



Drug and Alcohol Abuse Prevention and Treatment

A Resource Guide



The Wyckoff Township Committee: from the left, Brian D. Scanlan, Haakon Jepsen, Kevin J. Rooney, Rudolf E. Boonstra, and Douglas J. Christie.

GCADA Issues Report on NJ Epidemic

esponding to the state-wide nature of the many drug abuse problems detailed in this calendar, the Governor's Council on Alcoholism and Drug Abuse released its 2014 Report offering a strategic action plan to address the burgeoning heroin/opiate epidemic among adolescents and young adults.

The 88-page document describes the extent of the problem in stark terms: "The skyrocketing use of heroin and other opiates has become the number one health care crisis confronting New Jersey. Drug overdose deaths now surpass the number of deaths resulting from motor vehicle accidents, which has always been the leading cause of accidental death in the United States."

The report can be found at: www.state.nj.us/treasury/gcada/master/documents/2014_TaskForce_Report.pdf

A Message from the Township Committee

rug education campaigns have long relied on catch phrases and clever marketing to capture the public's attention. However, such campaigns often have a shelf-life and can lose their power to persuade. The message is often lost in our media-saturated culture or replaced by a more comforting refrain: "It could never happen to me. It could never happen here."

Sadly, it is happening in Wyckoff. According to Wyckoff Police Chief Benjamin Fox, "Drug abuse is an epidemic and Wyckoff is not immune." Bergen County itself is currently experiencing an unprecedented rise in drug abuse. In fact, prescription drug abuse, which can lead to heroin addiction, is at an all-time high, according to Bergen County Prosecutor John Molinelli.

As we did last year, with a helpful guide to 'Emergency Preparedness,' the Township Committee is providing residents with a resource calendar, which can be used now and kept for reference later. The 2015 calendar contains specific information on how to deal with a public health problem that threatens our community. Inside, you will find details on how to identify problematic drugs, how to recognize and understand addiction, and how to contact local, county and regional organizations that provide further education and support.

The Township Committee encourages you to carefully read this resource guide. If you are aware of someone who is addicted, please reach out to help that individual, family member or friend perhaps by contacting one of the organizations listed in the calendar or call the Wyckoff Police Department for assistance. MOST IMPORTANTLY, if you know someone that needs alcohol or substance abuse help, get them the help they need.

Once again, we would like to express our sincere gratitude to the sponsors of our calendar. Their support makes these award-winning publications possible. We urge residents to support these local businesses as a way of thanking them for their community spirit.

The Township Committee wishes all of you a healthy and prosperous New Year!

Important Message About Heroin Use in Wyckoff

from Chief of Police Benjamin C. Fox

he illegal use of pain killing prescription drugs which leads to the use of heroin is at an all time high throughout our nation. It is truly an epidemic. Although it may be a national issue, as your Chief of Police, I'm here to tell you that this problem is very real right here in Wyckoff. Our teenagers and young adults, potentially your children, are taking these drugs and becoming addicted. They typically begin taking prescription Oxycodone, Percocet or other pain killing medications as a recreational type of drug use. These medications are highly addictive and very expensive on the illegal market selling at \$30-\$80 per pill.

Once addicted and unable to afford the pills, they begin using heroin which can be purchased for significantly less. The move to heroin is made because their addicted

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body craves the drug, and the heroin gives them a similar high. Persons addicted to heroin and pain killing drugs will do anything, and I mean ANYTHING to satisfy their need for the drug.

The Wyckoff Police Department is arresting adults and juveniles who live right here in Wyckoff in record numbers. To me, that shifts it from a national problem to a Wyckoff problem. I am telling you about this problem since I have an obligation to help Wyckoff residents.

The Bergen County Prosecutor's Office, under the direction of Prosecutor John L. Molinelli, also understands the extent of this problem as it exists on the county level. Prosecutor Molinelli recently ran a series of ads directed at this issue. I've included these ads on our web-

site (wyckoffpolice.org) because they are of extreme importance. His message is powerful. For parents, it's kind of scary. Above all it's important for you to know and understand the extent of this problem. Please read this information provided by the Prosecutor's Office.

In the fourth article, Prosecutor Molinelli makes you a promise. I offer the identical promise. If you need help, if a family member or a friend needs help; call me at 201-891-2121. We'll talk to you on the phone. We'll come and talk to you at your home. We will not arrest anyone. What we will do is offer assistance and guide you in obtaining the help you might need.

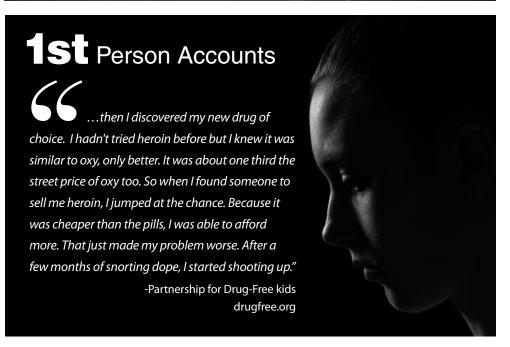
One more thing. Do you know someone who may be addicted, but you really don't think it's that bad because they tell you that they have it under control? Your failure to act could be a fatal mistake.

Save a life! Don't think twice! Call 911.

New Jersey's Good Samaritan Law protects people who seek help for victims of an overdose.

"No life is disposable. A life saved from an overdose can be a life restored." — Governor Chris Christie

+ Emergency !



Dramatic Increase in Heroin Use an Epidemic in Bergen

eroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant. Heroin usually appears as a white or brown powder or as a black sticky substance, known as "black tar heroin."

It's been all over the local news. There has been a dramatic increase in teenagers and young adults using heroin, especially in Bergen County. **According to** *The Record*, in 2013, there were 27 fatal overdoses. As of October 2014, there were 48 fatal overdoses.



How Is Heroin Used?

Heroin can be injected, inhaled by snorting or sniffing, or smoked. All three routes of administration deliver the drug to the brain very rapidly, which contributes to its health risks and to its high risk for addiction – a chronic relapsing disease caused by changes in the brain and characterized by uncontrollable drugseeking no matter the consequences.

Regular heroin use changes the functioning of the brain. One result is tolerance, in which more of the drug is needed to achieve the same intensity of effect. Another result is dependence, characterized by the need to continue use of the drug to avoid withdrawal symptoms.

What Can You Do?

The Center for Alcohol and Drug Resources provided these tips to help keep your family safe:

1. Be informed. Often, the gateway to heroin use is

prescription painkillers. Kids get them from a doctor to treat a sports injury or simply take them from their parents' medicine cabinet. Start talking to your children when they are in middle school about how easy it is to become addicted to these drugs.

- 2. Clear out your medicine cabinet. Be sure to get rid of unused or expired prescription drugs at the next Wyckoff Drug Take Back event. To stay informed about these locations be sure to register your email address at www.wyckoff-nj.com.
- **3. Be on alert.** Consider how medications can be obtained and lock up those medications that you are taking. Many young people start taking medicine they find at home or the home of a friend or relative.
- 4. Know when it's time to reach out for assistance and support. Educate yourself about the signs of drug abuse. They include changes in mood, appetite or sleep patterns, sudden weight loss or weight gain, decline in personal grooming, slurred speech, skipping school or changed grades, money and valuables missing from your home. You know your child best. If you suspect something is going on with your child, chances are there is.

If you have questions or your parental "antennae" is up, call The Center for Alcohol and Drug Resources at 201-740-7069. They can help answer your questions in complete confidence and connect you to other resources.



Prescription Opioids: First Step to Heroin Use?

Prescription opioid pain medications such as Oxycontin and Vicodin can have effects similar to heroin when taken in doses or in ways other than prescribed, and they are currently among the most commonly abused drugs in the United States. Research now suggests that abuse of these drugs may open the door to heroin abuse.

Nearly half of young people who inject heroin surveyed in three recent studies reported abusing prescription opioids before starting to use heroin. Some individuals reported taking up heroin because it is cheaper and easier to obtain than prescription opioids.

Many of these young people also report that crushing prescription opioid pills to snort or inject the powder provided their initiation into these methods of drug administration.

ONE in 15

people who take pain relievers without a prescription will try heroin within 10 years

14% of non-medical prescription pain reliever users are dependent

compared to

54% of heroin users who become dependent

Heroin users are 3 times as likely to be dependent

In 2010, almost 1 in 20 adolescents and adults – 12 million people – used prescription pain medication when it was not prescribed for them, or only for the feeling it caused. While many believe these drugs are not dangerous because they can be prescribed by a doctor, abuse often leads to dependence. And eventually, for some, pain medication abuse leads to heroin.

It Starts Early

Prescription medicines are now the most commonly abused drugs among children 12-13 years old.

*Information from the National Institute on Drug Abuse, Yale University, and The Center for Alcohol and Drug Resources

Those Who Host Lose the Most

Parents Encouraged to Take a Pro-Active Approach

s a parent, you have the most influence on your child's decisions about drinking. Preparing your teen for the challenges and decisions about alcohol consumptions must begin before they are faced with these situations. Parents need to educate teens that their actions have serious consequences. Not only do statistics show that alcohol-related car crashes are the number one cause of death for persons between the ages of 14 and 22, but incidents of alcohol poisoning are not uncommon. The law holds parents responsible for these serious consequences when they allow underage drinking at their home.

Talk, talk, talk and talk some more with your teen about dealing with peer pressure and discuss feasible ways to turn down alcohol

PARENTS
WHO HOST
LOSE
THE MOST

and other drugs. Among the most important things to discuss with your teenager is the issue of drinking at home or at friends' parties, and the consequences that will result. Set guidelines that they may attend only parties that will be supervised and where no alcohol will be served. Agree that they will never get into a car with a driver who has been drinking. Let your child know that they can always call

you at anytime to pick them up if they find themselves in difficult circumstances.

Some Specific Strategies

We are approaching the season for proms, graduations and summer parties. These occasions may provide a venue for teenage drinking. If you are holding a party in your home, discuss the guidelines with your child beforehand. Some strategies are:

- A parent must be home during the party. Circulate among the guests and make your presence known.
- Set specific hours for the party and establish the number of guests attending.
- Do not let teens leave and return to the party.
 - Provide plenty of food and nonalcoholic beverages.

If your teen is attending a party, make sure you:

- Have the name, address and phone number of the party host.
- Confirm with the host that the party will be supervised responsibly and that no alcohol will be served.
- Establish a time when your teen will come home.
- Set up an agreement with your teen that she or he will not drive while intoxicated or get into a car with a driver who has been drinking.

Guidelines for Communicating with your Teen about Drinking

■ Be a good role model. Telling your teen that

they should not drink then over-indulging in alcohol yourself sends a mixed message.

- Communicate the facts. Speak frankly about the effects of alcohol. Don't use scare tactics.
- Set up clear rules with established consequences and stick with them. Often having a teen do a task such as mowing the lawn or taking out the trash is more effective than grounding them or taking away privileges.
- Know your teen's friends. Friendship is an important part of our lives. Get to know your teen's friends and their parents.
- Keep the lines of communication open. Talk with your teen about dealing with social pressure, as well as feasible ways to turn down alcohol and other drugs. Encourage dialogues with your teen.

Penalties for Parents who allow Underage Drinking

Know what your responsibilities really entail.

NJSA 2C:33-15 (NJ Criminal Code) establishes a criminal offense for an underage person to consume or possess alcohol in a public place or motor vehicle.

Wyckoff Ordinance #1521 prohibits underage individuals from consuming alcoholic beverages on private property.

NJSA 2C:33-17(a) (NJ Criminal Code) establishes a criminal offense for any person who makes available an alcohol beverage to a person under the legal drinking age.



NJSA 2C:33-17(b) (NJ Criminal Code) establishes a criminal offense for any person who makes their home or property available, or leaves such home in the care of another person who makes such property available, for the purpose of allowing underage persons to consume alcohol.

Consequences for Parents

- **1.** It's a criminal offense in New Jersey to allow underage drinking in your home; so for starters, you're looking at a disorderly person's charge, which means a criminal record and a fine.
- **2.** Your homeowner's insurance may increase. The company may even drop you. Most policies don't cover damage or theft from underage drinking parties.
- **3.** If an underage party-goer drives after drinking, it will cost you. If there is a crash, you are responsible and can be sued.
- **4.** Injuries, alcohol poisoning, sexual assault, drowning or suicide may result in lawsuits. You will be civilly liable if sued by another parent.
- **5.** You can't put a price on relationships, but take note you've just lost the trust of other parents and you've lost the respect of your neighbors and friends.

RESOURCES

Local

Wyckoff Police Department
FLOW Area Safe Homes
Sue Ellen Greenbergsueellen@studentsummers.com
Tricia Rooney Grovertriciagrover@gmail.com
Nancy Krausenancyskitchen@yahoo.com
Rape Crisis Hotline (24 hours)
Information about the programs offered by the Wyckoff Municipal Alliance can
be found on page 12. Information about the Wyckoff D.A.R.E. Program can be
found on page 16.

E-MAIL CONTACTS

Ramapo HS SADD* Advisorkbasilicato@rih.c	org
Indian Hills SADD* Advisor	org
Ramapo HS Student Assistance mkohlbrenner@rih.c	org
Counselor**	
Indian Hills HS Student Assistance	org
Counselor**	
Wyckoff Municipal Alliance alliance@wyckoff-nj.co	om

^{*}Students Against Destructive Decisions

USEFUL WEBSITES & PHONE CONTACTS

Ramapo/Indian Hills School District	www.rih.org
Addiction assistance	.www.heroinkillsnj.com
Addiction Helpline for Parents Support/NJ	800-561-4299
National Runaway Switchboard	800-RUNAWAY
Parents Anonymous/Family Helpline	800-843-5437
Alcoholics Anonymous Northern New Jersey	www.nnjaa.org
800-245-1377 or 9	908-687-8566 (24 hours)
Al Anon New Jersey (for family and friends of alcoholics	5)973-744-8686
www.northjerseyal	l-anon.org/meeting.htm
Narcotics Anonymous New Jersey	800-992-0401 (helpline)
732-933-0462 (meetings and information)	www.nanj.org/meetings
Nar-Anon of New Jersey (for family and friends of drug ad	ldicts)973-783-9124
	www.naranonofnj.org
Addiction Helpline for Parents Support/NJ	800-561-4299

County

Office of Alcohol and Drug Dependency

The Bergen County Office of Behavioral Health Services, Office of Alcohol and Drug Dependency (OADD) is committed to the prevention and treatment of substance abuse. Their staff is comprised of well-trained professionals who maintain a variety of credentials. For information and/or a referral, please call 201-634-2740.

Bergen County Addiction Recovery Program (ARP)

ARP is an outpatient substance abuse treatment program located at 103 Hudson Street in Hackensack. The facility offers outpatient and intensive outpatient treatment services to Bergen County residents who are self-referred, referred by the Courts, or participants in the Drug Court Initiative or the Work First – Substance Abuse Initiative. Service fees are based on a sliding scale. For information or an appointment, please call 201-336-3330.

Spring House, Halfway House for Women

Spring House provides a 12-step, sober living environment, along with vocational and life skills training to adult women in recovery. The average length of stay is about eight months. Spring House participates in the Drug Court Initiative and the Work First – Substance Abuse Initiative. For information or admission eligibility, please call 201-261-3582.

Intoxicated Driver Resource Center (IDRC)

The administrative offices of the Bergen County IDRC are located at 103 Hudson Street in Hackensack. The IDRC provides mandatory education and referrals to those who have been convicted of a Driving While Intoxicated (DWI) offense. For information or an appointment, please call 201-336-3310.

The Bergen County Prevention Coalition

The Bergen County Prevention Coalition, an initiative of the Center for Alcohol and Drug Resources, is a community collaboration working toward a substance abuse-free Bergen County. The Coalition's four main priorities are: underage drinking; prescription drug misuse across the life span; illegal substances with a special focus on opioid use ages 18-25; and new and emerging drugs.

The Center for Alcohol and Drug Resources is a recognized leader in community and school-

based education programs about alcohol and drug abuse prevention. Founded in 1979, the Center provides extensive resources, information, expertise and support in understanding and preventing alcohol and drug abuse and advocates for responsive prevention and treatment services.

For more information, call the Coalition at 201-740-7097, or email them at bcpcnj@cafsnj.org. For more details about the programs they offer, go to www.tcadr.org.

^{**}SADD and Teens Needing Teens contact

How Do You Identify Addiction



Signs that adolescents may be abusing drugs or alcohol



A DROP IN GRADES – This could be a slow decrease in the past six months to a year, or a sudden drop

SWITCHING FRIENDS – Are you seeing a different set of friends around the house? More friends that you object to? Not meeting any friends?

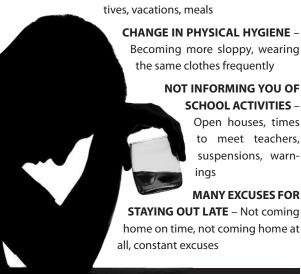
EMOTIONAL HIGHS AND LOWS – Easily upset, emotional state changes rapidly, doesn't seem as happy as she/he used to be

DEFIANCE OF RULES AND REGULATIONS – Pushing limits around the house, not doing chores around the house

BECOMING MORE SECRETIVE – Not sharing any, or very little of their personal problems

LOSS OF INITIATIVE – Less energy, sleeping more than usual

WITHDRAWING FROM FAMILY FUNCTIONS - Visiting rela-





ISOLATING THEMSELVES – Spending a lot of time in their

SUSPICION OF MONEY OR ALCOHOL MISSING – From parents, brothers or sisters

SELLING POSSESSIONS – Clothing, jewelry, gifts, electronic equipment; seems to have money but no job

FEELING MANIPULATED AND BARGAINED WITH - Playing parents against one another

WEIGHT CHANGES – Drastic loss or gain

SHORT-TEMPERED – Becomes angry often, short fuse

LEGAL PROBLEMS – Driving while intoxicated, missing curfew, being at parties that get broken up by police

DEFENSIVE – When confronted on behavior or other concerns

CALLS FROM SCHOOL – Reports of skipping classes, sleeping in class, poor work performance, not doing homework

COMING HOME DRUNK OR HIGH – Smelling of pot or alcohol, seems unusually giddy, slurred speech

ABUSIVE BEHAVIOR – Verbally or physically abusive to family members



So now I'm really hooked on this drug and I'm spending \$40 a day on it. So I did a whole \$25 and it had to have been a stronger batch. I go home and at this point I don't remember anything. In my 18 year old sister's words she said I came home and told her if I pass out call a ambulance because I don't feel good. So I went in my room and she came to my door and knocked and I did not answer. She kicked it in and I was not breathing and was unresponsive. She called the cops and she sat there and had to do CPR on me until the ambulance got there. I died four times and, in front of my sister, they had to shock me and shoot me with adrenalin. I hate myself for this. For the pain my family had to go through and what I put myself through. I went to rehab and got clean and I'm proud to say I've been clean for three years now. These drugs are not worth it. They ruin your life. And anyone's around you."

> -Partnership for Drug-Free kids drugfree.org



The Wyckoff Municipal Alliance leadership group meets on a regular basis. Pictured are, seated from the left, Franklin Lakes Municipal Alliance Chairperson Janis Ing Strauss, Wyckoff Superintendent of Schools Richard Kuder, Wyckoff Municipal Alliance Chairperson Wendy Coffey, Wyckoff Police Sergeant Joseph Soto, and Township Committeeman Haakon Jepsen; and standing from the left, Wyckoff Police Chief Benjamin C. Fox, Township Administrator Robert J. Shannon, Jr., Mayor Douglas J. Christie, Wyckoff Board of Health President Carol Hertenstein, and Municipal Alliance Secretary Krista Hogne.

he Wyckoff Municipal Alliance is a committee comprised of residents, police and professionals appointed by the Wyckoff Township Committee who work to provide anti-alcohol and anti-drug messages to children. The Wyckoff Municipal Alliance provides programs and information to parents on how to talk to teens. Programs are provided to educate senior citizens regarding prescription drug use, alcohol interaction, health behavior and positive decision making. The Wyckoff Municipal Alliance is one of 66 Municipal Alliances that work with the New Jersey Governor's Council on Alcoholism and Drug Abuse (GCADA).

1st Person Accounts Obviously I have struggled with many things, but I specifically want to talk about two things ... One, I had no understanding about alcoholism/addiction. I didn't know that it was a brain disease that affected people of all ages, races, creeds, cultures, religions, socio-economic statuses. I honestly thought that since I was an upper-middle class white teenager, that I couldn't possibly be an addict and that I was just 'going through a phase.' Obviously that was not only delusional; but more importantly it was based upon lack of education – what I had been taught about addiction, and more importantly, what I had not been taught about addiction. The world must be better informed about addiction; for so many reasons – but simply if only to allow addicts to self-diagnose. Two, I didn't know anything about recovery – and my only thoughts about life without alcohol and drugs included: boredom, misery and church basements. Now having been in recovery for some time I can tell you that my life is anything but boring or miserable!" -Partnership for Drug-Free kids drugfree.org

Understand the Language

rou might know what a "joint" is, but what does it mean if you hear your teen talking about "vaping?" Do you know what "K2" is? Have you ever heard of "pharming?" Read this list to learn the latest drug-related lingo.

420/4:20/Four Twenty: Code used by pot smokers. It means "time to get high."

Baked: High, usually on marijuana.

Bath Salts: Synthetic cocaine.

Blunt: A cigar filled with marijuana.

Bong: A water pipe used to smoke marijuana.

Bowl: (as in "smoke a bowl) A pipe filled with marijuana.

Bromo-DragonFly: Sometimes abbreviated as BDF. A designer drug that produces intense, long-lasting hallucinations.

Burn one: To smoke marijuana.

Candy flipping: Combining LSD and MDMA (ecstasy). Also known as "trolling."

Chasing the dragon: Smoking heroin.

Cheese: Mix of heroin and over-the-counter cold medicine.

Crack: Cocaine mixed with ammonia, water, and baking soda

- usually smoked.

Crack pipe: Pipe used to smoke crack.

Eight Ball: An eighth of an ounce of cocaine.

Fake weed: Synthetic marijuana. Sometimes sold under

brand names such as "spice" and "K2."

Huffing: Sniffing an inhalant, such as glue or spray paint, to

get high.

Joint: A marijuana cigarette.

Kibbles and bits: A slang term for the ADHD drug Ritalin.

Kratom: A plant that produces feelings of euphoria and hallucinations. Kratom leaves are dried and can be smoked, turned into tea, or swallowed in caplet form.

Krokodil: A cheap and extremely potent heroin substitute. Krokodil, which is a relatively new drug from Russia, is typically injected. The drug got its name because of users' scaly, rotten-looking skin.

Mephedrone: A designer drug that produces effects similar to MDMA or cocaine.

> **Molly:** MDMA sold in powder or crystallized form. Molly is popular at concerts and festivals.

> > **Pharming:** Abusing prescription drugs.

Purple Drank: A combination of cough syrup (usually prescription-strength) and a soft drink such as Sprite or Mountain Dew.

Rolling: High (usually refers to MDMA).

Roofies: Slang name for Rohypnol, the "date rape drug."

Salvia/Salvia Divinorum: A plant from the mint family that is smoked to produce intense hallucinations. Legal in some states; sometimes sold

as incense.

Spliff: A joint; a marijuana cigarette.

Spoof: A homemade device – usually consisting of a paper towel roll and a scented dryer sheet – used to mask marijuana smoke.

Stoned: High (usually refers to marijuana).

Trail Mix: A mixture of prescription drugs.

Tripping: High (usually on LSD).

Vape/Vaping: To smoke marijuana using a vaporizer. A vaporizer is a device that heats marijuana to a high temperature, producing vapor rather than smoke.

Wake 'n' Bake: To wake up and get high.

Yaba: A mixture of methamphetamine and caffeine in the form of small brightly colored pills. Sometimes used at clubs and raves.

Source: Bergen County Prevention Coalition

Possessing and Using False ID to Buy Alcohol is a Criminal Matter

yckoff Police Chief Ben Fox would like to emphasize to young people that possessing or using false identification to purchase alcohol is a crime. Remember, a driver's license is a government document and being convicted of having a fake ID or fraudulent document is a serious matter.

At 18, you are not old enough to purchase alcohol, but you are old enough to be arrested and have a criminal record.

Possessing a false ID document is a fourth degree offense and carries a fine of up to \$10,000 and/or up to 18 months in jail. Using a false ID document is a third degree offense and carries a fine of up to \$15,000 and/or between 3 years and 5 years in jail. Selling a false ID document or possessing the materials to make these documents is a second degree offense and carries a fine of up to \$150,000 and between 5 and 10 years in jail.

In addition to the criminal penalties imposed upon conviction, there are serious future consequences young people should consider. Most college applications ask you to list any criminal convictions; you may be barred from entering some professions such as law enforcement, postal work, public transportation jobs, as well as many other professions.

Think again...it only takes a minute to make a decision that will impact your life. Considering the consequences, it's not a risk worth taking.

1st Person Accounts

I grew up in a household the oldest of four with a father who was an alcoholic. We used to know what kind of evening we were going to have by how hard the door slammed when he came home. My father was allowed to express the full range of emotions, but we kids could only express one – happiness, no matter how we felt. I swore I would never drink. My dad was a successful attorney – the outside image of our beautiful home belied what was going on the inside. My parents divorced when I was in college.

At a party my junior year a guy offered me a beer. Despite my vow, I took it. I figured I knew what happened to my dad when he drank so I wouldn't drink like him. An amazing thing occurred that night, a half a glass of beer and I became pretty, witty, and smart. I finally relaxed and could enjoy myself. I didn't even finish the beer.

I graduated and got a job in New York – a place I always wanted to live and work. I was going up the career ladder in advertising – fast. I was a vice president by the time I was 28, and a senior vice president by the time I was 30. I drank with clients and loved feeling relaxed but I knew my limit. When I thought about having more than a couple, I remembered the sound of that door slamming in my childhood home.

When I was 31, I met the man of my dreams. He barely drank at all. We got married and had children

right away. I went back to work after our daughter was born, but when my son came along I stayed home. We moved from Manhattan to suburban New Jersey. As my kids got older, I threw myself into their activities and the PTO like I had with my career.

When I was 38, my husband was diagnosed with depression – here was a blot on the picture of the beautiful life we thought we had. He struggled to keep his job in sales. On my 40th birthday I got drunk for the first time. Something had changed. I no longer worried about becoming my father. If you had my problems, you'd have a drink now and again, too. While my kids were at summer day camp, I drank wine in the afternoon with a group of other moms. "White Wine Camp," we called it. The problem was, they had one or two glasses and I needed four or five. I was terrified I would get caught drinking and driving when I picked up my kids. I felt guilty all the time. I stopped hanging out with the other women because I could see that they noticed how much I was drinking. That's when I started drinking alone at home – 2-3 bottles of wine each afternoon, and with it, the personality change. Anger and resentment flowed through me. Now I was the one slamming doors. I started having blackouts. My children were terrified of me when I got drunk. The dog would hide for hours.

It was my littlest sister who went to AA first. One day I confessed to her how much I was drinking and she took me to a meeting. I was shocked – a room full of smiling, happy people. I got a sponsor and threw myself into recovery and the results have been amazing. My children are happy to have their mother back, and I'm able to be much more supportive of my husband (whose illness I realize I can't control). There are no slamming doors in our house anymore."

-As told by a local resident

Drug and Alcohol FACT SHEET

- 11 million American adolescents and young adults ages 12-29 need help with drug and alcohol problems; 9 million of these are between the ages of 12-25. (2009 National Study on Drugs and Health)
- 90% of the nearly 2 million adolescents who need help with drug and alcohol problems are not getting the help they need. (2008 National Study on Drugs and Health)
- Kids who learn a lot about the risks of drugs from their parents are up to 50% less likely to use drugs, yet only 37% report getting that benefit. (Partnership Attitude Tracking Study 2008)
- Parents who intervene early with their child's drug or alcohol use can help significantly reduce the likelihood that they will become addicted, or suffer longterm negative consequences. (Dennis 2008)
- 90% of all adults with drug or alcohol problems started using before the age of 18, and half before 15. (Dennis 2007)
- There is a clear association between adolescent drug and alcohol use and unhealthy, risky behavior, including: unprotected, unplanned, unwanted sexual activity; impaired motor vehicle driving/passenger; involvement with juvenile justice system; poor academic performance and dropping out. (numerous sources)
- Coerced (non-voluntary) treatment for adolescent drug and alcohol problems can be just as effective as treatment after "hitting bottom." (National Institute on Drug Abuse, Substance Abuse Mental Health Services Administration)



The Wyckoff Police Department's D.A.R.E. team, front row from the left, Lt. David Murphy, Officer Brenda Groslinger, Detective Sgt. Joe Soto; and back row from the left, Sgt. Brian Zivkovich and Sgt. Dan Kellogg.

D.A.R.E. Marks 25 Years

he Wyckoff Police Department has provided Drug Abuse Resistance Education (DARE) to all Wyckoff 6th graders since 1989. The 10 week program is taught by specially trained officers and is a cooperative effort among the police department, schools, and parents.

The program educates the students on the health dangers of tobacco use, underage alcohol consumption, and use of other illegal substances. The DARE program places a strong emphasis on decision making and the consequences of making both good and bad decisions.

During its 25 years in Township schools, the Wyckoff DARE program has been presented to approximately 9,000 students.

KEEP KIDS HT DRUGS.

- 1. Say "no thanks"
- 2. Give an excuse or reason
- 3. The broken record approach (no, no, no)
 - 4. Walk away
- 5. Change the subject
- 6. Avoid the situation
 - 7. Give the "cold shoulder"
- 8. Strength in numbers; associate with others who don't use drugs

1st Person Accounts



If you are suffering from withdrawal, or are becoming conscious that you are in trouble, or you recognize/suspect addiction in someone you love, take action. Don't wait. Intervene now. Don't listen to the addict. He/she will lie, fake being well, do almost anything to keep the addiction alive. I believe that only outside intervention can free the addict from this disease. The disease locks onto your brain and convinces you that you will die without the drugs. Drugs take over your survival instinct, which is the most basic and strongest one we have. Because of that, someone else must seize control.

Gentleness did not save me. Swift, slightly harsh action did. I am so glad that I was arrested and forced to break free. I know I would never have done it on my own. The manner in which my detox was handled was horrifying, and because I survived I count myself as one of the luckiest people on earth.

To restate, I am so happy, happier than any time I was addicted and got high. Every single thing in my life works now. It scares me sometimes how much things work out. While addicted, NOTHING worked, ever. Now each day is amazing and I can't wait to see what happens next. All of the effort has been worth it and continues to be worth it."

-drugfree.org



I grew up in a loving household with a dad who worked in Manhattan and a mom who worked in real estate. I have two little sisters. I played sports all the time - in recreation, my dad was my coach. In high school, I started varsity football as a sophomore and played both ways, tight end and linebacker. During weight training the summer before my junior year, I was offered steroids by one of the older guys on the team. I turned them down. Taking those pills to bulk up seemed like cheating to me. During my senior year we were undefeated through the first six games when I hurt my knee - I had to have surgery and it put me out for the rest of the season.

After surgery, my doctor prescribed oxycontin for pain. At first I took it as prescribed but it soon became clear that if one pill was good, two was better. I got the doctor to refill the prescription twice, saying I needed the pills to get through the physical ther-

apy. In the medicine closet of my parents' bathroom, I found an old prescription for oxy that my dad got for a back injury. He never missed the pills. I loved the way on I felt on oxy; within a couple of months I needed four times the prescribed dose to get the same buzz. I found a kid at school who sold the pills, but they were really expensive. I spent all of my 18th birthday and graduation money on oxy, and then started taking \$20 bills from my mom's wallet. She didn't notice the money missing.

I left for college that August a full blown oxy addict. At school, I spent my textbook money on pills, but I had to switch to something cheaper. At a party, a kid offered me a snort of heroin. At first I was thinking I should not do it, but I didn't have any oxy and was starting to feel the withdrawal. I tried it, and then started buying it. I swore to myself I would only ever snort it. I met a girl who was shooting it up and we shot up together. It was fantastic, at least until it wore off. We hung out until I ran out of money and then she went on to the next guy. By the end of the first semester, I got an email from the dean saying I was not welcome back. Not that I was surprised. By the middle of the semester, I had stopped going to class.

It was only then that my parents got suspicious something was wrong. They picked me up and took me to

our family doctor. Of course, she knew I was an addict in two seconds. She called my parents in and said I had to go into treatment right away. They got me into a nice place within two days, but I wasn't ready. Even as my mom was driving me home, I was thinking about how I could get high. Within hours I was in Paterson buying heroin, trying to hide what I was doing. That's when I started stealing—first stuff from our house, until my parents decided to kick me out, and then from parked cars. With another addict I broke into a neighbor's house to steal jewelry. We were arrested within minutes after we triggered a silent alarm.

I'm writing this from an alcohol and drug treatment facility inside the Bergen County jail. I'm amazed. From football star to inmate in less than two years. I was 19 yesterday. The look on my parents' face when they came to visit me for my birthday was the worst. My little sisters were crying. My father said my mom had to go grocery shopping three towns away because she's embarrassed she will see someone she knows. She is having trouble getting new clients for her real estate business. None of the neighbors are talking to them. I'm left to feel guilty for all the pain I've caused them. I'm hoping I can find out how to stop using heroin in this program.

As told by a local resident

5 Things You Need to Know About Relapse

- **1. Relapse is common.** Although relapses are not inevitable, they are common. Many people have one or more relapses before achieving long-lasting sobriety. This does not mean the end of efforts toward abstinence and recovery. The person needs to get back into treatment and the family needs to continue attending a support group.
- **2. Work together to prevent relapse.** People in recovery may have frequent urges to drink or use drugs, and feel guilty about it, even though these urges are a normal part of recovery. It's important to work together to anticipate high-risk situations and plan ways to prevent them.
- **3. Relapse can happen during good times, too.** Sometimes relapse occurs when the person is doing well with their recovery. He or she feels healthy, confident, and/or "cured" and believes that he or she is ready to go back to casual use of drugs or alcohol.
- **4. If relapse occurs.** Medical professionals, particularly those who specialize in substance use disorders, are an extremely important asset during a time of relapse. They can help the person learn techniques for containing feelings, focusing on the present, and making use of support from others. Relying on group support, engaging in prayer or meditation, and finding other ways to stay on an even keel can also be extremely helpful.
- **5. Learn from relapse.** Experts have found that a relapse can serve as an important opportunity for the recovering person and other family members to identify what triggered the relapse in the first place and find ways to avoid it in the future.

Recovery for Family Members

he first, and most important, thing to remember is that people with substance use disorders can get well – and so can their families. You've survived together through major crises. You now have the chance to repair family bonds.

Families long for the time when the person with the addiction will get help, stop drinking and taking drugs, and begin recovery. When this finally occurs, families feel great relief. After the person attains sobriety, you may experience a

"honeymoon period." All seems well, and you have good feelings toward one another. Conflicts and problems seem to be gone, and you have great expectations for the future. You may even feel like you're walking on air.

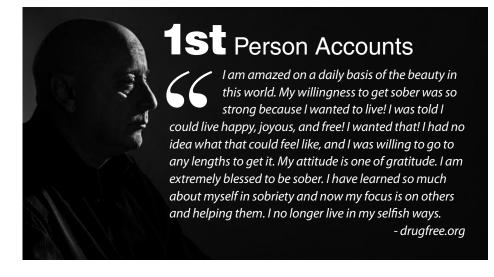
Hopefully this feeling will continue. But as the weeks go by, many complicated feelings may come to the surface. This reaction is natural – you've been through a lot and you need to adjust. Every family will need to make adjustments, on top of the huge changes the family has already made. It may not be easy, but there are others who can help you. We're having trouble adjusting to recovery. What do we do now?

Both parties may feel like strangers to each other. The person in recovery may seem to have a different personalitymore serious, more careful, and more private— and the family may feel uncertain about how to relate. The family may be afraid of sharing responsibility (e.g., handing over the checkbook, loaning the car) and may feel guilty about it. The family may resent that the recovering person attends a lot of meetings and seems more interested in a new group of recovering peers.

But people in recovery are constantly adjusting. They are probably eager to re-

gain a place in the family, so they may not show their anxiety, guilt, shame or uncertainty, but instead may act stone-faced or stoic, putting themselves under great pressure. And both families and people in recovery are terri-

fied of relapse. People in recovery may have frequent urges to drink or use drugs, and feel guilty about it, even though these urges are a normal part of recovery. Remember, relapses are common. You need to work together to anticipate high risk situations and plan ways to prevent them. You might want to attend family counseling or Twelve Step groups together. Recovery is a major adjustment for all family members (children and adolescents, as well as adults), and group or professional support can make this transition and adjustment easier.



Heroin Pills Surface in NJ

orensic drug analysis done last June confirmed the first known instance of heroin in tablet form in New Jersey. The heroin tablets were discovered by authorities re-

sponding to a controlled dangerous substance complaint. Laboratory analysis revealed that the major component of the seized tablets was heroin.

Authorities were also troubled by the fact that the heroin tablets were blue and bore a capital "A" over a horizontal scored line with the numbers "215"



below the line. These are the same color and markings as those found on some actual 30mg Oxycodone tablets.

County Launches Heroin Education Initiative

Recognizing the alarming rise in drug overdose deaths and addiction in Bergen County, Prosecutor John Molinelli announced a new Heroin Education Initiative, expanding on the Prosecutor's Office established community outreach programs.

Spearheaded by detectives from the Narcotics Task Force, the objective is to

lecture every high school freshman class in all 58 public and private high schools in the county regarding the dangers associated with opiate addiction. It is hoped that these hard-hitting programs will be one of the many components that help prevent county youth from ever trying these highly addictive and destructive substances.