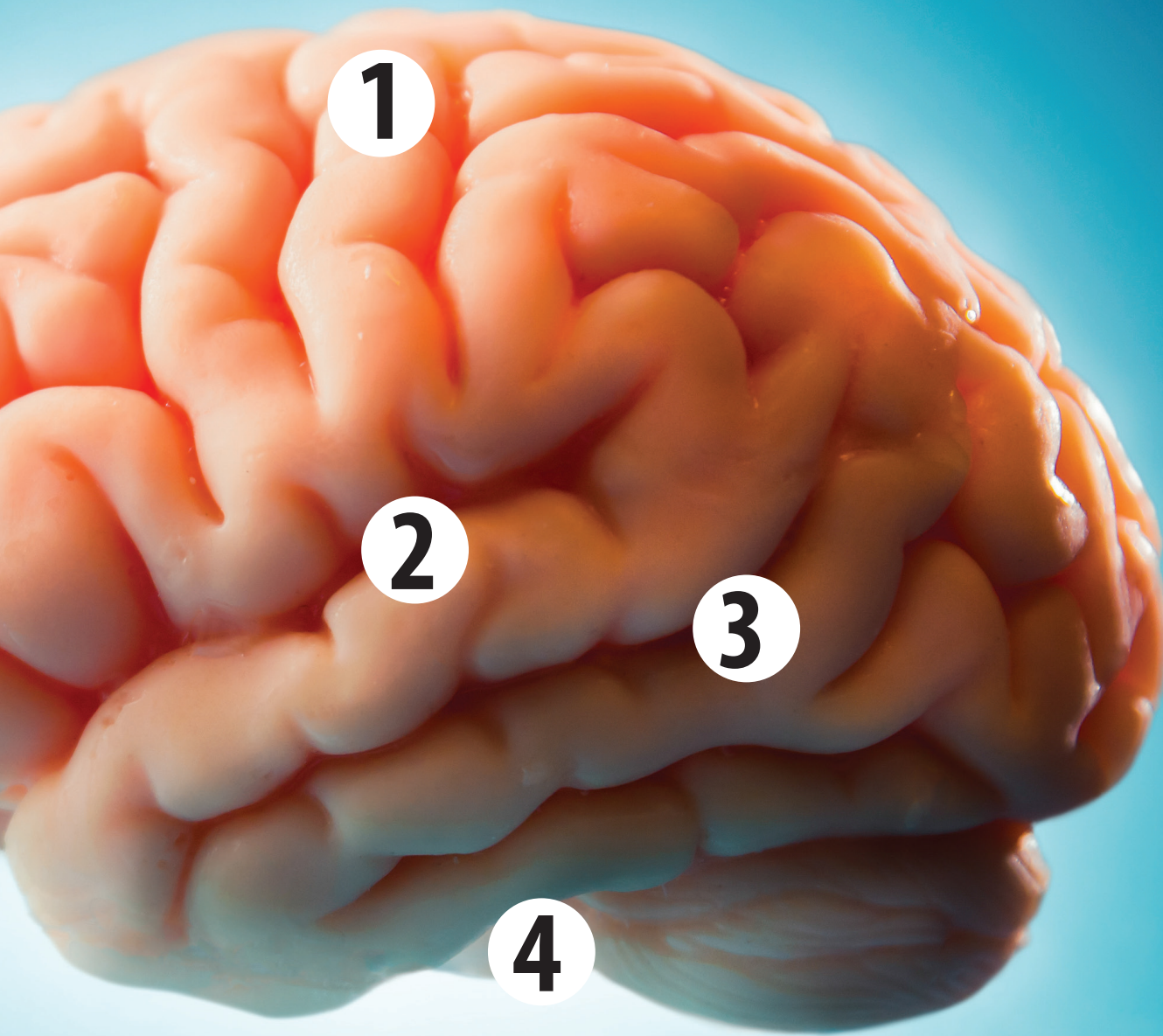
Opioids attach to specific proteins, called opioid receptors, in the brain, spinal cord, gut, and other organs. When these drugs attach to their receptors, they block pain messages sent from the body through the spinal cord to the brain.

Abusing drugs can lead to **ADDICTION** – the inability to stop using even when a person wants to and despite harmful consequences to the abuser's health and life.

An addict's limbic reward system hijacks other systems in the brain — like judgment, planning and organization — driving them to seek the most important sensation - getting high. Drug addiction erodes a person's self-control and ability to make sound decisions, while producing intense impulses to take drugs. This process can go on during years of sobriety, which is why relapses by addicts are common.

•• There is a 60%-83%
•• relapse rate in heroin/
•• opioid addicts in recovery.
•• (Source: Davis Direction Foundation)





In the brain, neurotransmitters such as dopamine send messages by attaching to receptors on nearby cells. The actions of these neurotransmitters and receptors cause the effects from prescription drugs. Each class of prescription drugs works a bit differently in the brain:

Prescription opioid pain medications bind to molecules on cells known as opioid receptors—the same receptors that respond to heroin. When these drugs attach to their receptors, they block pain messages sent from the body through the spinal cord to the brain.

Opioids also can change the part of the brain that controls emotions and cause a person to feel relaxed and extremely happy (euphoric). Repeated abuse of opioids can lead to addiction.

Withdrawal symptoms include agitation, anxiety, itching, irritability, insomnia, goose bumps, rapid heart rate, mild hypertension, vomiting and diarrhea. At the peak of withdrawal, intense anxiety, tremors, shakes, smooth and skeletal muscle cramps and joint and deep bone pain begin to manifest.

Down the road are more serious, long-term consequences. Anxiety, depression and craving for the drug can continue for months, even years after being free of opioid use. Opioid addicts in recovery have an increased sensitivity to real or imagined pain and are more vulnerable to stressful events.

(from teens.drugabuse.gov)

Key areas of the brain and what they control:

1

CEREBRAL CORTEX
(including the prefrontal Cortex):
information processing; thinking; speaking; problem solving; making decisions; sensing the environment

2

CEREBELLUM:
motor control; coordination; balance; posture

3

LIMBIC SYSTEM
(including the ventral Striatum, amygdala, and hippocampus):
feeling pleasure; emotions; learning

4

BRAIN STEM:
basic life functions, such as heart rate, breathing, and sleeping

Street Names for Opiates

Here are the most commonly abused opiates and their street names.

Oxycontin

Oxy, Hillbilly heroin, kickers, Oxycontin, killers, OC

Jammed

This is a term that means someone is “under the influence of Oxycontin” (CESAR).

Percocet/Percodan

Percs, percodoms

Vicodin or Lorcet/Lortab

Vikes, Watson-387

Codeine with Robitussin or Tylenol (NIDA)

Captan Cody or Cody, schoolboy

Codeine with glutethimide

“Doors & fours,” “pancakes and syrup,” loads

Fentanyl (ISATE)

Apache, Duragesic, Sublimaze, “dance fever,” Actiq, TNT, China White, China Girl Tango and Cash, jackpot, friend, goodfella (NIDA)

Morphine

Roxanol, Miss Emma, M, “white stuff,” monkey, Duramorph,

Methadone

Amidone, fuzzies, chocolate chip cookies (with MDMA)

Numporphan/Numorphone

Blues, Mrs. O, O bomb, octagons/stop signs, biscuits, blue heaven

Dilaudid

D, smack, juice, footballs

Demerol

Pain killer, demmies

Illicit opiates

Heroin (NIDA)

Smack, junk, dope, H, white horse, horse, China white, skunk, skag, brown sugar, hell dust, thunder, chiva, big H, “Cheese (with OTC cold medicine and antihistamine)”

Opium (DOJ)

Black stuff, gum, block, hop, big O, ah-pen-yen, zero, hop/hops, Chinese Molasses, Chinese Tobacco, black pill, mira, O, pox, skee, Dover’s Powder, dopium, gee, God’s medicine, toys, toxy, guma, joy plant, easing powder, dream stick/gun

Nearly 33% of 12th grade students strongly agreed that it was *easy* to obtain prescription drugs not prescribed to them. (GSHS 2.0, 2013-2014)

How to Talk to Teens About Opioids

Youth who continue to learn about the risks of drugs at home are up to 50% less likely to use drugs than those who are not taught.

It’s up to you to talk openly. (Source: SAMSHA)

- Remind them that taking someone else’s prescription drugs is illegal and is drug abuse.
- Ask physician to address with your teen during a visit.
- Provide a safe and open environment for your teen to talk.



Heroin use is part of a larger substance abuse problem.

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

Most used at least 3 other drugs.

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

People who are addicted to...

ALCOHOL are

2x

MARIJUANA are

3x

COCAINE are

15x

Rx OPIOID PAINKILLERS are

40x

...more likely to be addicted to heroin.



warning SIGNS

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

If you've noticed any of the changes related to substance abuse listed on this page, don't be afraid to come right out and ask your teen direct questions like "Have you been offered drugs?" If yes, "What did you do?" or "Have you been drinking or using drugs?" While no parent wants to hear a "yes" response to these questions, be prepared for it. Decide, in advance, how you'll respond to a "yes". Make sure you reassure your child that you're looking out for him or her, and that you only want the best for his or her future.

Of course, not all teens are going to fess up to drug or alcohol use, and a "no" could also mean your child is in need of help for mental health issues. That's why experts strongly recommend that you consider getting a professional assessment of your child with a pediatrician or child psychologist to find out what's going on. In the case of teen substance abuse, don't be afraid to err on the side of caution. Teaming up with professionals to help your teen is the best way to make sure he or she has a healthy future.

Is Your Teen Using? Signs and Symptoms of Substance Abuse

PERSONAL APPEARANCE

- Messy, shows lack of caring for appearance
- Poor hygiene
- Red, flushed cheeks or face
- Track marks on arms or legs (or 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 on clothes
- Chewing gum or mints to cover up 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 the car
- Avoiding eye contact
- Locked doors
- Going out every night
- Secretive phone calls
- "Munchies" or sudden appetite

BEHAVIORAL ISSUES ASSOCIATED WITH TEEN SUBSTANCE ABUSE

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

SCHOOL- OR WORK-RELATED ISSUES

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

HEALTH ISSUES RELATED TO TEEN SUBSTANCE ABUSE

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

HOME- OR CAR-RELATED

- Disappearance of prescription or over-the-counter pills
- Missing alcohol or cigarettes
- Disappearance of money or valuables
- Smell in the car or bottles, pipes, or bongs on floor or in glove box
- Appearance of unusual containers or wrappers, or seeds left on surfaces used to clean marijuana, like Frisbees,
- Appearance of unusual drug apparatuses, including pipes, rolling papers, small medicine bottles, eye drops, butane lighters, or makeshift smoking devices, like bongs made out of toilet paper rolls and aluminum foil
- Hidden stashes of alcohol

(Source: www.drugfree.gov)

When Should You Talk to Your Children About Drugs?

It's not enough to sit down for a one time "drug talk" with your child. Instead, parents and caregivers need to point out the dangers of alcohol and other drug use repeatedly as their children grow up. The key is to match the amount of information with your child's maturity level. Studies show that children of parents who talk to them about drugs are 50% less likely to start using drugs. While peer pressure can become enormous in the middle and high school years, parents and families are still the primary influence in the choices that teens make.

Establishing open and honest communication is one way to help children build resilience so they can withstand the pressures of peers and society and make responsible choices. Here are some tips for communicating with your children about drugs:

LISTEN. When you listen to your children, they will learn to be better listeners and will try harder to clearly express their thoughts and feelings. By being attentive, you convey respect and concern.

BE FLEXIBLE. You can't force a child to talk with you. Some teens are more comfortable talking when they are in the car or doing a task rather than sitting across a table, face-to-face, with talking as the sole task. Stay flexible and take advantages of opportunities whenever and wherever they arise.

BE POSITIVE. If most of your messages are negative, children may feel talking isn't worth it because they are always being criticized. Balance this with conveying the rules and limits your family has set, and let your child know there will be consequences for breaking the rules.

TALK ABOUT YOUR FEELINGS. When doing so with your children, it helps to say, "I feel _____ because _____." This way, they learn to link emotions to thoughts and helps them convey the reason for feeling a certain way.

ESTABLISH CLEAR RULES AND CONSEQUENCES. Set clear limits regarding alcohol and other drug use (including tobacco) and share these on a regular basis, focusing on their overall health and safety. If your message is inconsistent, teens may decide to create their own standard.

FACT SHEET: Opioid Myths

MYTH: People are addicted to opioids after only one use.

FACT: When prescription painkillers are used as prescribed, under the care of a doctor, they pose a low risk of addiction, and these drugs have a legitimate role to play in medicine. While not all people develop an addiction after using once or occasionally, opioids can be extremely addictive in a short amount of time because they create such rushes of pleasure and steep drops into withdrawal, that most who abuse them find themselves quickly needing more and more of the drug just to maintain a feeling of normalcy.

MYTH: Snorting or smoking heroin or prescription painkillers is safer than injecting them.

FACT: There's no "safe" way to abuse a drug. And while sharing needles carries specific risks, like exposure to HIV/AIDS or hepatitis C, any method of opioid abuse can lead to overdose and death. Many people with opioid addictions progress from snorting or smoking to injecting as they develop a tolerance and seek a more intense high.

MYTH: Abusing prescription painkillers to get high is safer and less addictive than using heroin because a pharmaceutical company makes them and doctors prescribe them all the time.

FACT: Using a prescription painkiller without a prescription, for reasons other than prescribed, in higher amounts than intended, or using methods that are not prescribed (such as crushing, snorting, or injecting), is just as dangerous and can be just as addictive as shooting heroin into your veins. On a biological level, the brain and body treat heroin and prescription opioid painkillers identically.

MYTH: If I don't use all of my prescribed painkillers following an operation or accident, I can save them for a "rainy day" when I have a minor joint pain or a toothache.

FACT: Many young people are first introduced to opioids by raiding their parents' or grandparents' medicine cabinet, or by a friend who did the same. If you are prescribed an opioid, talk with your doctor about the risks, ask to be prescribed only what you need, and properly discard any unused drugs when you no longer need them. There are three drop-off facilities in Cobb County (Acworth and Marietta Police Departments and Kennesaw State University Police Department) and numerous community events that safely dispose of medicines.

MYTH: Heroin is primarily an inner-city problem.

FACT: Heroin use is on the rise nationwide, in suburban and rural areas, and Cobb County is no exception. Prescription painkiller use and misuse that often leads to heroin addiction is on the rise as well. Research shows a wide diversity of abusers – including honor roll students, retired people, mothers, and blue-collar workers.

MYTH: A person addicted to opioids is a lost cause.

FACT: Treatment works. When people seek appropriate treatment and receive support from their family and friends, recovery is possible. Every day, thousands of people who were once considered lost causes celebrate one more year of recovery and live productive, successful and fulfilling lives.

Possible health consequences of abusing opioids:



SHORT-TERM

- Reduced heartbeat and breathing (which can lead to overdose and death)
- Reduced blood pressure
- Nausea and vomiting

LONG-TERM

- Tolerance (needing more and more to achieve the same "high")
- Cravings (needing the drug to feel "normal")
- Withdrawal symptoms (highly unpleasant flu-like symptoms)
- Contracting diseases like HIV/AIDS or Hepatitis B and C from sharing needles or having unsafe sex while high
- Heart and lung problems
- Abscesses or blood infections
- Collapsed veins
- Poor self-care, including malnutrition, hygiene and medical care
- Risk of birth defects or stillbirth among pregnant teens who abuse opioids



Heroin Use Has INCREASED Among Most Demographic Groups

	2002-2004	2011-2013	% CHANGE
SEX			
Male	2.4	3.6	50%
Female	0.8	1.6	100%
AGE YEARS			
12-17	1.8	1.6	--
18-25	3.5	7.3	109%
26 or older	1.2	1.9	58%
RACE/ETHNICITY			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	--
ANNUAL HOUSEHOLD INCOME			
Less than \$20,000	3.4	5.5	64%
\$20,000-\$49,999	1.3	2.3	77%
\$50,000 or more	1	1.6	60%
HEALTH INSURANCE COVERAGE			
None	4.2	6.7	60%
Medicaid	4.3	4.7	--
Private or other	0.8	1.3	63%

Source: Centers for Disease Control

safeguard your Rx

and OTC Medications at Home

Prescription drug abuse is a public health and safety crisis across Georgia. Accessibility is the number one contributing factor to all misuse and abuse of Rx and OTC drugs. The number one action that all adults can take to address the misuse or abuse of Rx drugs is “lock up” Rx and OTC medications so that only the people that are supposed to use them “use them”.

Consider this, because of the ease of access:

- Pharmaceutical drug overdoses in the U.S. have surpassed all illegal drug overdoses of methamphetamine, heroin, and cocaine combined.
- 90% of all teens who abused pharmaceutical drugs obtain their drugs from their home medicine cabinet or from a friend’s medicine cabinet (*National Institute on Drug Abuse*)

Options to Safeguard your Rx and OTC Medications

- Safe Storage – lock up all Rx and OTC medications in the home, especially pain pills
- Dispose of leftover medications once they are no longer needed. Drug disposal options include finding a drug drop box, participating in a drug take-back event, participating in a mail back program (check your local pharmacy). Do not attempt to flush your medications unless given instructions how to do so by your pharmacy

Find a Prescription Drug Disposal Location in Your Area.
www.stoprxabuseinga.org

- Many individuals who struggle with substance use disorders have found hope in recovery



Parents – What You Can Do:

- Talk to your children about your family's stance on drugs
- Be aware of your surroundings, particularly in gas stations, convenience stores, shopping centers, by interstates
- Call the Cobb Police Department anonymous tip line if you suspect drug activity: 770-509-5554
- Clean out your medicine cabinets regularly and dispose of medications properly
- Support organizations that offer resources for recovery and rehabilitation



The average Georgia youth (12-17 yr) starts abusing prescription medication at 13 years old, the same age they first try alcohol.

(Substance Abuse and Mental Health Services Administration, Behavioral Health Barometer: Georgia 2013)

Addiction must be treated like a chronic disease.

<http://youthtoday.org/2015/07/recovery-communities-give-former-addicts-a-boost-in-the-long-term/>

recovery resources

Inpatient and intensive outpatient programs

Ridgeview Institute, 770-434-4567

Peachford Hospital, 770-455-3200

Assessments for adolescents in Cobb schools

Chris Hinds, Ridgeline Counseling Services, 404-549-6334

Debra Legere, Legere Counseling, 404-918-2674

Outpatient substance abuse treatment programs

Raven's Nest, 888-975-3816

Proactive Management, 678-439-8975

Wilderness Programs

Wilderness Programs are an option for adolescents struggling with addiction. These usually will take teens who have detoxed from opioids. Parents usually pursue this after outpatient options or short stays at hospitals have failed and/or when a 60–90 day program is recommended (with aftercare).

Second Nature Wilderness Program, 866-280-1800, <http://snwp.com/>

SUWS of the Carolinas, 844-334-2878, <http://www.suwscarolinas.com/>

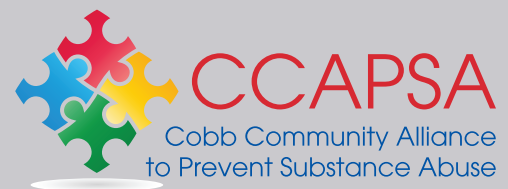
Additional Resources

Cobb County Prevention Intervention Center, 770-429-5846

Graduate Marietta Student Success Center, 770-428-2631

Davis Direction Foundation, 470-362-1994

**CCAPSA does not endorse any one provider or treatment option.
These names are provided for information only.*



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