



Seven Counties Services

# SUBSTANCE MISUSE RESOURCE TOOLKIT

A  
prevention  
guide for  
communities

## SEVEN COUNTIES SERVICES REGIONAL PREVENTION CENTER

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Louisville, Ky. 40204

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Hours: M-F 8:30 a.m. – 5:00 p.m.



**Seven Counties Services** is a Community Mental Health Center that offers a full range of mental and behavioral health services, substance misuse treatment, and intellectual and developmental disabilities services in a seven-county region in Kentucky. Counties served include Jefferson, Oldham, Bullitt, Shelby, Spencer, Trimble, and Henry.

**The Regional Prevention Center** at Seven Counties Services is one of fourteen in Kentucky that works to prevent and reduce substance misuse and suicide within our communities. The Regional Prevention Center brings together adult and youth community volunteers with state and local policy makers, social service providers, educational staff, public health personnel, business and church leaders, and law enforcement representatives. All are dedicated to promoting healthy lifestyles and preventing substance misuse and suicide.

Our prevention division staff have put together helpful information for our community in addressing substance misuse. With permission, we used the Knox Substance Misuse Action Team's Resource Toolkit as our guide in formatting this Substance Misuse Resource Toolkit.

The Substance Misuse Resource Toolkit has been paid for with funds from the Kentucky Opioid Relief Effort (KORE) Grant, and funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) State Block Grant.

# CONTENTS

Seven Counties Services Regional Prevention Division .....	2
Addiction is a Medical Condition .....	6
Stigma: Words Matter .....	7
Commonly Misused Prescription Medication .....	9
Marijuana Facts .....	10
Alcohol Facts .....	11
Nicotine Facts .....	13
Vaping and Cigarettes Facts .....	15
Steps to Prevent Prescription Drug Misuse .....	17
Health Consequences of Misuse .....	18
Effects During Pregnancy .....	19
Managing Your Medication Risk .....	20
Factors That Increase Risk of Addiction .....	21
Why Would My Child Use Drugs? .....	22
Signs to Look For .....	24
Parenting Info: Slang & Things to Know .....	26
When Someone You Love is Addicted .....	28
Suspect Your Loved One is Using? .....	29
Harm Reduction .....	30
Treatment Options .....	31
Other Safe Ways to Dispose of Drugs .....	32
If You Suspect an Opioid Overdose .....	33
Responding to an Opioid Overdose .....	34
Resources: Permanent Prescription Medication Drop Sites .....	35
Resources: Help for Veterans & Their Families .....	37
Resources: Suicide Resources .....	38
Resources: National and Other Resources .....	39
Resources: Bullitt County .....	40
Resources: Henry County .....	41
Resources: Jefferson County .....	42
Resources: Oldham County .....	43
Resources: Shelby County .....	44
Resources: Spencer County .....	45
Resources: Trimble County .....	46
References .....	48

# SEVEN COUNTIES SERVICES REGIONAL PREVENTION CENTER

The Regional Prevention Center at Seven Counties Services is one of fourteen in Kentucky that works to prevent and reduce substance misuse and suicide within our communities. The Regional Prevention Center (RPC) brings together adult and youth community volunteers with state and local policy makers, social service providers, educational staff, public health personnel, business and church leaders and law enforcement representatives. All are dedicated to promoting healthy lifestyles and preventing substance misuse and suicide. Below are some of the programs administered by the Prevention Division. There is a fee associated with some programs to cover the cost of materials.

## KENTUCKY MOMS

An educational program for women who are pregnant or recently post-partum. Participants learn how to make healthy choices during pregnancy, discuss resources available in the community and receive incentives for attending.

## EARLY INTERVENTION PROGRAM (EIP)

The Early Intervention Program is for adolescents' ages 13-20 who are at risk for, or who may already be experiencing problems related to alcohol, tobacco, or other drug use. Services include brief assessment, youth and parent education and support sessions,

assistance in referral to other needed community resources, case management, and follow-up.

## ZERO-TOLERANCE UNDER 21 DUI PROGRAM (ZT)

This specialized program provides services to young people ages 16-20 who have been charged with state regulation KRS 189A.010(1) (e), with a Zero Tolerance under 21 DUI offense. Services are similar as described above for the Early Intervention Program, with additional emphasis on impaired driving. Parents are not required to attend if the young person is over age 18.

## QUESTION PERSUADE REFER (QPR) GATEKEEPER

The QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention is a 1- to 2-hour educational program designed to teach “gatekeepers” — those who are strategically positioned to recognize and refer someone at risk of suicide (e.g. parents, friends, neighbors, teachers, coaches, caseworkers, police officers) — the warning signs of a suicide crisis and how to respond by following three steps: question the individual's desire or intent regarding suicide, persuade the person to seek and accept help and refer the person to appropriate resources.

## **MENTAL HEALTH FIRST AID (MHFA) FOR YOUTH, ADULTS, AND PUBLIC SAFETY**

Mental Health First Aid is an education program designed to improve participants' knowledge — and modify their attitudes and perceptions — about mental health, substance misuse, and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises. Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, neighbors, health and human services workers, and other caring citizens how to help adolescents aged 12-18. Adult Mental Health First Aid is designed to teach family members, caregivers, friends, neighbors, co-workers, and other caring citizens how to help adults age 18 and older. Public Safety Mental Health First Aid is designed to teach law enforcement, corrections, and public safety officials. After completing the interactive 8-hour course and passing an examination, participants are certified for three years as a Mental Health First Aider.

## **SCREENING BRIEF INTERVENTION REFFERAL TO TREATMENT (SBIRT)**

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, misuse, and dependence on alcohol and illicit drugs. SBIRT is a screening tool used by medical and mental health professionals both clinical and non-clinical.

The SBIRT model can provide resources in the area of greatest need. SBIRT helps re-conceptualize how we understand substance use problems; re-define how we identify substance use problems; and re-design how we treat substance use problems.

## **TOO GOOD FOR DRUGS**

An educational program for youth in grades K-12. K-5 teaches the fundamental elements of social and emotional learning, 6-8 empowers teens to meet challenges by addressing more complex emotions and situations, and 9-12 explores practical guidance for understanding dating and relationships, violence and conflict, underage drinking, substance misuse, and healthy friendships.

## **GUIDING GOOD CHOICES**

This training program is for parents of children in grades 4-8, and can be provided at schools, churches and other locations throughout the region. The program consists of five, two-hour sessions. Parents learn to increase their children's family involvement and to strengthen family bonds; establish a family position on drugs; teach skills needed by children and adolescents such as effective refusal; provide effective reinforcement and appropriate consequences; use tools to resolve family conflict; and effectively express and control anger.

## **STAYING CONNECTED WITH YOUR TEEN**

The Staying Connected with Your Teen program shows parents of teens in grades 7-12 how to improve their family management practices and strengthen the bonds between them and their children, resulting in substance misuse prevention, violence prevention and positive character development. The program features five or six 60-90 minute sessions and provides step-by-step directions for holding family meetings and resolving conflicts. Each topic is covered in a simple, entertaining format so that all types of families can make the program work for them.

## **GRASSROOTS COMMUNITY PROGRAMS AND SERVICES**

The RPC helps bring community residents, leaders, and groups together to discuss their community's strengths and needs to develop a comprehensive plan to address substance misuse, suicide, and related consequences. Services offered: community action and mobilization, coalition building, community assessment, evidence-based prevention programs, grant writing, program evaluation, and strategic planning.

## **WELLNESS INITIATIVE FOR SENIOR EDUCATION (WISE)**

The Wellness Initiative for Senior Education (WISE) is a curriculum-based health promotion

program that aims to help older adults increase their knowledge and awareness of issues related to health and the aging process. The six-lesson WISE curriculum is delivered by trained substance misuse prevention specialists at small-group sessions held weekly over a 6-week period. Each lesson lasts 2-3 hours.

## **SOURCES OF STRENGTH**

Sources of Strength is an evidence-based, peer-led mental wellness program that has been shown to reduce a number of problems: substance misuse, bullying, violence and mental health crises (including suicidal thoughts and behaviors). This program uses the power of peer social networks to change cultures within a school or organization. Under the guidance of caring adult advisors, a diverse group of identified peer leaders develop messages and activities that promote hope, help and strength throughout the school and beyond.

## **PRIME FOR LIFE**

PRIME For Life (PFL) is a motivational intervention used in group settings to prevent alcohol and drug problems or provide early intervention. Different versions of the program, ranging from 4.5 to 20 hours in duration, and optional activities are available to guide use with various populations. PFL emphasizes changing participants' perceptions of the risks of drug and alcohol use and related attitudes and beliefs. Participants are guided in self-assessing their level of progression toward or into dependence or addiction. PFL also

assists participants in developing a detailed plan for successfully following through with behavior change. Multimedia presentations and extensive guided discussion help motivate participants to reduce their substance use or maintain low-risk choices.

## YOUTH EMPOWERMENT SYSTEM

The Youth Empowerment Prevention Specialists provides technical assistance to adult advisors on evidence-based youth empowerment strategies.

**DOVER YOUTH 2 YOUTH TRAININGS** - Dover Youth 2 Youth is a youth empowerment program based in Dover, New Hampshire, that takes on the threat of alcohol and drug misuse. Dover Y2Y provides trainings to youth and/or the adult staff who work with youth. This is generally to assist another community in starting (or strengthening) a youth empowerment program like their own. The Youth Empowerment Specialists work closely with this group to implement state-wide trainings.

## YOUTH EMPOWERMENT SYSTEM GRANTS (YES GRANTS)

- The YES Grant is dedicated to empowering and amplifying the voices of the young people of Kentucky. With the collaboration of Regional Prevention Centers, we work towards making a difference in communities by becoming ambassadors of change. The YES Grant is focused on making a positive impact in alcohol, tobacco, and other drug use and mental health by addressing the shared risk

and protective factors. Through evidence-based practices and community collaboration, YES Ambassadors work to be effective change agents for Kentucky. The YES Grant requires a yearly application from youth groups who wish to obtain funds to support prevention-based activities.

## THE PURPLE STAR AWARD

The **Purple Star Award** is a state-sponsored recognition for an individual schools' dedication and support of military-connected youth. Schools designate a liaison trained in military culture to serve as the point of contact for military students and their families, provide a resource page for military families on the school website and hosts one or more military recognition events. Purple Star awardees receive a special recognition to display at their school along with statewide recognition and a press conference for their achievement letting military parents know, whether they are on active duty or in the National Guard, Reserves, or Veteran that the school is dedicated to helping their child gain the educational skills necessary to be college-, workforce- and life-ready.



# ADDICTION IS A MEDICAL CONDITION

Addiction is a brain disease that affects the priorities, physiology and thought processes. 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 addiction. 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 addicted. They like how the drug makes them feel. They believe they can control how much and how often they take the drug. However, drugs alter the brain. Drug users start to depend on the drug just to feel normal. This is addiction, and it can quickly take over one's life.

## ADDICTION IS 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. Addiction is a disease, just as diabetes and cancer are diseases. It is not simply a weakness. People from all classes, races and genders can develop an addiction. It can happen at any age, but it usually starts when a person is younger.

## WHAT IS RECURRENCE OF USE?

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 Recurrence of Use. People recovering from addiction often have a few relapses along the way. Addiction 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 they start using again, they would:

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

**Recovery from addiction means that one has to stop using drugs AND learn new ways of thinking, feeling and dealing with problems. Addiction 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 from addiction is a lifelong effort.**

# STIGMA: WORDS MATTER

**Stigma** is an attribute, behavior, or condition that is socially discrediting; a relationship between an attribute and a stereotype that assigns undesirable labels to a person; discredits a person or a group; marginalizes and devalues affected individuals; and diminishes achieving full potential. Stigma leads to inequality and discrimination, barriers to treatment, and hinders an individual's pursuit of happiness and contentment.

## EFFECTS OF PREJUDICE, DISCRIMINATION AND STIGMA:

- Excludes people with mental health or substance use disorders from activities

that are open to other people such: employment, housing, health care (including treatment for mental health or substance use disorders), social acceptance, and social activities

- Prejudice and discrimination often become internalized by people with mental health or substance use disorders
- Lower self-esteem because of guilt/shame
- Cause people with mental health or substance use disorders to “keep a secret”
- Avoid getting help
- Don't seek treatment
- Mental health or substance use disorders less likely to decrease or end

## TYPES OF STIGMA

### PUBLIC

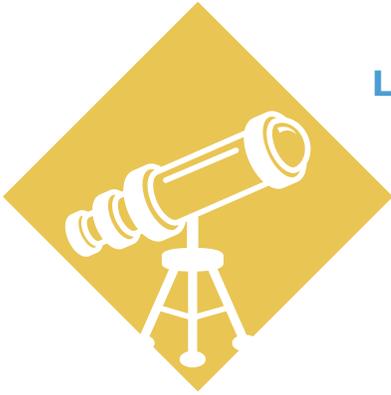
- Choice/moral failing vs disease
- Comments in print and online media
- Images of people using or overdosed in their cars, etc.

### INSTITUTIONAL

- Policies, practices, and cultures of organizations, and systems
- Insurance coverage, financial aid, 3 strike laws, voting rights
- Clinicians & medical providers feel as if treatment is ineffective
- Recovery community supports abstinence vs. medications

### SELF

- Blame self
- Internalization
- Loss of hope, self-esteem and confidence
- Keeps people from seeking help



## LOOKING AHEAD

- Be mindful of stigma and discrimination
- Engage with dignified language across the spectrum, including people who use drugs, prevention, public health, and harm reduction settings
- Use positive language to increase public support for:
  - Effective substance use and mental health disorder policies
  - Additional funding for substance use and mental health disorder services
  - Interactions and engagements with those who are affected by substance use and mental health disorders

## LANGUAGE MATTERS

*“Words are important.*

*If you want to care for something, you call it a ‘flower;’  
if you want to kill something, you call it a ‘weed.’”*

– Don Coyhis, Founder, White Bison, Inc and the Wellbriety movement.

### POSITIVE

- **Person with a Substance Use Disorder**
- **Alcohol and Drug Misuse**
  - **Recurrence of Use**
  - **Death by Suicide**
- **Person in Recovery**
- **Person with a Mental Health Disorder**

### NEGATIVE

- **Addict or Alcoholic**
- **Alcohol and Drug Use**
  - **Relapse**
- **Committed Suicide**
  - **Clean/Sober**
  - **Crazy**

# COMMONLY MISUSED PRESCRIPTION MEDICATION

**Pain medications** are one of the most misused prescription medications among adults and teens. Opiates can be ingested in various ways. Prescription opiates are typically taken in pill form and sometimes with alcohol to intensify the effects. They can be crushed to snort or can be injected like heroin.

## SOME COMMONLY MISUSED MEDICATIONS INCLUDE:

- Codeine (Promethazine Syrup with Codeine, Tylenol with Codeine)
- Hydrocodone (Vicodin, Lorcet, Lortab, Norco)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Methadone
- Morphine (MS Contin)
- Oxycodone (Oxycontin, Roxicodone, Percocet, Endocet, Percodan)
- Buprenorphine (Suboxone/Subutex)
- Fentanyl (Duragesic)
- Gabapentin (Neurontin)

## STIMULANTS THAT ARE USED TO TREAT ADHD/ADD THAT CAN BE MISUSED INCLUDE:

- Amphetamine mixed salts (Adderall)
- Methylphenidate (Ritalin, Concerta)
- Dexmethylphenidate (Focalin, Focalin XR)
- Lisdexmethylphenidate (Vyvanse)

## SEDATIVES ARE MOST COMMONLY REFERRED TO AS ANTI-ANXIETY MEDICATIONS. THE MOST MISUSED INCLUDE:

- Alprazolam (Xanax)
- Clonazepam (Klonopin)
- Lorazepam (Ativan)
- Temazepam (Restoril)
- Diazepam (Valium)
- Zolpidem (Ambien)

## COMMONLY MISUSED STREET DRUGS:

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

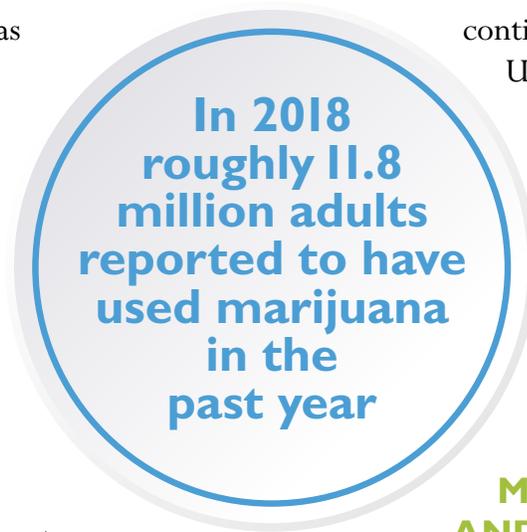
## STEROIDS THAT ARE PRESCRIBED CAN ALSO BE MISUSED AND INCLUDE:

- Anabolic steroids (Anadrol, Durabolin, Depo-testosterone)

# MARIJUANA FACTS

## MARIJUANA USE IN THE UNITED STATES

- Eclipsing alcohol, marijuana has become the most commonly used psychotropic drug in the United States. Data from the National Institute on Drug Abuse (NIDA), showed that in 2018 roughly **11.8 million adults reported to have used marijuana in the past year**. The prevalence of marijuana use was higher amongst men in comparison to women (NIDA, 2020).



## MARIJUANA USE AMONGST TEENS IN THE UNITED STATES

- Marijuana use amongst teens in the United States continues to increase substantially. Research from the 2019, Monitoring the Future Survey reported that daily use of marijuana increased for teens in the younger grades. **11.8% of 8th graders reported using marijuana in the past year**, while **6.6% reported using in the past month**. **Amongst 10th grade youth, 28.8% reported using in the past year**, and **18.4% reported using in the past month**. 12th graders reported the highest percentage of marijuana use in the US in 2019. **35.7% of 12th graders reported using marijuana in the past year** while **22.3% reported using marijuana in the past month**. **6.4% of 12th graders also reported using marijuana nearly every day** (NIDA, 2020).

## MARIJUANA USE AND VAPING

- As the use of vaping nicotine continues to increase across the US, so has the use of vaping devices for the purpose of using marijuana increased as well. **Nearly 4% of all 12th graders in the United States reported using a vaping device to smoke marijuana in 2019** (NIDA, 2020).

## MARIJUANA USE AND MEDICAL EMERGENCIES

- While most conversations regarding medical emergencies and substance use often don't focus on marijuana use, the relationship between the two continue to increase. A 2017 report from the National Academies of Sciences, Engineering, and Medicine (National Academies of Sciences, Engineering, and Medicine, 2017) has shown that marijuana use before driving leads to an increase in the probability of a driver being involved in a vehicle related accident. Additional research has shown that **between 2000 to 2013, the annual rate of calls to poison control centers for children exposed to cannabis and cannabis related products was 2.82% higher in states that legalized marijuana, then states in which marijuana use was illegal**.

# ALCOHOL FACTS

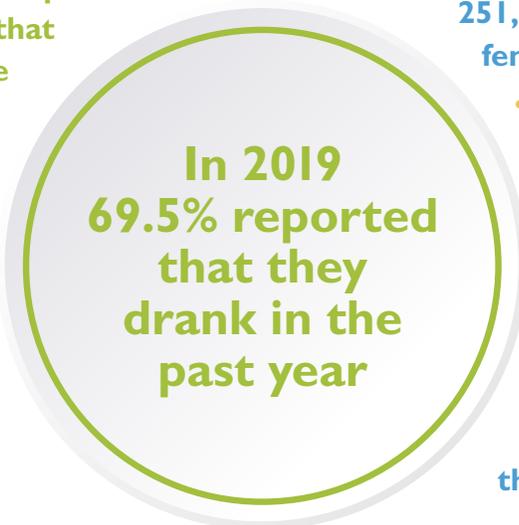
## ALCOHOL USE IN THE UNITED STATES

- **Prevalence of Drinking:** According to the 2019 National Survey on Drug Use and Health (NSDUH), **85.6% of people ages 18 or older reported that they drank alcohol at some point in their lifetime; 69.5% reported that they drank in the past year; 54.9% reported that they drank in the past month.**
- **Prevalence of Binge Drinking and Heavy Alcohol Use:** In 2019, **25.8% of people ages 18 or older reported that they engaged in binge drinking in the past month; 6.3% reported that they engaged in heavy alcohol use in the past month.**

## ALCOHOL USE DISORDER (AUD) IN THE UNITED STATES

- **Adults (ages 18+):** According to the 2019 NSDUH, **14.1 million adults ages 18 and older (5.6% of this age group) had AUD.** This includes **8.9 million men (7.3% of men in this age group) and 5.2 million women (4.0% of women in this age group).**
  - According to the 2018 NSDUH, the most recent year for which data are available, **about 7.9% of adults who had AUD in the past year received treatment.** This includes **8.0% of males and 7.7% of females** with AUD in this age group.

- **Youth ages 12 to 17:** According to the 2019 NSDUH, an estimated **414,000 adolescents ages 12–17 (1.7% of this age group) had AUD.** This number includes **163,000 males (1.3% of males in this age group) and 251,000 females (2.1% of females in this age group).**
  - According to the 2018 NSDUH, the most recent year for which data is available, **about 5.0% of youth who had AUD in the past year received treatment.** This includes **5.6% of males and 4.6% of females with AUD in this age group.**



In 2019  
69.5% reported  
that they  
drank in the  
past year

## ALCOHOL AND THE HUMAN BODY

- In 2019, of the **83,517 liver disease deaths among individuals ages 12 and older, 42.8% involved alcohol.** Among males, **52,499 liver disease deaths occurred, and 45.4% involved alcohol.** Among females, **31,018 liver disease deaths occurred, and 38.5% involved alcohol.**
- Drinking alcohol increases the risk of cancers of the mouth, esophagus, pharynx, larynx, liver, and breast.

## WHERE TO FIND HELP

**Seven Counties Services** is a Community Mental Health Center that offers a full range of mental and behavioral health services, substance abuse treatment and prevention, and intellectual and developmental disabilities services in the Kentucky counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble.



**24/7 ADDICTION  
HELP**  
(502) 583-3951



**24/7 ADULT  
CRISIS LINE**  
(502) 589-4313



**24/7 CHILD  
CRISIS LINE**  
(502) 589-8070



**FIRST  
APPOINTMENT**  
(502) 589-1100



<https://sevencounties.org/>

### **SAMHSA's National Helpline,**

(800) 662-HELP (4357), (also known as the Treatment Referral Routing Service) or TTY: (800) 487-4889 is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information.



**WEBSITE TO FIND TREATMENT**  
<https://findtreatment.samhsa.gov/>

# NICOTINE FACTS

## HOW DOES NICOTINE AFFECT THE NERVOUS SYSTEM?

Nicotine can exert a sedation effect, depending on the level of the smoker's nervous system arousal and the dose of nicotine taken.

Repeated exposure to nicotine results in the development of tolerance, the condition in which higher doses of a drug are required to produce the same initial effect.

## WHAT ARE THE HEALTH EFFECTS OF NICOTINE?

Nicotine exposure has been linked to lung disease such as chronic bronchitis and emphysema, exacerbation of asthma symptoms associations with cancers of mouth, kidney, esophagus, pharynx, stomach, pancreas, cervix, ureter, and bladder.

## HOW FAST DOES NICOTINE REACH THE BRAIN?

Nicotine can reach peak levels in the bloodstream and brain rapidly. Cigarette smoking/vaping results in nicotine reaching the brain within just 10 seconds of inhalation.

## WHAT ARE THE SYMPTOMS OF NICOTINE ADDICTION?

Nicotine is highly addictive. The ingestion of nicotine results in a discharge of epinephrine from the adrenal cortex causing a sudden release of glucose. Stimulation is followed by depression and fatigue, leading the user to seek more nicotine.

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**WEBSITE TO FIND TREATMENT**  
<https://findtreatment.samhsa.gov/>



**WEBSITE TO FIND CESSATION CLASSES**  
<https://louisvilleky.gov/government/stop-smoking-class-schedule>

**RESOURCES**



**NICOTINE/PSYCHOLOGY TODAY**  
<https://www.psychologytoday.com/us/blog/your-brain-food/201101/nicotine-and-your-brain>



**STANFORD MEDICINE TOBACCO PREVENTION TOOLKIT 101**  
<https://med.stanford.edu/tobaccopreventiontoolkit.html>



**CDC PRESENTATION FOR YOUTH**  
[https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/youth-guide-to-e-cigarettes-presentation.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/youth-guide-to-e-cigarettes-presentation.html)



**1-800-QUIT-NOW**  
<https://www.quitnowkentucky.org/en-US/>

# VAPING AND CIGARETTE FACTS

There are several different kinds of E-cigarette or vaping products including E-cigs, vapes, vape pens, dab pens, dab rigs, tanks, mods, pod-mods, and electronic nicotine delivery systems (ENDS). Some of which are disposable and may look like a USB or Flash Drive. These devices may also be used to deliver cannabis (THC, CBD), flavorings, chemicals, and other substances.

- E-cigarettes produce aerosol by heating liquid that contains nicotine, which is the addictive drug in regular cigarettes, cigars, or other tobacco products.
- Nicotine is toxic to developing fetuses, and harmful to adolescent/young adult brain development which continues into the mid-20s.
- Acute nicotine can be toxic and poisonous to both children and adults by swallowing, breathing, or absorbing e-cigarette liquid through the eyes or skin.
- While it's difficult for consumers to know exactly what e-cigarette products contain, aerosol can contain harmful substances such as:
  - ✓ Nicotine
  - ✓ Ultrafine particles that can be inhaled deep into the lungs causing damage
  - ✓ Flavorings such as **diacetyl** which is linked to serious lung diseases

- ✓ **Volatile Organic Compounds** such as: Propylene Oxide, Acrylamide, Acrylonitrile, and Crotonaldehyde – All of which are carcinogenic, meaning they may cause cancer.

The CDC, the U.S. Food and Drug Administration (FDA), state and local health departments, and other clinical and public health partners are investigating a national outbreak of e-cigarette, or vaping, product use-associated lung injury (EVALI). Vitamin E acetate is strongly linked to the EVALI outbreak. Vitamin E acetate has been found in product samples tested by the FDA and state laboratories and in-patient lung fluid samples tested by CDC from geographically diverse states. Vitamin E acetate has not been found in the lung fluid of people that do not have EVALI.

Research has shown that some E-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine. E-cigarette or vaping devices can also cause unintended injuries such as fires and explosions, some of which have resulted in serious injuries to the user. E-cigarettes are not currently approved by the FDA as a quit smoking aid.

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**Get free confidential coaching through a telephone Quitline (1-800-QUIT-NOW)**

**Use free online resources like [CDC.gov/quit](https://www.cdc.gov/quit) and [Smokefree.gov](https://www.smokefree.gov)**

**Sign up for free texting programs like [SmokefreeTXT](#)**

**Use a mobile app like [quitSTART](#)**

# STEPS TO PREVENT PRESCRIPTION DRUG MISUSE

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 misusing 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.

Learn about the most commonly misused types of medications (pain relievers, sedatives, stimulants, and tranquilizers). Then communicate the dangers of misusing 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 OR UNUSED MEDICATIONS

Find a permanent prescription drop box and dispose of any unused or old medications.

# HEALTH CONSEQUENCES OF MISUSE

The potential for physical and psychological addiction is very real! Drug use and misuse, including the illegal use of prescription medication, is associated with strong cravings for the drug making it difficult to stop using.

Most drugs alter a person's thinking and judgment, which can increase the risk of injury or death from drugged driving or infectious diseases such as:

- HIV/HEPATITIS
- DEPRESSION
- SEIZURES
- STDs
- HALLUCINATIONS
- UNINTENDED PREGNANCY

## IF YOU THINK YOU HAVE HEARD IT BEFORE, YOU ARE WRONG.

How many times has someone told you a “party” drug could lead to more serious problems such as addiction, brain damage, or even death? You have probably heard it so many

times, it is getting hard to believe, especially when those around you are smoking, drinking and rolling. All drugs have real potential for harm even prescription pain relievers. When misused alone, or taken with other drugs, prescription pain medications can kill you. The death toll from misuse is rising steadily.

# 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 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 Suck or Uncoordinated Suck
- Tremors/Jitteriness
- Seizures Can Occur
- Frequent Hiccups and/or Sneezing
- Mild Fever
- Sweating

**It is not unusual for babies to be in the hospital for 2–16 weeks.**

## RISK OF STILLBIRTH FROM SUBSTANCE ABUSE IN PREGNANCY

**TOBACCO**  
1.8-2.8 times the risk

**MARIJUANA**  
2.3 times the risk

**OPIOIDS**  
2.2 times the 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.

## RESOURCE: KENTUCKY MOMS

An educational program for women who are pregnant or recently post-partum is available at Seven Counties Services. Participants learn how to make healthy choices during pregnancy, discuss resources available in the community and receive incentives for attending. There is no cost to participants. Call (502) 589-8600, Ask for the Prevention Division. [www.sevencounties.org/prevention](http://www.sevencounties.org/prevention).

# MANAGING YOUR MEDICATION RISK AND REDUCING ACCESS BY OTHERS

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 certain types of prescription drugs has become a serious public health epidemic.

Many prescription medicines are highly addictive. These can include pain medications (particularly opioids), benzodiazepines (for anxiety) and stimulants like Adderall. Protect such medications from possible theft by others by securing them in a locked or secret location. Be certain you are taking as prescribed and stopping if advised by your doctor. If you feel you are becoming dependent, talk to your provider.

In Kentucky, well over 1,000 people die each year from drug overdose. Protect yourself by knowing exactly what and how much medicine you need to take and knowing when to stop taking it.

## 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 and your children, and look into all options. No one is an exception from developing an addiction. Ask your doctor if the medications she prescribes can be misused, can be habit forming, or can be addictive. It's best to know and be aware.

## 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.

# FACTORS THAT INCREASE RISK OF ADDICTION

## HOME AND FAMILY

- Influence during childhood is a very important factor. Parents or older family members who misuse 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
- Poor social skills can put a child at further risk for using drugs

## EARLY USE

- Research shows that the earlier a person begins to use drugs, the more likely he or she is to develop serious problems. This reflects the harmful effect that drugs can have on the developing brain
- It remains that early use is a strong indicator of problems ahead, including addiction

## BIOLOGICAL FACTORS

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

## METHOD OF ADMINISTRATION

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

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

# 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/vaping and sometimes misusing 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 their friends enjoying it. In their minds, they see drug use as a part of the normal teenage experience.



## POPULAR MEDIA

**47% of teens agreed that movies and TV shows make drugs seem like an okay thing to do.** Not surprisingly, 12–17 year-olds who viewed 3 or more “R” rated movies per month were 7 times more likely to smoke cigarettes/vaping, 6 times more likely to use marijuana, and 5 times more likely to drink alcohol, compared to those who had not watched “R” rated films.



## STRESS AND ESCAPE

When teens are unhappy and cannot 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.



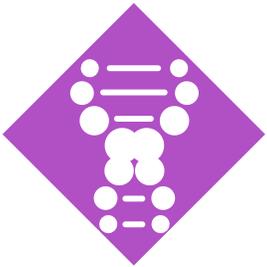
## BOREDOM

Teens who cannot tolerate being alone, have trouble keeping themselves occupied or crave excitement are prime candidates for substance use and misuse. 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/vaping can be a form of rebellion to flaunt their independence and make their parents angry.



## 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.



## 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 misuse 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.

# SIGNS TO LOOK FOR

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

## 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, spots around mouth
- Queasy, nauseous
- Seizures
- Vomiting
- Wetting lips or excessive thirst (“cotton mouth”)
- Sudden or dramatic weight loss or gain
- Skin abrasion/bruises
- Accidents or injuries
- Depression
- Headaches
- Sweatiness

## BEHAVIORAL ISSUES

- 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, 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

## HOME OR CAR RELATED ISSUES

- 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, eye drops.
- Hidden stashes of alcohol

**If you have noticed any of the changes related to substance misuse listed, do not be afraid to come right out and ask your teen direct questions. Make sure you reassure your child that you are 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 is why experts strongly recommend that you consider getting a professional assessment of your child.**

# PARENTING INFO

Talking with your children about the risks of drugs and the situations that the drugs could get them into is **very important**, especially if done before they enter their teenage years. Kids who know about the risks and dangers of addictive substances from their parents are **less likely** to try or use these substances. No parent, child or family is immune to the effects of drugs. Any child can end up in trouble, even those who have made an effort to avoid it and even when they have been given the proper guidance from their parents. The Kentucky Incentives for Prevention (KIP) Survey indicates that age 12 is the average age of onset for substance use whether it's alcohol, tobacco or other drugs among our youth. If family members or parents are prescribed prescription medications that could be easily misused it is **highly recommended** these medications be stored in a lock box and away from the reach of children. Making sure to **properly dispose** of these medications when not needed is also very important.

It is important to know your child's friends—and their parents. Be involved in your children's lives. If your child's school participates in prevention programs, get involved. Pay attention to how your kids are feeling and let them know that you're available and willing to listen in a nonjudgmental way.

Recognize when your kids are going through difficult times so that you can provide the support they need or seek additional care if needed.

Role-playing can help your child develop strategies to turn down drugs if they are offered. Act out possible scenarios they may encounter. Helping them construct phrases and responses to say no prepares them to respond before they are even in that situation.

A warm, open family environment—where kids can talk about their feelings, where their achievements are praised and where their self-esteem is boosted—encourages kids to come forward with their questions and concerns. When censored in their own homes, children go elsewhere to find support and answers to their most important questions.

Make talking and having conversations with your child or children a regular part of your day. Find time to do things you enjoy together as a family to help everyone stay connected and maintain open communication.

If your child or loved ones find themselves addicted, ensure they get assessed by a pediatrician, psychiatrist or a specialized health expert.



**Slang  
and Things  
to Know**

**COCAINE**

Girl, Baby T, Yay, Blo, Line

**MARIJUANA**

Baby, Baby Bhang, Babysitter, Pot, Smoke, Tree, Weed

**HEROIN USERS**

Channel Swimmer, Chasing the Dragon, Daytime, Dip and Dab, Do Up, Evening (coming off the high), Firing the Ack Ack Gun, Give Wings, Jolly Pop, Paper Boy

**METH**

Go, Chards

**HEROIN**

Boy, Black, Eagle, Black Pearl, Brown, Brown Crystal, Brown Rhine, Brown Sugar, Brown Tape, Chiba, China, China White, Chiva, Dogfood, Dope, Dragon, H, Junk, Mexican Brown, Mexican Horse, Mexican Mud, Number 3, Number 4, Number 8, Sack, Scat, Skag, Smack, Snow, Snowball, White, White Boy, White Girl, White Horse, White Lady, White Nurse, White Stuff

**GUIDE SOMEONE THROUGH FIRST DRUG EXPERIENCE**

Babysit

**LSD & STRYCHNINE**

Back Breaker

**AMPHETAMINE**

Back Dex

**OXYCONTIN, PERCOCET, NORCO, VICODIN, & OTHER PAINKILLERS**

Big Boys, Cotton, Kicker, Morph, Tuss, Vike, Watson-387

**PRESCRIPTION DRUG MISUSE**

Pharming, Pharm Parties, Recipe (mixing with alcohol), Trail Mix, Skittles

# WHEN SOMEONE YOU LOVE IS ADDICTED

## 1 Educate Yourself About Addiction

Search for credible, online resources such as government, university, medical and research-based websites for the most up-to-date information on addiction.

Look into local resources for information and steps one can take to stay informed and involved.

## 2 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.

## 3 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.

## 4 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.

## 5 Focus Conversations Towards Recovery

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

## 6 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 to take care of this.

## 7 Take Care of Yourself

Loving someone with an addiction can take a major toll on your physical and mental well-being. You need to take care of yourself to continue to be the best support that you can. Take care of your basic needs such as sleep, healthy eating and exercise. Engage in healthy activities regularly and seek support for yourself.

# SUSPECT YOUR LOVED ONE IS USING?

Finding evidence or hearing something that makes you suspect your loved one is misusing drugs, or some other substance can be heartbreaking.

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



## TIPS FOR A CONVERSATION

- Pick the right time.
- Do not start a conversation while they are impaired.
- Plan ahead for how you will approach them and what you want to say.
- Show your concern.
- Make sure they understand you are worried about them.
- Watch your tone of voice.
- You want them to talk so make it as relaxed as possible.
- Be direct and don't make assumptions.
- Only talk about the facts you are sure of and clearly state your concerns.
- Do not be judgmental.
- You can tell them you understand without agreeing with them.
- Show them love.
- They need to know you care.
- Take it slow.
- Try to do more listening than talking.
- Let them know you want to help them.

# HARM REDUCTION

In its fight against drug misuse, the state of Kentucky has made considerable progress in its efforts to address opioid drug misuse and overdoses. Reforms such as the **Kentucky's Good Samaritan Law (KRS 218A.133)** which protects individuals from prosecution when they stay with someone experiencing an overdose, **KRS 218A.172** which requires physicians to obtain the medical history along with discussing the benefits and risks of controlled substances to a patient before prescribing, **2012 house bill (HBI)** which updated the prescribing and dispensing standards for controlled substances, are just a few of the ways in which Kentucky is leading the fight in their war against drug misuse and overdose deaths (US. Department of Health and Human Services, 2020).

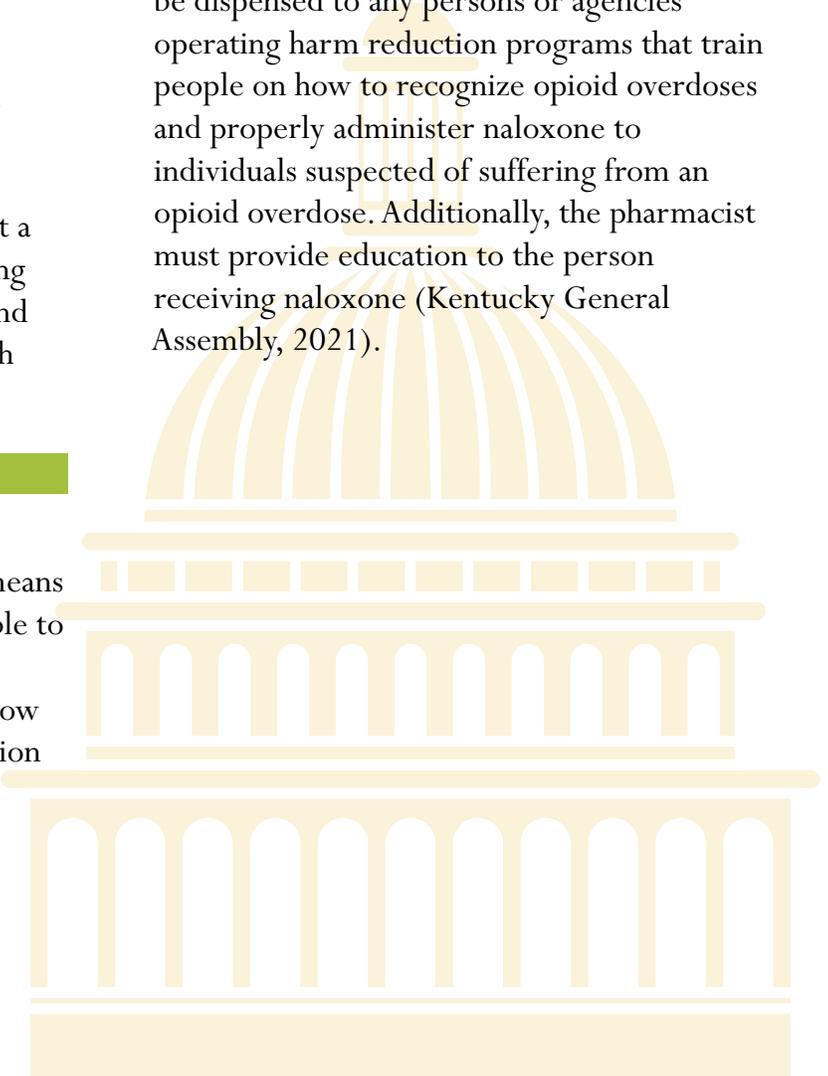


## NALOXONE

■ **KRS 217.186** created a protocol by which pharmacists may dispense naloxone to any person pursuant to a standing order agreement with a physician without the need for individual prescriptions. It also allows naloxone to be dispensed to any persons or agencies operating harm reduction programs that train people on how to recognize opioid overdoses and properly administer naloxone to individuals suspected of suffering from an opioid overdose. Additionally, the pharmacist must provide education to the person receiving naloxone (Kentucky General Assembly, 2021).

## CASEY LAW

■ **Casey's Law (KRS 222.432)** provides a means of intervening with someone who is unable to recognize his or her need for treatment due to their impairment. This law will allow parents, relatives, and/or friends to petition the court for treatment on behalf of the person who has a substance use disorder (Casey's law, 2019).



# TREATMENT OPTIONS

Dial 211 to get a local referral to any of the types of treatment listed below. Also visit [FindHelpNowKY.org](http://FindHelpNowKY.org) to find addiction treatment facilities that are taking clients right now.

## TYPES OF TREATMENT

**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 withdrawal 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 recovering from drug addiction.

This home provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance.

For more information on recovery housing and recovery homes, please call 2-1-1 or visit [FindHelpNowKY.org](http://FindHelpNowKY.org).

# OTHER SAFE WAYS TO DISPOSE OF DRUGS

The drug drop-off box allows you to dispose of unused or expired medication.

Please don't drop off injectables, liquids or illegal drugs.

When disposing of medications in a drug drop-off box remember to empty medications from bottles and other packaging, such as blister packs, into a plastic bag for easy disposal.

## HELPING THE COMMUNITY & ENVIRONMENT

- Reduces chances of drug misuse or accidental misuse
- Keeps drinking water clean & safe
- Protects rivers, streams & groundwater to not harm wildlife

## ANOTHER SAFE WAY TO DISPOSE OF DRUGS

If no instructions of disposal are on your pill bottle label and there are no take-back programs available, here's how to dispose of your medications safely:

- 1 Pour medications into a sealable plastic bag.
- 2 Add kitty litter, coffee grounds or water to make them unappealing and unusable.
- 3 Seal the plastic bag.
- 4 Place in the garbage can for disposal.

## OTHER SAFE WAYS TO DISPOSE OF DRUGS

On pages 35 and 36 you will find a list of permanent prescription drop boxes. Please call before you arrive, in case there has been a change in the box's location or hours of operation. If you cannot get to the drug drop-off boxes from the list on the next page, the weblink below has some more information about how to dispose of your medications safely.

### Office of Drug Control Policy

<https://odcp.ky.gov/Reports/HowtoDisposeofUnusedMedicines.pdf>

# IF YOU SUSPECT AN OPIOID OVERDOSE

(OPIOIDS INCLUDE PRESCRIPTION PAIN PILLS AND HEROIN/FENTANYL)

An opioid overdose can cause death and requires immediate medical attention. An essential first step is to get help from someone with medical expertise as soon as possible.

## SIGNS OF AN OVERDOSE, WHICH IS A LIFE-THREATENING EMERGENCY, INCLUDE:

- Face is extremely pale and/or clammy to the touch
- Body is limp
- Fingernails or lips have a blue or purple cast
- The individual is vomiting or making gurgling noises
- He/she cannot be awakened from sleep or is unable to speak
- Breathing is very slow or stopped
- Heartbeat is very slow or stopped

## SIGNS OF OVER MEDICATING, WHICH MAY PROGRESS TO OVERDOSE, INCLUDE:

- Unusual sleepiness or drowsiness
- Mental confusion, slurred speech, intoxicated behavior
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat, low blood pressure

**Call 911 immediately if you or someone you know exhibits any of the symptoms listed above.**

# RESPONDING TO AN OPIOID OVERDOSE

## INITIALLY FOR ALL SUSPECTED OVERDOSE

- DO** ensure the scene is safe.
- DO** check to see if the person responds to you when you tap them with your foot or shout at them.
- DO** Dial 911 IMMEDIATELY. Overdose can result in death. 911 dispatchers are trained to assist you by giving medical directions, including how to do CPR.

## IF BREATHING

- DO** roll the person onto their side to prevent airway obstructions from the person's tongue, vomit or other secretions.
- DO** administer naloxone (NARCAN). If no response in 2–3 minutes, repeat the dose of naloxone (NARCAN) every 2–3 minutes until EMS arrives.
- DO** stay with the person. Don't leave, you won't be prosecuted for helping (Kentucky Good Samaritan Law protects helpers).

## IF NOT BREATHING

- DO** begin CPR
- Place your hands on the lower half of the breastbone.
- Begin compressions by giving 30 compressions, at least 2 inches deep, in 15-18 seconds.

- After 30 compressions, open the patient's airway, give 2 rescue breaths, each breath should be over 1 second. (Only do this step if you have a pocket mask or personal barrier)
- After the cycle of 30 compressions and 2 breaths, REPEAT until more help arrives or until the person becomes conscious.
- If at ANY point an AED becomes available, turn on the AED and follow the instructions.

**DO** administer naloxone if additional help arrives and naloxone can be administered without interrupting the CPR. If no response in 2–3 minutes, repeat the dose of naloxone every 2–3 minutes.

**DO NOT** put the person in a cold bath or shower. This increases the risk of falling, drowning, or going into shock.

**DO NOT** inject the person with any other substance (saltwater, milk, "speed", heroin, etc.) The only safe and appropriate treatment is naloxone.

**DO NOT** try to make the person vomit drugs that he or she may have swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.

# PERMANENT DRUG DISPOSAL LOCATIONS



## BULLITT COUNTY

### **Mt. Washington Police Department**

- 180 Landis Lane Mt. Washington KY  
(502) 538-8143; Additional Info: Mon-Fri 8-5

### **Walgreen's**

- 11099 Hwy 44 E, Mt. Washington KY  
(502) 538-4271

### **Wal-Mart**

- 545 Conestoga Parkway, Shepherdsville KY  
(502) 538-4271



## JEFFERSON COUNTY

### **Jefferson Co Sheriff's Office**

- 531 Court Place Suite #600 Louisville KY  
(502) 574-5400; Additional Info: Mon-Fri 8-4

### **St. Matthews Police Department**

- 3940 Grandview Avenue Louisville KY  
(502) 893-9000; Additional Info: Mon-Fri 8-4

### **Walgreens Stores**

- 5201 S. 3rd Street Louisville KY  
(502) 361-2349
- 2021 Hikes Lane Louisville KY  
(502) 451-0931
- 2101 Shelbyville Road, Middletown KY  
(502) 244-7037
- 11930 Standiford Plaza Dr Louisville KY  
(502) 961-5843
- 2360 Stony Brook Dr Louisville KY  
(502) 493-8719
- 3980 Dixie Hwy Louisville KY  
(502) 447-4232
- 7338 Dixie Hwy Louisville KY  
(502) 937-3747
- 200 E Broadway Louisville KY  
(502) 568-4864

### **CVS Pharmacy Stores**

- 5121 Antle Drive, Louisville KY  
(502) 966-2742
- 2222 Bardstown Road, Louisville KY  
(502) 459-6563
- 3708 Bardstown Road, Louisville KY  
(502) 454-5975
- 3997 7th Street Road Louisville KY  
(502) 448-3383
- 2106 Brownsboro Rd  
(502) 459-6563
- 6109 Bardstown Rd  
(502) 239-3226
- 9575 Taylorsville Rd Jeffersontown KY  
(502) 267-5448

### **Meijer**

- 9500 Preston Hwy, Louisville, KY  
(502) 968-87010
- 9905 Dixie Hwy, Lou.; (502) 995-2100
- 4100 Towne Center Dr, Lou. (502) 326-5200
- 4500 S Hurstbourne Parkway, Louisville KY  
(502) 493-4900

### **Walmart**

- 3706 Diann Marie Rd, Louisville KY  
(502) 326-9166

## HENRY COUNTY

### Henry County Sheriff's Department @ the Courthouse

- 30 North Main Street New Castle KY  
(502) 845-2909  
Additional Info: Mon-8-6 & Tues-Fri-8-4:30

### CVS Pharmacy Stores

- 4894 N Main St Eminence KY  
(502) 845-5027

## OLDHAM COUNTY

### Oldham County Police Department

- 1855 N. Hwy 393 LaGrange KY  
(502) 222-1300  
Additional Info: Mon-Fri 8:30-4:30

### LaGrange Police Department

- 121 West Main Street LaGrange KY 40031  
(502) 225-0444  
Additional Info: Mon-Fri 9-4  
(closed from 12-1)

### CVS Pharmacy Stores

- 6425 KY-146 Crestwood KY  
(502) 243-4094

## SHELBY COUNTY

### Shelbyville Police Department

- 303 Main Street Shelbyville KY  
(502) 633-2326  
Additional Info: Mon-Fri 8:30-4:30

### Simpsonville Police Department

- 108 Old Veechdale Road Simpsonville KY  
(502) 722-8110  
Additional Info: Mon-Fri 8-4

### Shelby County Sheriff's Department

- 501 Main Street Shelbyville KY  
(502) 633-4324  
Additional Info: Mon-Fri 8:30-4:30

## SPENCER COUNTY

### Taylorsville Police Department

- 72 Taylorsville Road Taylorsville KY  
(502) 477-3231  
Additional Info: Mon-Sun 8:30-5

### Express Rx of Taylorsville

- 847 Taylorsville Road, Taylorsville KY  
(502) 477-2267

## TRIMBLE COUNTY

### Trimble County Sheriff's Department

- 30 US Hwy 42E Bedford KY  
(502) 255-7138  
Additional Info: Mon-Fri 8-4 & Sat 8-12

# HELP FOR VETERANS & THEIR FAMILIES

**The Kentucky Department of Veterans Affairs (KDVA)** provides eligible veterans and their families federal, state and local benefits which they may be entitle under law including assistance with filing claims, appeals, and VA healthcare applications. Contact District 8 at: (502) 356-1551, (502) 229-6070 or (502) 356-1101.

**Military One Source** is a free, voluntary program with coaches who provide psychological health care support to service members, veterans and their health care providers during times of transition. Contact <https://www.militaryonesource.mil/> or (800) 342-9649 for information.

**USA Cares** provides post-9/11 military veterans, service members, and their families with emergency financial assistance and post-service skills training to create a foundation for long-term stability. Contact (800) 773-0387 or [www.usacares.org](http://www.usacares.org) for information.

**The Veterans Crisis Line** connects Veterans in crisis and their families with qualified, caring Department of Veterans Affairs responders through a confidential hotline, online chat, or text. Call 1 (800) 273-8255 and press 1 or send a text message to 838255 [veteranscrisisline.net](http://veteranscrisisline.net).

**Veteran's Club Inc.** provides, connection, healing, recovery, and housing to the Veteran community through their programs including Equine Therapy, Bullets & BBQ, Coffee & Camaraderie, Jeep Off-Roadng, Operation United Homefront and Camp Restoration. Contact (502) 487-1464 or [www.Veteransclub.com](http://www.Veteransclub.com) for information.

**Volunteers of America (SSVF)** assists qualified veterans and their families at risk for homelessness with access to housing, transportation, legal aid and income support resources. Contact (502) 636-0771 or <https://www.voamid.org/Veterans> for information.

# SUICIDE RESOURCES



**Mental Health America of Kentucky:**  
mhaky.org



**Kentucky Suicide Prevention Group:**  
kentuckysuicideprevention.org



**National Suicide Prevention Hotline:**  
(800) 273-8255



**NAMI Louisville:**  
(502) 588-2088



**Suicide Prevention Consortium of Kentucky:**  
sbenson@sevendcounties.org



**Department of Behavioral Health and Intellectual Disabilities:**  
beck.whipple@ky.gov

# NATIONAL RESOURCES

- **Addiction Resource**—  
addictionresource.com—(800) 662-4357
- **Center for Disease Control**—  
cdc.gov/drugoverdose
- **Generation RX**—  
generationrx.org
- **Medicine Safety**—A Toolkit for Families—  
learnaboutrxsafety.org
- **National Council on Alcoholism and Drug Dependence**—  
ncadd.org
- **National Council on Patient Information and Education**—  
bemedwise.org
- **National Institutes of Health**—  
ncbi.nlm.nih.gov
- **National Institute on Drug Abuse**—  
drugabuse.gov
- **Office of Adolescent Health**—  
hhs.gov/ash/gov
- **Partnership for Drug Free Kids**—  
drugfree.org
- **SAMHSA (Substance Abuse and Mental Health Services Administration)**—  
samhsa.gov—1 (800) 662-4357(HELP)
- **The Addiction Network**—  
addictionnetwork.com—(855) 404-5489

## FIND MENTAL HEALTH TREATMENT SERVICES

<https://findtreatment.samhsa.gov> and  
<https://www.samhsa.gov/find-help/national-helpline>

# OTHER RESOURCES

- [Findhelpnowky.org](http://findhelpnowky.org)
- **Text HELP to 741741 to reach a Crisis Counselor Crisis**  
<https://www.crisistextline.org/text-us/>
- **Marijuana Prevention Toolkit**  
<https://pttcnetwork.org/centers/new-england-pttc/news/pttc-network-launches-new-marijuana-prevention-and-education-toolkit>
- **Tobacco Prevention Toolkit**  
<https://med.stanford.edu/tobaccopreventiontoolkit.html>
- **Drug abuse prevention among youth from ethnic and indigenous minorities**  
[https://www.unodc.org/pdf/youthnet/handbook\\_ethnic\\_english.pdf](https://www.unodc.org/pdf/youthnet/handbook_ethnic_english.pdf)

# BULLITT COUNTY RESOURCES

## FOOD

- Dare to Care: First Baptist Shepherdsville (502) 543-7721, First Baptist Mt Washington (502) 538-7361, Little Flock Baptist (502) 955-8760, Lebanon Junction (502) 833-4954
- Lighthouse General Baptist Church (502) 489-2896
- Shepherdsville First Church of the Nazarene (502) 994-6247 [pastor.rbeckett@gmail.com](mailto:pastor.rbeckett@gmail.com)
- Turnaround Resource Center (502) 488-5046 <http://Uturnrc.com>

## HOUSING

- Bullitt County Housing First (502) 528-8000 [BullittCountyHousingFirst@gmail.com](mailto:BullittCountyHousingFirst@gmail.com)
- Bullitt County Medical Reserve Corps (MRC) (502) 543-2415 [donw.renn@ky.gov](mailto:donw.renn@ky.gov)
- HOPE for Pets (502) 955-3586 <http://www.hopeforpets.org>
- Room In the Inn (502) 714-3742 <http://www.heartofmycity.org>

## OTHER

- Alanon-Teen meetings (502) 458-1234
- Bullitt County Partners in Prevention (502) 869-8150 <https://bcpartnersinprevention.weebly.com>
- Bullitt County Coalition for Recreation, Education, & Wellness (C.R.E.W.) (502) 955-5355
- GRIEF/LOSS Hosparus (502) 456-5451
- Live Proud LGBTQ MH Services (502) 494-6631

## HEALTH

- Abundant Hope Counseling (502) 822-1663
- Alternative Behavior Interventions (502) 425-7325
- American Red Cross (502) 955-6259 or after hours (502) 543-7074.
- Bullitt County Extension Service (502) 543-2257 <https://bullitt.ca.uky.edu>
- Cabinet for Health and Family Services (855) 306-8959 Shepherdsville, KY 40165
- Hand In Hand Family Resource Center [Tiffany.Utterback@bullitt.kyschools.us](mailto:Tiffany.Utterback@bullitt.kyschools.us) (502) 869-2412 & 2812
- HANDS – Bullitt County Health Dept. (502) 955-5668 [www.bullittcountyhealthdept.org](http://www.bullittcountyhealthdept.org)
- Ky Counseling Center (502) 767-4328
- Lincoln Trail Behavioral Health System <http://www.lincolnbehavioral.com> (270) 351-9444 or 888-805-8286
- Necco: We Build Families (502) 428-6455 <http://necco.org>
- Nelson & Bullitt County Counseling Center (502) 804-2561
- Positive Choices for Family Matters (502) 345-9587
- Robert Alexander Center for Recovery <https://robertalexandercenter.com/>
- Seven Counties Services (502) 955-6447/ (502) 589-1100 [www.sevencounties.org](http://www.sevencounties.org)
- Therapeutic Transformations (270) 207-9310

# HENRY COUNTY RESOURCES

## **Hope Community Center**

684 Elm Street, Eminence, KY 40019

## **Tri-County Community Action Agency**

Case Management, utility programs, senior education and food pantry  
125 Park Road, New Castle, KY 40050

## **Henry County ASAP**

Julie.mann@henry.kyschools.us

## **Celebrate Recovery**

melshilts@yahoo.com

# JEFFERSON COUNTY RESOURCES

## SEVEN COUNTIES SERVICES

- **24/7 ADDICTION HELP**  
(502) 583-3951
- **24/7 ADULT CRISIS LINE**  
(502) 589-4313
- **24/7 CHILD CRISIS LINE**  
(502) 589-8070
- **FIRST APPOINTMENT**  
(502) 589-1100
- **Substance Use Prevention Help**  
(502) 589-8600

### **United Community Shared Data Platform Metro United Way**

<https://metrounitedway.org/program/united-community/>

### **Louieconnect**

<https://www.louieconnect.com>

### **211 Crisis Hotline—Dial 2-1-1**

### **Jefferson County Public Schools**

psychological and substance use services.  
<https://www.jefferson.kyschools.us/student-support>

# OLDHAM COUNTY RESOURCES

## COUNSELING

**1. Kathy Dowling  
(Mental Health, Substance Misuse)**

(502) 741-2695  
206 W. Jefferson St.  
LaGrange, Ky 40031

**2. Lynne Cundiff (Mental Health)**

(502) 396-8456  
206 W. Jefferson St.  
LaGrange, Ky 40031

**3. Shelbyville Comprehensive Treatment  
Center (outpatient opioid addiction  
treatment)**

(502) 647-0154  
213 Midland Blvd  
Shelbyville, Ky 40065

**4. Lighthouse Counseling Center  
(mental health)**

(502) 225-6030  
300 West Jefferson St  
LaGrange, Ky 40031

**5. Fireside Family Counseling  
(mental Health)**

(859) 576-5775  
111 S 1st Ave  
LaGrange, Ky 40031

**6. Seven Counties Services**

(502) 222-7210  
2141 Spencer Ct.  
LaGrange, Ky 40031

**7. New Beginnings Counseling Center  
(Substance Misuse and Mental Health)**

(502) 493-7794  
606 Crystal Pl Ste 8  
LaGrange, Ky 40031

**8. Sandstone Counseling (Mental Health)**

(502) 225-9936  
206 W Jefferson St  
LaGrange, Ky 40031

## FOOD

**1. Bread of Life**

(502) 228-0650  
11952 W US 42  
Goshen, Ky 40026

**2. High Point**

(502) 713-7090  
424 E Main St  
LaGrange, Ky 40031

**3. Red Cross**

(502) 222-0308  
1215 N Highway 393  
LaGrange, Ky 40031

**4. Immaculate Conception Church**

(502) 222-0255  
502 N 5th Ave  
LaGrange, Ky 40031

**5. Foundation of Hope  
Beulah Land Baptist Church**

(502) 222-1912  
3509 West Highway 146  
Buckner, Ky 40010

# SHELBY COUNTY RESOURCES

## COUNSELING

### **1. Sparrow Counseling (Mental Health only)**

(859) 813-4448  
409 Washington Street, Suite W-1  
Shelbyville, KY 40065

### **2. Shelby Counseling Associates (Chemical Dependency and Mental Health)**

30 Stonecrest Ct Ste 103  
Shelbyville, Ky 40065

### **3. Seven Counties Services (Chemical Dependency and Mental Health)**

250 Alpine Drive  
Shelbyville, Ky 40065

### **4. Healthy Minds Counseling (Both)**

(502) 381-5617  
171 Alpine Drive  
Shelbyville, Ky 40065

### **5. Whitten Psychological Services (Both)**

(502) 647-2477  
1028 Main St  
Shelbyville, Ky 40065

### **6. Creative Spirits Behavioral Health (Both)**

(502) 437-0859  
30 Stonecrest Ct Ste 100  
Shelbyville, Ky 40065

### **7. Bluegrass Drivers School**

(502) 633-4513  
600 Main St  
Shelbyville, Ky 40065

## FOOD ASSISTANCE

### **1. American Red Cross**

(502) 633-2486  
1201 Mount Eden Rd  
Shelbyville, KY 40065

### **2. Center for Women and Families**

(502) 633-7800  
500 Main Street,  
Shelbyville, Ky 40065

### **3. Centro Latino**

(502) 647-3349  
121 Main Street  
Shelbyville, Ky 40065

### **4. Highland Baptist Church**

(502) 633-3516  
511 Mount Eden Rd  
Shelbyville, Ky 40065

# SPENCER COUNTY RESOURCES

## COUNSELING

### Seven Counties Services

(502) 222-7210

## FOOD

### 1. Multi-Purpose Community Action Agency (Fresh Produce)

Friday 9:30am until run out

(502) 477-8296

44 Creek Side Drive

Taylorsville, Ky

### 2. Multi-Purpose Community Action Agency (Commodity food box)

2nd Tuesday of the Month until run out

(502) 477-8296

44 Creek Side Drive

Taylorsville, Ky

### 3. First Baptist Church Dare to Care food box

Last Thursday of the Month (except for the months of Nov. and Dec. which will be on the 3rd Thursday- 2:30 PM until supplies run out

(502) 477-8197

115 W Main Street

Taylorsville, Ky

### 4. Serving Hands Food Pantry

(502) 599-6049

402 Garrard Street

Taylorsville, Ky

# TRIMBLE COUNTY RESOURCES

## SUBSTANCE MISUSE PREVENTION/TREATMENT

### **Seven Counties Services**

46 Church Street, Bedford, KY 40006

(502) 255-3258

*Walk-in service not accepted, must make an appointment.*

### **COMPASS Program**

Hwy 421 N, Trimble County Park

Bedford, KY 40006

(502) 255-7514

### **Trimble CARES Coalition**

**(Community Assessing Resources  
and Education on Substance Misuse)**

P.O. Box 340, 116 Wentworth Avenue

Bedford, KY 40006

(502) 663-0041

## MENTAL HEALTH SERVICES

### **Seven Counties Services-Trimble**

46 Church Street, Bedford, KY 40006

(502) 255-3258

*Walk-in service not accepted, must make an appointment.*

### **Seven Counties Services**

2141 Spencer Court

LaGrange, KY 40031

(502) 222-7210 office

(502) 222-5302 fax

(800) 264-8799 for First Appointment

(800) 221-0446 Crisis & Information Center

(24-hour line)

(800) 442-0087 First Steps

### **The Brook Hospital**

8521 Lagrange Road, Louisville, KY 40242

(502) 426-6380

(800) 866-6380

## CLOTHING ASSISTANCE

### **Family Resource & Youth Services Center**

116 Wentworth Avenue, Bedford, KY 40006

(502) 255-3201

### **Bedford Baptist Church**

1425 Hwy 42 E., Bedford, KY 40006

(502) 255-3240

## **FOOD ASSISTANCE**

### **Bedford Christian Church-Food Pantry**

209 Hwy 42 East (next to Bedford Post Office)  
3rd Saturday of each month 9:00 am-10:30 am  
Bedford, KY 40006  
(502) 255-4413

### **Family Resource & Youth Services Centers (for Trimble County students/families upon request)**

1029 Hwy 421 North  
Bedford, KY 40006  
(502) 663-0102

### **Tri-County Community Action Agency Commodities**

4th Thursday of each month from  
12:00 pm -2:00 pm  
Trimble County Park  
(502) 255-7514

### **Dare to Care Mobile Pantry**

4th Wednesday of each month at 1:00 pm  
Bring a box-Trimble County 4-H Building  
at the Trimble County Park on Hwy 421

### **Milton Christian Church Food Ministry**

Food Giveaway each Friday at 6:30 pm  
35 School Hollow Rd, Milton KY 40045  
(812) 701-847-8470

### **Morgan Community Center**

Dare to Care food giveaway on the 4th  
Thursday of each month at 12:00 pm  
147 Victory Avenue, Bedford, KY 40006

### **Morgan Community Center**

Bread giveaway each Thursday at 11:00 am  
147 Victory Avenue, Bedford, KY 40006

### **Feed the Children Committee**

Children's Snack packages as needed  
Call the Youth Services Center at  
(502) 663-0102 for distribution sites.

# REFERENCES

## ALCOHOL FACTS

**The information above is from the National Institute of Alcohol Misuse and Addiction:**

[https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA\\_Alcohol\\_FactsandStats\\_102020\\_0](https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_Alcohol_FactsandStats_102020_0)

## MARIJUANA FACTS

**National Academies of Sciences, Engineering, and Medicine. (2017). The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research | The National Academies Press.** <https://doi.org/10.17226/24625>

**National Institute on Drug Misuse (NIDA). (2020, April 8). What is the scope of marijuana use in the United States?**

<https://www.drugmisuse.gov/publications/research-reports/marijuana/what-scope-marijuana-use-in-united-states>

## VAPING AND CIGARETTES

**The information above is from the Centers for Disease Control and Prevention:**

[https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/index.htm](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm)

## HARM REDUCTIONS

**Casey's Law. (2019). About Casey's law. Casey's Law | A hopeful option lighting the way to recovery.** <https://caseyslaw.org/caseys-law/>

**Kentucky general assembly. (2021, April 5). Kentucky revised statutes – Chapter 222. Welcome – Legislative**

**Research Commission.** <https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=38279>

**US. Department of Health and Human Services. (2020). FACTSHEET: Kentucky's Oversight of Opioid Prescribing and Monitoring of Opioid Use.**

[https://oig.hhs.gov/oas/reports/region4/41902022\\_factsheet.pdf](https://oig.hhs.gov/oas/reports/region4/41902022_factsheet.pdf)



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# Seven Counties Services

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(502) 589-8600 | [sevencounties.org](http://sevencounties.org)





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Seven Counties Services

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