

**NEWSLETTER**

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**Synthetic Marijuana: Spice, K2, Genie, Space, Incense**

What supposedly gives you a high, is legal and is hard to detect with drug testing? A synthetic form of marijuana called spice, genie, or K2. It can also land you in the hospital or give you tremors or seizures, but these warnings are often drowned out by hype over a legal high. That is until state lawmakers make K2 illegal, as they have already done in several states.

K2, according to CBS News, reportedly provides a marijuana-like high. However, it can be up to 15 times more powerful than marijuana and lead to a disturbing range of symptoms, according to Dr. Gaylor Lopez, director of the Georgia Poison Center. Poison control centers have seen a recent rash in calls about K2. CBS reports that nationwide, more than 500 people have phoned poison centers about the drug already this year, up from just 12 calls last year.

Since the drug can be marketed as incense or ~bath salts; the DEA is currently running tests to try to figure out what is actually in it and whether it should be considered a controlled substance. Six states have not waited on the federal government and have already banned the drug. K2 is currently illegal in Alabama, Georgia, Kansas, Kentucky, Louisiana and Missouri, Illinois, Michigan, New Jersey and New York.

Gov. Jay Nixon, a Democrat, signed a bill prohibiting possession of K2. Missouri is the nation's eighth state this year to ban the substance, which has sent users to emergency rooms across the country complaining of everything from elevated heart rates and paranoia to vomiting and hallucinations.

Investigators blame the drug in at least one death, and this month, Gov. Mike Beebe of Arkansas, a Democrat, signed an emergency order banning the substance.

"It's like a tidal wave," said Ward Franz, the state representative who sponsored Missouri's legislation. "It's almost an epidemic. We're seeing middle-school kids walking into stores and buying it."

Often marketed as incense, K2 - which is also known as Spice, Demon or Genie is sold openly in gas stations, head shops and, of course, online. It can sell for as much as \$40 per gram. The substance is banned in many European countries, but by marketing it as incense and clearly stating that it is not for human consumption, domestic sellers have managed to evade federal regulation.

"Everybody knows it's not incense," said Barbara Carreno, a spokeswoman for the federal Drug Enforcement Administration. "That's done with a wink and a nod."

First developed in the lab of a Clemson University chemist, John W. Huffman, 1(2)'s active~ ingredients are synthetic cannabinoids\_research-grade chemicals that were created for therapeutic purposes but can also mimic the narcotic effects of tetrahydrocannabinol, or THC, the active ingredient in marijuana.

In a statement, Mr. Huffman said the chemicals were not intended for human use. He added that his lab had developed them for research purposes only, and that "their effects in humans have not been studied and they could very well have toxic effects."

Nevertheless, pure forms of the chemical are available online, and investigators believe that many sellers are buying bulk quantities, mixing them with a potpourri like blend of herbs and labeling the substance K2.

"It's not like there's one K2 distributor everybody is making their own stuff, calling it K2 and selling it, which is the most unnerving aspect," said Dr. Christopher Rosenbaum, an assistant professor of toxicology at the University of Massachusetts who is studying the effects of K2 in emergency room patients.

The American Association of Poison Control Centers reports that so far this year there have been 567 K2-related calls, up from 13 in 2009. But investigators add that no one is really certain what is in K2, and people are arriving at emergency rooms with symptoms that would not normally be associated with marijuana or a synthetic form of the drug.

"I don't know how many people are going for a box of doughnuts after smoking K2, but they're sure getting some other symptoms," said Dr. Anthony Scalzo, a professor of emergency medicine at the St. Louis University who first reported a rise in K2-related cases and is collaborating with Dr. Rosenbaum in researching K2's effects." These are very anxious, agitated people that

are requiring several doses of sedatives." Dr. Scalzo, who is also the medical director for the Missouri Poison Control Center, added that although tests had found cannabinoids in 1(2, it was unclear "whether the reaction we're seeing is just because of dose effect, or if there's something in there we haven't found yet."

That question remains at the center of an investigation into the death of David Rozga, an Iowa teenager who last month committed suicide shortly after smoking K2. Mr. Rozga, 18, had graduated from high school one week earlier and was planning to attend college in the fall.

According to the police report, Mr. Rozga smoked the substance with friends and then began "freaking out," saying he was "going to hell." He then returned to his parents' house, grabbed a rifle from the family's gun room and shot himself in the head.

"There was nothing in the investigation to show he was depressed or sad or anything," said Detective Sgt. Brian Sher of the Indianola Police Department, who led the investigation. "I've seen it all. I don't know what else to attribute it to. It has to be K2."

But many users say they are undaunted by reports of negative reactions to the drug. K2 does not show up on most drug tests, and users say that while they would like to know what is in it, they would take their chances if it means a clean urine test.

"Where does a parent go to get answers?" asked Mike Rozga, who said he learned of K2 only after his son's death. "We talk to our kids about sex. We talk to our kids about drugs, and we talk to our kids about drinking and being responsible. But how can you talk to your kids about something you don't even know about?"

Reprints of this article can be found on The New York Times. *Synthetic Marijuana K2 Coming Under Fire* by Tanya Roth on July 13, 2010

# Post Acute Withdrawal

Post-acute withdrawal is a group of symptoms of addictive disease that occur as a result of abstinence from addictive chemicals. In the alcoholic/addict these symptoms appear seven to fourteen days into abstinence, after stabilization from the acute withdrawal.

It results from the combination of damage to the nervous system caused by alcohol or drugs and the psychosocial stress of coping with life without drugs or alcohol.

The symptoms of PAW typically grow to peak intensity over three to six months after abstinence begins. The damage is usually reversible, meaning the major symptoms go away in time if proper treatment is received. So there is no need to fear.

## TYPES OF PAW SYMPTOMS

- Inability to think clearly
- Memory problems
- Emotional overreactions or numbness
- Sleep disturbances
- Physical coordination problems
- Stress sensitivity

## PATTERNS OF POST ACUTE WITHDRAWAL

Post-acute withdrawal symptoms are not the same in everyone. They vary in how severe they are, how often they occur, and how long they last. Some people experience certain symptoms; some people have other symptoms; some people have none at all.

## MANAGING PAW SYMPTOMS

1. Education
2. Nutrition
3. Exercise
4. Relaxation
5. Balanced Living

**SOME PRODUCTS THAT CONTAIN ALCOHOL ARE LISTED BELOW. This is a partial list. If you have any questions, check with your pharmacist.**

<b>Antidarrheals</b>	<b>Alcohol</b>	Betadine Mouthwash			
Corrective Mixture	1.5%	Gargle	8.8%	Contrex	20.0%
Corrective Mixture		Blistor Klear	37.0%	Consontuss	10.0%
With Paregoric	2.0%	Coldsore Lotion		Creamcole#1, #2,3and4	10.0%
DIA-guel	10.0%	(De-Witt)	90.0%	Demazin	8.5%
Donnagel	3.8%	Coldsore Lotion		Dimacol	4.75%
Donnagel PG	5.0%	(Pfieffer)	85.0%	Dimetapp	2.3%
Pabizol with Paregoric	9.6%	Dalidyne	61.0%	Dimetane	
Quintess	99%	Dent's Tootache		Decongestant	2.3%
		Drop	60.0%	Dristan Cough	12.0%
<b>Laxatives</b>	<b>Alcohol</b>	Gum-Zor	22.0%	Dristan Ultra	25.0%
Gas-Evac	18.0%	Jiffy	56.5%	Endotussin- <b>Alcohol</b>	4.0%
Fletcher's Castoria	3.5%	Numzit	10.0%	Formula 44 Cough	12.0%
Senokot Syrup	0%	Rid-A-Pain Dental		Formula 44 D	20.0%
		Drop	20.0	GG-Tussin DM	3.5%
<b>Antiemetic</b>	<b>Alcohol</b>	Teething Lotion	4.5%	G-Tussin DM	1.4%
Dramamine Liquid	5.0%	Tootache Drops	20.0%	Halls <b>Alcohol</b>	12.0%
		<b>Vitamins</b>	<b>Alcohol</b>	Night Relief	25.0%
<b>Internal Pain</b>	<b>Alcohol</b>	Ganatrex	15.0%	Nortussin	3.5%
<b>Reliever</b>		Geralix Liquid	15.0%	Novahistine Cough	7.5%
Tempra Syrup and		Geriplex-FS		Novahistine Cough&	
Drops	10.0%	Liquid	18.0%	Cold	5.0%
Tylenol Liquid		Geritol	12.0%	Novahistine DH	5.0%
Drops	7.0%	Geritonic	20.0%	Novahistine DMX	10.0%
Valadol	9.0%	Zymalixer	1.5%	Novahistine Expectorant	7.5%
		<b>Cough-Cold-</b>	<b>Alcohol</b>	Nyquil	25.0%
<b>Iron Products</b>	<b>Alcohol</b>	<b>Allergy</b>		Pediquill	5.0%
Fumaryl Elixer	5.0%	Actol expectorant	12.5%	Pertussin	8.5%
Mol-Iron liquid	4.75%	Ambenyl-D	9.5%	Quelidrine <b>Alcohol</b>	2.0%
Niferex Elixer	10.0%	Anti-Tuss DM		Quiet Nite	25.0%
		Expectorant	1.4%	Robitussin	3.5%
<b>Mouthwashes</b>	<b>Alcohol</b>	Benadryl	14.0%	Robitussin AC	3.5%
Act	7-8.0%	Benadryl		Robitussin CF	1.4%
Astring-O-Sol	65.0%	Decongestant	5.0%	Robitussin <b>Alcohol</b>	1.4%
Cepacol	14.0%	Cerose CM	2.5%	Robitussin DM	1.4%
Isodine Mouthwash		Cheracol-D	5.0%	Robitussin PE	1.4%
Gargle	35.0%	Cheracol	3.0%	Romiliar 111	20.0%
Listerine	26.0%	Chlortrimeton		Romilar CF	20.0%
Listermint	12.0%	Expectoran	1.0%	Sudafed Cough Syrup	2.4%
Scope	18.5%	Codimal DM	4.0%	Triaminic Expectorant	5.0%
<b>Tootache-Cold Sore</b>		Colrex Expectorant	1.0%		
<b>Cankersore</b>	<b>Alcohol</b>	Contac Severe Cold	25.0%	<b>Alcohol</b>	
Anbesol	70.0%				
Anbesol Gel	70.0%				

## What Is Drug Addiction?

Drug addiction is a complex brain disease. It is characterized by compulsive, at times uncontrollable, drug craving, seeking, and use that persist even in the face of extremely negative consequences. Drug seeking becomes compulsive, in large part as a result of the effects of prolonged drug use on brain functioning and on behavior. For many people, drug addiction becomes chronic, with relapses possible even after long periods of abstinence. For more information visit

[http://www.drugabuse.gov/published\\_articles/myths\\_h\\_tmi](http://www.drugabuse.gov/published_articles/myths_h_tmi)

### How Quickly Does Someone Become Addicted to a Drug?

There is no easy answer to this. If and how quickly you might become addicted to a drug depends on many factors including your genes (which you inherit from your parents) and the biology of your body. All drugs are potentially harmful and may have life-threatening consequences associated with their use. There are also vast differences among individuals in sensitivity to various drugs. While one person may use a drug one or many times and suffer no ill effects, another person may be particularly vulnerable and overdose with first use. There is no way of knowing in advance how someone may react.

### How Do I Know if Someone Is Addicted to Drugs?

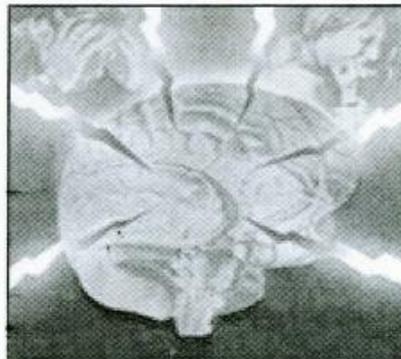
If a person is compulsively seeking and using a drug despite negative consequences, such as loss of job, debt, physical or mental problems brought on by drug abuse, or family problems, then he or she is probably addicted. We don't have a perfect screening tool quite yet, but health care professionals who screen for drug use often ask questions like these to detect substance abuse in their adolescent patients:

## Use May Be A Problem If:

1. Have you ever ridden a car driven by someone (including yourself) who had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs when you are alone?
4. Do you ever forget things you did while using alcohol or drugs?
5. Do your family or friends ever tell you to cut down on your drinking or drug use?
6. Have you ever gotten into trouble while you were using alcohol or drugs?

## What Are the Physical Signs of Abuse or Addiction?

The physical signs of abuse or addiction can vary depending on the person and the drug being abused. In addition, each drug has short-term and long-term physical effects. For example, someone who abuses marijuana may have a chronic cough or worsening of asthmatic conditions. Stimulants like cocaine increase heart rate and blood pressure, whereas opioids like heroin may slow the heart rate and reduce respiration.



## **Are There Effective Treatments for Drug Addiction?**

Drug addiction can be effectively treated with behavioral-based therapies and, for addiction to some drugs such as heroin or nicotine, medications. Treatment may vary for each person depending on the type of drug(s) being used and the individual's specific circumstances. In many cases, multiple courses of treatment may be needed to achieve success. Research has revealed 13 basic principles that underlie effective drug addiction treatment. These are discussed in [NIDA's Principles of Drug Addiction Treatment: A Research-Based Guide](#).

## **Isn't Drug Addiction a Voluntary Behavior?**

A person may start out taking drugs voluntarily. But as times passes, and drug use continues something happens that makes a person go from being a voluntary drug user to a compulsive drug user. Why? Because the continued use of addictive drugs changes your brain - at times in dramatic, toxic ways, at others in more subtle ways, but often in ways that result in compulsive and even uncontrollable drug use.

## **Isn't Becoming Addicted to a Drug Just a Character Flaw?**

Drug addiction is a brain disease. Every type of drug of abuse has its own individual mechanism for changing how the brain functions. But regardless of which drug a person is addicted to, many of the effects it has on the brain are similar: they range from changes in the molecules and cells that make up the brain, to mood changes, to changes in memory processes and thinking, and sometimes changes in motor skills such as walking and talking. And these changes have a huge influence on all aspects of a person's behavior. A drug can become the single most powerful motivator in a drug abuser's existence. He or she will do almost anything for the drug. This comes about because drug use has changed the individual's brain, their behavior, their social and other functioning in critical ways.

## **For Drug Treatment to Work, Doesn't the Person Have to Really Want It?**

Two of the primary reasons people seek drug treatment are because the court ordered them to do so, or because loved ones urged them to seek treatment. Many scientific studies have shown convincingly that those who enter drug treatment programs in which they face "high pressure" to confront and attempt to surmount their addiction can benefit from treatment, regardless of the reason they sought treatment in the first place.

## **Shouldn't Treatment for Drug Addiction be a One-shot Deal?**

Like many other illnesses, drug addiction typically is a chronic disorder. To be sure, some people can quit drug use "cold turkey," or they can quit after receiving treatment just one time at a rehabilitation facility. But most of those who abuse drugs require longer-term treatment and, in many instances, repeated treatments.

## **Is there a "Magic Bullet" to Treat All Forms of Drug Abuse?**

There is no "one size fits all" form of drug treatment, much less a magic bullet that suddenly will cure addiction. Different people have different drug abuse-related problems. And they respond very differently to similar forms of treatment, even when they're abusing the same drug. As a result, drug addicts need an array of treatments and services tailored to address their unique needs.

**Find out more information:**  
[www.drugabuse.gov/](http://www.drugabuse.gov/)

**Adapted from**  
**A Gentle Path Through the**  
**Twelve Steps**

**Step 1 *We admitted that we are powerless over ‘our loved ones addiction to drugs/alcohol and our lives have become unmanageable***

Most people find it easier to recognize the “sick” behavior of the addict rather than recognize their own co-addiction or co-dependency. As you grow to understand your own powerlessness and how unmanageable your life became when you tried to control the addiction, you begin to understand the power that addiction has had over your life. Acknowledging your powerlessness and recognizing your unmanageability will help prepare you to use the rest of the Twelve Steps.

Give three or more examples (this is just a partial list of questions!)

- 1. Obsession about addict’s behavior**
- 2. Ways I try to control the addict’s behavior**
- 3. Lying, covering up, or minimizing the addict’s behavior**
- 4. Effects on my physical health**
- 5. Do I attempt to persuade the addict to take care of him/herself?**
- 6. Do I try to put the pieces together after the addict creates chaos?**
- 7. Do I blame myself for the addict’s problems?**
- 8. Do I lecture the addict for his or her problems?**
- 9. Effects on my social life**
- 10. Have I believed that I could or should change the addict?**

Working the steps allows people to use and practice powerful principles of recovery. For those who are willing to look deeper and do the work, the process is life changing.

The primary purpose of AA’s 12 Steps were created to help alcoholics to stop drinking. Never was it meant to be all things to all people.

Knowledge of the 12 Steps is critical to all recovering people. The steps work if you work them. 12 Step program is available to all.

The 12 Steps and fellowship support meetings are the most widely used life line for people recovering from chemical dependency, co-dependency, and other compulsive or addictive disorders.

“You bring the body, the mind will follow”

Steps are meant to be worked on in order, and several steps are meant to be worked on multiple times

What does it mean to “Work” a program? Attending the meetings (regularly), reading the literature/books, sharing during meetings is just a piece. Much goes on outside of a meeting. Its about applying the program principles to real life problems, and practice!!

When we quit trying to do the impossible, we are allowed to do the possible- Stop trying to control and change the disease and others, move towards our own power to change ourselves!

# Five Ways to Stay Positive in Negativity

by Julie Fuimano

It's easy to be positive in a positive environment. It's when things are emotionally draining and negative that you're challenged to behave differently. But you have the opportunity to be the beacon of light for others around you. By your actions and responses, you can demonstrate and teach others how to behave in an appropriate, positive and professional manner.

Positive energy catches on just as quickly as negative energy. Sometimes people are simply stuck in a habit or pattern of behavior and are accustomed to acting a certain way. If the environment is really caustic, then it's what people are used to and may be all they know. It takes some time and effort as well as a commitment to do something differently to create sustainable change. You must be willing to identify and stop tolerating what's not working, do the right thing even if it's initially unpopular and then teach others to do the same.

Here are five ways you can be a positive force in your workplace and it can be used at home too!

## **1. The First Step Is Awareness**

Recognize the negativity around you. Sometimes you can even feel your energy being drained by the words being spoken. If it feels bad or uncomfortable, then it's negative. These feelings are a form of intelligence similar to a tap on the shoulder letting you know something is not right. If you can identify what is happening, you can make good choices about handling it.

## **2. It All Starts with You**

In what ways are you contributing to the negativity around you? Are you listening to gossip or participating in conversations where the only focus is to denigrate, diminish or criticize? Language matters. Everything you say has an impact, and when you say something negative, not only does it dishonor the person you're speaking about as well as the person you're speaking with, it makes you feel bad even if you don't realize it. Learn to

respect people's humanity and their right to be themselves. Complaining without end does not focus on creating solutions; rather, its impact is only to perpetuate and magnify the problem, wasting everyone's precious time and energy.

## **3. Speak Up**

Tell the other person how you feel by saying, "This doesn't work/or me." It's nonjudgmental, since you're making it about you, **not them**. Also, people often don't realize they are being negative. Point it out in a gentle, caring way: "Do you realize you are complaining?" Just bringing it to their attention can be enough to shift the conversation. Over time, people will learn what they can and cannot discuss with you, and it will stop being an issue. If you say nothing, your silence conveys permission to continue.

## **4. Be Constructive, Positive Meaningful and Beneficial**

What is the point or purpose of what you're saying? Is it to hurt or help? And at the end of the conversation, is there an action step to take? Constructive conversations are empowering and leave people a little better off from having participated in them. Become the kind of person who takes your time and words seriously.

## **5. Praise and Acknowledge**

**It's amazing what a few** words of praise and acknowledgement can do. You want to be the kind of person people gravitate to because they know they will be uplifted by you, not put down or drained of life-sustaining energy. In short, you want people to feel good after being in your presence.

No matter what is going on around you, you control your inner environment and how you choose to respond to external events and situations. It's your responsibility to become the kind of person you enjoy being and with whom others enjoy being around.

It takes a true leader to walk a path different from the crowd. So when others are negative, stretch your boldness muscles and be positive in spite of what others do or think. It's the only way to create a ripple of change. And if each of us does our part, then slowly but surely, we will make a difference in our work environment and the larger community.

## DEPRESSIVE AND SUICIDAL

### Warning Signs

Here are warning signs of possible suicide:

#### Statements About Suicide

When someone says,

“I wish I were dead”.

“I think I’ll kill myself”.

“I might as well die”.

“What would you think if I were dead”?

“Life isn’t worth it!”

**YOU** need to ask: “Are you thinking about hurting yourself”? or, “You seem really depressed. Are you O.K.?”

#### Changes in Mood or Personality Social

withdrawal isolating, being alone in a new way new negativity-thinking about the dark side of life all the time

Depression- feeling blue, despairing, not caring about anything

Loss of appetite-no interest in food or pleasure of any sort

Hyperactivity-a sudden onset of intensity about things (sometimes as depression begins to lift)

**YOU** need to say. “You haven’t been acting like yourself lately. Is something bugging you?”

#### Changes In Behavior

Recklessness-a sense of abandon about real danger, driving too fast, carelessness

Throwing Possessions Away-Heading to the dumpster with things that used to be important

Giving Things Away- taking a favorite album collection for example and giving it to a friend.

Drop in Grades-loss of interest in studies, school, and achievement

Trouble with Eating either all the time or not eating at all

Interruption of Sleep-

Sleeping all the time or not being able to fall asleep at night

Outbursts Of Anger-blowing up at things that don’t seem very important

Final Arrangements-Indirectly or directly

making plans for the circumstances of one’s own death, putting affairs in **order**

Self-Depreciations-putting oneself down and saying one is never good **enough**

Use of alcohol or drugs

Involvement in substance abuse (these in fact make people more depressed and increase suicidal risk)

**YOU need to notice these changes in how a person behaves and tell him/her that you are taking these things SERIOUSLY and that you are going to TALK to someone about it. YOU are going to get help!**

#### Other Signals

Previous Attempt having tried before to commit suicide

Death in the Family-losing a parent or, especially, a sibling, through death (unresolved grief is really dangerous)

The Ripple Effect - knowing someone else who committed suicide, especially in the recent past?

How does it make you feel to review the warnings signs of suicide?

About eight out of every ten people who commit suicide have given us signals. It is critically important that students be familiar with symptoms, which may come together in a suicidal friend. Please review these signs and inquire whether each of them is clearly understood. One difficulty here is that these signals constitute some of the symptoms of trying to deal with everyday life. When a person gets depressed, some of these usually appear. But concern should occur when a friend observes a cluster of them in a lingering fashion. Putting the symptoms together is a key to assessing suicidal potential. Students will quickly relate that they normally hesitate to talk with someone because of the desire for their own social acceptance and not wanting to make someone else upset. They will also relate that “squealing” is a cardinal sin in adolescence. However, the objective here is simply to facilitate discussion about the struggles of TALKING with peers.

**If you have any questions about suicide, or are experiencing a crisis in your life that seems too difficult to handle, you can call these numbers for help, 24 hours a day.**

## SUICIDE

EAST ORANGE GENERAL HOSPITAL, CRISIS  
INTERVENTION UNIT  
(973) 672-9685

FAMILY SERVICES BUREAU OF NEWARK  
(973) 412-2056

POISON CONTROL CENTER  
(800) 222-1222

SUICIDE (YOUTH IN CRISIS)  
800- 621-4000

NOTE: AIDS HOTLINE  
(800) 624-2377

# **HELP FOR THE PARENT CRISIS INTERVENTION**

When teenagers are out of control due to the use of drugs, Crisis Intervention is a very helpful tool. The state provides a Crisis Intervention Center in every county, You can access this service and the courts will intervene. The course can order an addict into recovery program. Call before a crisis situation occurs to learn what services are available for you and how to access these services when a crisis does occur. For further information, call your county Crisis Intervention contact:

<b>Atlantic County-</b>	<b>609-344-1118</b>
<b>Bergen County-</b>	<b>201-336-7360</b>
<b>Burlington County-</b>	<b>856-234-0634 or 609-871-1433</b>
<b>Cherry Hill serving (Camden, Cumberland, Gloucester and Salem Counties)</b>	<b>1-888-375-8336</b>
<b>Cape May County</b>	<b>609-465-1374</b>
<b>Essex County</b>	<b>973-623-2323</b>
<b>Hudson County</b>	<b>201-915-2210</b>
<b>Hunterdon County</b>	<b>908-788-6400</b>
<b>Mercer County</b>	<b>609-896-4434 or 609-588-5763 or 609-588-5764</b>
<b>Middlesex County</b>	<b>732-235-5700(Adult) or 732-235-5705(Children)</b>
<b>Monmouth County</b>	<b>732-923-6999</b>
<b>Morris County</b>	<b>973-625-0280</b>
<b>Ocean County</b>	<b>732-240-6100 or 609-693-5834</b>
<b>Passaic County</b>	<b>973-470-3025 or 973-684-7792</b>
<b>Somerset County</b>	<b>908-232-2880</b>
<b>Sussex County</b>	<b>800-969-4357</b>
<b>Union County</b>	<b>908-289-7800</b>
<b>Warren County</b>	<b>908-454-5141</b>

## **THE 211 HOTLINE**

Residents can now call 211, 24 hours a day seven days a week for referrals to a variety of social services including: private & government agencies located in their community.

- Basic needs-food pantries, shelters, rent and utility assistance.
- Support for seniors and the disabled home health care, respite care and transportation.
- Family and children services, child care, after school programs, tutoring and summer camps
- Physical and mental health services, Medicaid and Medicare, crisis intervention and substance abuse programs.
- Employment, job training, education and financial assistance.
- Volunteer opportunities

## **SUICIDE**

If you have any questions about suicide, or are experiencing a crisis in your life that seems too difficult to handle, you can call these numbers for help, 24 hours a day.

**EAST ORANGE GENERAL HOSPITAL, CRISIS INTERVENTION UNIT**  
**(973) 672-9685**

**FAMILY SERVICES BUREAU OF NEWARK**  
**(973) 412-2056**  
**POISON CONTROL CENTER**  
**(800) 222-1222**  
**SUICIDE (YOUTH IN CRISIS)**

### **GRAND PARENT INFORMATION CENTER**

The AARP Foundation provides crucial funding for the AARP Grandparent Information Center. This special Information Center offers assistance for grandparents who might need assistance bridging the distance if they live far away, handle a conflict in their family, or even if they find themselves as the primary caregiver for their grandchildren.

**1-800-862-3446**

**[www.aarp.org/grandparents](http://www.aarp.org/grandparents)**

### **GRIEF SUPPORT GROUP FOR PARENTS ENDURING LOSS FROM ADDICTION**

**(PLEA)**  
**973-682-8733**

## WHAT IS SPONSORSHIP?

ALCOHOLICS ANONYMOUS began with sponsorship. When Bill W., only a few months sober, was stricken with a powerful urge to drink, this thought came to him: "You need another alcoholic to talk to. You need another alcoholic just as much as he needs you!"

He found Dr. Bob, who had been trying desperately and unsuccessfully to stop drinking, and out of their common need A.A. was born. The word "sponsor" was not used then; the Twelve Steps had not been written; but Bill carried the message to Dr. Bob, who in turn safeguarded his own sobriety by sponsoring countless other alcoholics. Through sharing, both of our co-founders discovered, their own sober lives could be enriched beyond measure.

What does A.A. mean by sponsorship? To join some organizations, you *must* have a sponsor a person, who vouches for you, presents you as being suitable for membership. This is definitely not the case with A.A. Anyone who has a desire to stop drinking is welcome to join us!

In A.A., sponsor and sponsored meet as equals, just as Bill and Dr. Bob did. Essentially, the process of sponsorship is this: An alcoholic who has made some progress in the recovery program shares that experience on a continuous, individual basis with another alcoholic who is attempting to attain or maintain sobriety through AA

When we first begin to attend A.A. meetings, we may feel confused and sick and apprehensive. Although people at meetings respond to our questions willingly, that alone isn't enough. Many other questions occur to us between meetings; we find that we need constant, close support as we begin learning how to "live sober."

So we select an A.A. member with whom we can feel comfortable, someone with whom we can talk freely and confidentially, and we ask that person to be our sponsor.

Whether you are a newcomer who is hesitant about "bothering" anyone, or a member who has been around for some time trying to go it alone, sponsorship is yours for the asking. We urge you: *Do not delay*. Alcoholics recovered in A.A. *want* to share what they have learned with other alcoholics. We know from experience that our own sobriety is greatly strengthened when we give it away!

Sponsorship can also mean the responsibility *the group as a whole* has for helping the newcomer. Today, more and more alcoholics arriving at their first A.A. meeting have had no prior contact with A.A. They have not telephoned a local A.A. intergroup or central office; no member has made a "Twelfth Step call" on them. So, especially for such newcomers, groups are recognizing the need to provide some form of sponsorship help. In many successful groups, sponsorship is one of the most important planned activities of the members.

**Sponsorship responsibility is unwritten and informal, but it is a basic part of the A.A. approach to recovery from alcoholism through the Twelve Steps.**

## CRYSTAL METHAMPHETAMINE:

Here are some of the symptoms that show up first and should be seen as red flags:

- **Changes in sleeping patterns.** Staying up very late and displaying energy that's not typical.
- **Unreliability.** Skipping school or work. Breaking promises.
- **Abrupt changes in relationships.** Old friends often replaced with new group who are into drugs.
- **Motor mouth.** Rapid obsessive speech. Agitation and fidgeting.
- Irritability.
- Weight loss.

### Additional symptoms:

- Suspiciousness.
- Secretiveness.
- Obsessive-compulsive behavior.
- Repetitive, energetic activity, like folding and unfolding laundry; fixing things that aren't broken: cutting the lawn with scissors.
- Scratching. In later stages of meth use, you may see scratching and picking at the skin. Meth makes the surface of the skin itch.
- Rotten teeth.
- Intense levels of anxiety, Exaggerated, excessive, unreasonable worry
- Paranoia. A constant irrational fear that one is being followed or threatened by unseen enemies.
- Uncontrollable anger and rage. As meth use progresses, symptoms worsen and become chronic. Paranoia deepens, irritability becomes rage. Violent outbursts occur, often against close friends and family
- Delusions. Seeing and/or hearing things that are not there
- Psychosis. The loss of contact with reality.

## PHYSICAL EFFECTS OF ALCOHOLISM:

**EARLY STAGE:** A gradual increase in tolerance happens; it takes increasing amounts of alcohol to achieve the desired mood-altering effects. Often, the person can consume large amounts of alcohol without even appearing impaired. The body has adapted to increasing amounts of alcohol. They can think and talk normally or walk a straight line with no problem. With continued alcohol use over time, the body begins to lose its ability to deal with high alcohol levels. As this occurs, their thinking, talking or walking functions deteriorate, onset of memory problems starts to occur.

**MIDDLE STAGE:** Alcohol comes into direct contact with the mouth, throat, esophagus, stomach and intestines as well as being absorbed into the bloodstream. Physical problems begin as headaches, nausea, sore throat or indigestion. Vomiting, Dizziness, Hangovers, sense of balance loss and disorientation, Slurred speech, Impaired judgment and poor coordination occur. Blackouts are occurring more frequently. Loss of muscle control, depression, insomnia and paranoia are, also, occurring.

**LATE STAGE:** Hallucinations are common. Cirrhosis of the Liver, Liver damage, certain forms of Cancer: of the mouth, throat and esophagus, and colon. Heart disease and high blood pressure. Pancreatitis, nerve damage, hemorrhage in the esophagus, damage to the brain, wet brain (when this happens they usually have to be institutionalized), then finally death

## 8 Steps Parents Can Take to Intervene on Prescription (RX) and Over –The-Counter (OTC) Drug Abuse Among Teens

1. **Educate Yourself and Your Teen About the Risks** Prescription and OTC drugs can be just as lethal and addictive as “street drugs.”
2. **Keep Track of Quantities and Number of Refills** Alert other households your teens frequent such as grandparents, other relatives, friends, where baby-sit. Take inventory everyday
3. **Talk to Friends, Relatives and School Administration** Make sure all know the risks and encourage them to also monitor their medicines. Find out what the school administration are doing to address this issue.
4. **Follow Directions Carefully** Use medicine as directed and TRY NOT to take in front of kids
5. **Discard Old or Unused Medication** Put in a non-descript container with odd trash ie: coffee grounds and throw out in trash container, remove any identification.
6. **Monitor Your Teens Time Online** Check browser histories. For more information on how to monitor go to TheAntiDrug.com’s online tutorial.
7. **Be Observant** If find empty bottles and pill packages or going through cough syrup quickly, determine if there is a problem and notify your family physician. Also, look at grocery store receipts
8. **Find Other Ways to Relieve Stress and Have Fun** Many teens list stress and boredom as reasons they abuse RX and OTC drugs. Help teens find positive interests and constructive ways to pass time. Set a good example yourself.

## FROM LINDA’S DESK

Parents often question how much involvement should they have when their child goes into a treatment program. There are different guidelines for the various situations that will be discussed here. How many rehabs has the child been in will determine the amount of involvement.

If this is the addict’s first treatment it is recommended that the parents and hopefully, the whole family will participate in the Family Program that is usually offered. If none are offered, then attend one at another facility. The family should get as much education that is available and join a support group. It is imperative that parents continue in a support group even after child has been discharged, as many issues will continue to arise

When there have been several treatment admissions, it is much wiser NOT to be involved in their treatment program. You should continue or join a parents group. DO NOT bring them clothes, toiletries, cigarettes or give them money. REMEMBER you did this in the past and it did not stop them from their next drug. DO NOT take calls or correspond with them. Let them connect more with their peers and really learn how to get and STAY sober.

GET OUT OF THE WAY ...STOP BEING A HOSTAGE TO THIS DISEASE. GET YOUR OWN LIFE.

You’re **fighting** the disease, Don’t let the disease win. Remember what **You** did before didn’t work. It’s really your actions not your words that give the message to your kids disease. Is it hard to do? Yes! But it’s well worth the try and possibly a life is saved.

## **Listen to me, I am an Addict/Alcoholic**

**I am a drug abuser. I need help.**

**Don't solve my problems for me. This only makes me lose respect for you-and for myself.**

**Don't lecture, moralize, scold, blame, or argue whether I'm stoned or sober. It may make you feel better, but it only makes the situation worse.**

**Don't accept my promises. The nature of my illness prevents my keeping them, even though I mean them at the time. Promises are only my way of postponing pain. And don't keep switching agreements; if an agreement is made, stick to it.**

**Don't lose your temper with me. It will destroy you and any possibility of helping me.**

**Don't let your anxiety for me make you do what I should do for myself.**

**Don't believe everything I tell you. Often I don't even know the truth-let alone tell it.**

**Don't cover up or try to spare me the consequences of my using. It may reduce the crisis, but it will make illness worse.**

**Above all, don't run away from reality as I do. Drug dependence, my illness, gets worse as my using continues.**

**I need help-from a doctor, a psychologist, a counselor, from some people in a self-help program who're recovering from a drug problem themselves-and from a Power greater than myself.**

# **DEFINITION OF ENABLING**

Someone who takes responsibility for someone else's behavior

The enabler shelters and protects, even denies the dysfunction of the family

## **MAJOR ENABLING APPROACHES**

- AVOIDING AND SHIELDING
- ATTEMPTING TO CONTROL
- TAKING OVER RESPONSIBILITIES
- RATIONALIZING AND ACCEPTING
- COOPERATING AND COLLABORATIONG

The enabler “softens” the consequences for the addict

## **THE PROGRESSION OF ENABLING**

### **1. PROTECTION**

- The addict will use their defenses such as rationalizing, repression, projection and minimizing. The enabler will believe him/her, feel as if it is the enabler's fault, and be overly responsible and protect

### **2. CONTROLLING**

- The enabler takes over all responsibility
- The enabler feels inadequate, guilty, anxious, angry and depressed
- The enabler sincerely believes the “IF ONLY'S”

**Without realizing it, we can be enabling others to continue their addiction because it is, sometimes, easier to allow it to continue than to address our own needs.**

## **Relapse is Possible For Family Members, Too.**

Relapse for codependents can occur when the initial *honeymoon*; period is over and life after treatment has ~settled down. Early on there may be a drop in attendance at support groups such as Al-Anon or Families Anonymous. The individual sees less need to go to meetings because~ everything ~seems to be going all right.

Next may come the return of the urge to control people, places, and things, and with it the inability to effectively set and maintain limits. Other symptoms which may appear are indecision, compulsive behavior, feelings of fatigue, unreasonable - resentments, defensiveness, and self pity. A general feeling of frustration and powerlessness may be experienced. These are the early warning signs and with prompt action, can be stopped, resulting in the *return to sanity in Step Two*

A return to meetings and aftercare groups, if available; is the first priority. Secondly, a return to the *working of* the Twelve Steps of Al-Anon is required. Step One is the place to start. Without the admitting, accepting, and surrendering to the side to dysfunction. The acute signs of relapse are an intensifying of the previous feelings.

Additionally denial may well be back. The denial will be in the form of statements such as. 'There's nothing of any real importance bothering me, and she's not using.' These thoughts reveal a return to focusing on the chemical dependent rather than taking care of self. Left untreated, these symptoms can result in chaos *and* dysfunction in the family and distancing within relationships. Denial of old behaviors, attitudes, and feelings may well lead to total relapse of all family.

Chemical \dependency and codependency are life-long conditions. The symptoms go into remission but never totally disappear, A lapse in working a recovery program *either* A/A or Al-Anon, can activate the symptoms and lead to total relapse: recovery for all family members is a life long process.

## **Parents Support Group, Inc.**

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## Early Recovery “Red Flags

- **People, Places, and Things** – Our peoples, places and things can grease the slide back to use. “If you keep going to a barbershop, eventually you’re going to get a haircut. “ Attempting to go back to your old lifestyle just without the drugs and alcohol doesn’t work. It can, does and will lead you back to using and drinking.
- **Dishonesty** –Dishonesty is the way we lived while we were using. We would (and probably did) say or do anything to prolong our chemical use. We are as sick as our secrets, Secrets only provide a basis for further dishonesty. Being honest with others and ourselves is a significant part of recovery. Honesty is about being accountable and taking responsibility for our actions.
- **Control** – We have to accept that we can’t control other people, places, and things. Anger and resentments block love and serenity from our lives. To maintain our recovery, we must thoroughly clean house of our resentments and shortcomings..
- **Isolation** –Isolation gives us ample opportunity to engage in self—pity and construct irrational and self-defeating thoughts. We often underestimate the value of human interaction in recovery. As hard as it might be, we need to break out of our isolating ways and open up to others.
- **Impatience** –Many of us are anxious to move ahead and get on with our lives. We set our expectations too high, and when we cannot meet them we believe that we have failed. We need to remember that our serenity is inversely proportional to our expectations of others and ourselves. That is, the higher our expectations of others and ourselves, the less serene we can be, and vice versa.
- **Emotional Distress** –Emotional triggers can be especially dangerous because at the time they seem so overwhelming. When we start to feel that way, we look for a quick reliable solution. We need to understand that “this, too, shall pass.”
- **HALT** –The concept of moderation is foreign to us. Our addictive thinking and compulsive behavior make it difficult for us to “take it easy” or “keep it simple.” We drive ourselves until we become hungry, angry, lonely, and tired, and our self care (which is critical to our recovery) deteriorates.
- **Thinking we know it all** –This kind of attitude plays down the effort needed to stay in recovery. We think that half-measures are adequate to maintain our sobriety. We display reckless behavior by placing ourselves in situations where our sobriety might be compromised.

# MEETING LOCATIONS

Visit our site: [www.psgnjhomestead.com](http://www.psgnjhomestead.com)

Place	Town	Time	Day
Carrier Clinic	Belle Mead	7:00pm	Monday
ST. Peters Episcopal Church	Spotswood	7:00pm	Thursday
Church of the Nativity	Fairhaven	7:00pm	Tuesday
Pompton Lakes Carnevale Center	Pompton Lakes	6:30pm	Monday
The Presbyterian Church Of Toms River	Toms River	7:00pm	Monday
The Presbyterian Church of Livingston	Livingston	6:00pm	Wednesday
Mountainside Hospital	Montclair	6:30pm	Thursday
Central Presbyterian Church	Summit	6:00pm	Tuesday

**Parent Support Group of New Jersey provides a safe place for parents to share their experience, hope and strength with each other. There are no fees. ALL groups are confidential.**

**To locate a group near you, call  
1-800-561-4299**

**SAY WHAT YOU  
MEAN.**

**MEAN WHAT  
YOU SAY.**

**DON'T SAY IT  
MEAN IT.**

# SERENITY PRAYER

God grant me the  
serenity to accept  
the things I cannot  
change,  
The courage to change the  
things I can,  
and the wisdom to know  
the difference