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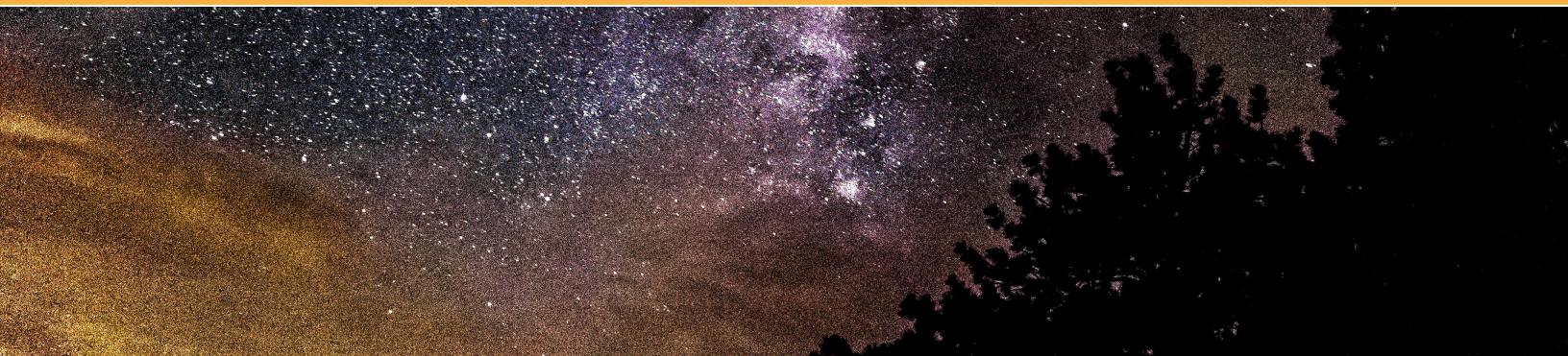
# Let There Be Light:

A Wauwatosa Substance Use  
Information and Resource Guide



**Wauwatosa**  
HEALTH DEPARTMENT

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# Healthy Wauwatosa

Healthy Wauwatosa is a group led by community partners, residents, and city government. It is a community-wide effort to make Wauwatosa a healthier place to live, work, learn and play.

We created this guide as a resource for Wauwatosa families to learn more about opiates and other prescription drugs. This document includes information about substance use, addiction, and mental health. It also includes personal stories and relevant, local resources for substance use treatment, mental health providers, and medication disposal.

We want to assist families in preventing opiate misuse as well as provide information and resources to individuals who are currently dealing with addiction.

## Wauwatosa Health Department



### **Our Mission:**

To protect, promote and assure conditions for the health and safety of all residents and visitors of Wauwatosa through the assessment of needs, assisting in the development of public health policies, and the provision of accessible, quality services.

### **Our Vision:**

Healthy Community; Value to You; Nationally Recognized;  
Wauwatosa Health Department

# Acknowledgements

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Thank you to the Healthy Wauwatosa Community Health Improvement Plan - Substance Use workgroup. This document wouldn't be possible without the expertise of these community partners and their commitment to making Wauwatosa healthy and safe for all residents.

## **Substance Use Workgroup Members**

Aurora Health Care  
Froedtert & Medical College of Wisconsin  
Tobacco-Free Suburban Milwaukee & Ozaukee Counties  
Wisconsin Department of Health and Human Services  
Tosa United  
Wauwatosa Fire Department  
Wauwatosa Health Department  
Wauwatosa Police Department  
Wauwatosa Senior Commission  
Wauwatosa School District  
Wauwatosa Youth Commission



A special thank you to Michelle Paura, Milwaukee Area Health Education Center (MAHEC) Community Health Intern, for creating this document as a part of her internship with the Wauwatosa Health Department.

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## **PROMISE YOURSELF**

**By Christian D. Larson**

To be strong that nothing can disturb your peace of mind.

To talk health, happiness and prosperity to every person  
you meet.

To make all your friends feel that there is something  
worthwhile in them.

To look at the sunny side of everything and make your  
optimism come true.

To think only of the best, to work only for the best and  
expect only the best.

To be just as enthusiastic about the success of others as  
you are of your own.

To forget the mistakes of the past and press on to the  
greater achievements of the future.

To wear a cheerful expression at all times and give a smile  
to every living creature you meet.

To give so much time to improving yourself that you have  
no time to criticize others.

To be too large for worry, too noble for anger, too strong  
for fear, and too happy to permit the presence of trouble.

To think well of yourself and proclaim this fact to the  
world, not in loud word, but in great deeds.

To live in the faith that the whole world is on your side, as  
long as you are true to the best that is in you.



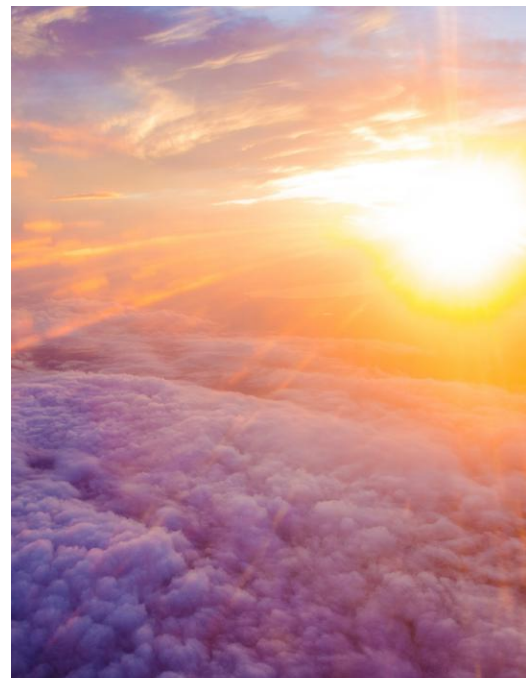
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**"Be one who brings light to the darkness. Without darkness, we would never be able to fully shine. Be a Firefly!"**

-Heidi Thompson



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# The Importance of Empathy

Empathy is when an observer focuses attention toward an individual, and by doing so, understands and feels what the individual is experiencing at the moment. In simpler terms, it means putting yourself in another person's shoes. Empathy is important for moral decision making, developing healthy relationships, and forgiveness. It is involved in the development of compassion and is important for a healthy social life. Empathy can decrease stereotyping and prejudice and can combat adverse life circumstances.

**“Empathy is without question an important ability. It allows us to tune into how someone else is feeling, or what they might be thinking. Empathy allows us to understand the intentions of others, predict their behavior, and experience an emotion triggered by their emotion....empathy allows us to interact effectively in the social world. It is also the “glue” of the social world, drawing us to help others and stopping us from hurting others.”**

- Simon Baron-Cohen and Sally Wheelwright

“Constant kindness can accomplish much. As the sun makes ice melt, kindness causes misunderstanding, mistrust, and hostility to evaporate.”

-Albert Schweitzer

# Definitions

## Addiction

Addiction is a chronic brain disease characterized by drug use that is compulsive or difficult to control, despite harmful consequences. The initial decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge self-control and interfere with the ability to resist intense urges to take drugs. The effects can be long lasting and can lead to harmful, often self-destructive, behaviors.

## Dependence

A physiological state that occurs with regular drug use and results in withdrawal symptoms when drug use is abruptly stopped.

## Detoxification

Detoxification or “detox” is a process that allows the body to rid itself of a drug. Medically assisted detox may help manage an individual’s withdrawal symptoms. Detox alone is not treatment but is often the first step in a drug treatment program.

## Opioids / Opiates

Opiates are controlled substances most often prescribed for managing pain. Opiates include illegal drugs such as heroin, synthetic opioids such as fentanyl, and prescription pain medications such as oxycodone, hydrocodone, codeine, morphine, and many others.

## Relapse

Relapse occurs when an individual starts using drugs after a period of abstinence. Substances change the chemical structure of the brain which hinders decision making and impulse control. While this can be difficult for the individual and their loved ones, relapse is a common occurrence in addiction and is a part of the recovery process.

## Substance Use / Misuse / Abuse

The repeated use of illegal drugs or the inappropriate use of legal drugs to produce pleasure, alleviate stress, and/or alter or avoid reality. This can include prescription drug misuse, which is using medication by someone other than for whom it is prescribed, in ways or amounts other than intended by a doctor, or for the experience or feeling it causes.

## Withdrawal

Withdrawal refers to the physical and psychological symptoms that occur after regular drug use has been abruptly reduced or stopped. Symptom severity depends on the type of drug, the dosage, and how long and how frequently it has been taken.

# Personal Stories

## Lives Impacted



### The Perspective of a Father: Robert's Story

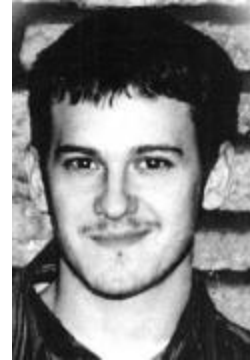
My two sons' addiction to Opiates has had a vast effect on my family. As a parent, you end up feeling isolated, not knowing whom to turn to. You feel like it's out of control. The only thing that keeps you sane is thinking that you will slowly come out of it. It is not an easy road, addictions are hard.

You are shocked to find out later how your loved ones, that were suffering from addiction, become the best actors. They become skilled at deceiving you when you are there to help them. They look you right in the eye and make you believe them. They seem truthful and you want to believe them because you yourself understand the feeling of pain and want to lessen it for them. As a middle-aged adult with a plethora of experience, I thought I knew everything there is to know about drugs. I realize that I did not even have a clue about the problems we face today with the Opiate crisis. This epidemic is related to massive violence, homes are broken up, and families are torn apart. There is a feeling of hopelessness but you have to get up every day and face the world and you almost become an actor yourself trying to put it all behind you but you know what you are coming home to face every day. With my experience, I have found that it is helpful to try to understand and come to the reality that death is part of that addiction.

You reflect and think, "Maybe I did something wrong? How did they end up taking that road?" It can start with peer pressure...why people turn to self-medicating, I do not really have the answer. In my case, I have seen that both of our son's problems began with over-prescribing pain medications. You go to the doctor and they say, "Well, I can write you another prescription?" When instead they should say, "Your physical ailment should be healed. Why are you still having pain?" The doctors should ask questions to realize that it has now become a mental condition, a disease, they are addicted. I am not blaming anyone but there seems to be a lot of money being made off of pharmaceuticals and people's suffering.

### The Perspective of a Mother: Nan's Story

After my loss, I did not sleep through the night for two years. I would fall asleep for about two hours and then wake up and not be able to fall back to sleep. I went to a Psychiatrist who put me on sleeping medication which helped. Later I realized that the medication was affecting my daily functioning. I stopped taking it but at that point I no longer needed it. Then a few years later the sleeping issue started again; I tried another medication and eventually was able to sleep without it. A psychologist said that a mother will not grieve until she knows everyone else is all right. There have been many times I had to wake up and go check on our oldest son Paul to make sure he was still breathing and did not die of an overdose in our home. It is difficult to talk about...



*In Loving Memory of Justin A. Marshall*  
May 3rd, 1983- March 22nd, 2006



# Personal Stories

## The Conclusion of Their Story

When we lost Justin, we thought that was the worst possible thing that could have happened, and believe us it was, but then losing a second son almost....It can be said that we did lose him, for a time, to his addiction. On top of everything, we were raising our young son...trying to make everything seem normal. Our two remaining sons are now twenty-two and thirty-nine years old and we feel we need to protect them as we did when they were children. You get to the point where you get confused about what is reality and what is not. You say to yourself, "everything is going to be ok, I can be happy today", but in the back of your mind you have this sense of doubt. You become fearful that if you allow yourself to be happy that something devastating is going to happen again. You constantly have to be on guard, always uncertain that things could completely fall apart again. That is how it has caused us to live.

Not giving up, facing it all, and sticking by everyone has helped. It helps seeing how it has progressed to the point where we can speak to people and they listen now. In the past, they labeled you and your family. They looked at you like, "Oh, your son is a drug addict? You must have done something wrong." In the past, people of higher socioeconomic status looked down on you. Now substance abuse and addiction are affecting the lives of so many in our society, even the affluent. Anyone can become addicted. As an analogy, addiction is like the worst cancer eating away at our lives and well-being. We are in remission now but cancer can come back and spread causing so much destruction.





# Mental Health

Many people experience mental health issues. According to the National Institute of Mental Health, it is “one of the largest causes of morbidity, mortality, and disability in the United States, mental illness affects 25% of people in any given year.” Mental illness can affect a person’s mood, thinking, and behavior. However, many people don’t talk about mental illness out of fear of judgement or discrimination. This creates a lot of stigma around mental health, which can prevent an individual from seeking treatment for their illness.

Mental illness can exacerbate some problems, including social isolation, anxiety, and stress. For some people, this can lead to substance use as a way to self-medicate, reduce stress, or to feel better. According to SAMHSA, almost 30% of people with mental illness also abuse drugs – and 55% of them don’t receive treatment for either problem.

When someone has a mental health issue such as depression or anxiety, it can be even more difficult to deal with a substance use problem. An untreated mental illness can make substance use worse – and increased substance use can worsen the symptoms of a mental illness. Both issues can affect how someone functions at work, school, or home.

**Because mental illness and substance use are often co-occurring, it is important to address any mental health issues when talking about substance use.**

You can help combat mental health stigma by having open communication around mental health and substance use, having the courage to talk about uncomfortable topics concerning your health, and listening to others with an open heart and mind. Your compassion can go a long way in the fight against mental health stigma.

# Mental Health

## Top 10 reasons why people use drugs:

- To fit in
- To escape
- To relax
- To make friends
- To relieve boredom
- To socialize
- To rebel
- To experiment
- To cope
- To feel “grown up”

Source: Huiras Center- Columbia St. Mary's



Most people have an easy time understanding physical pain but even though most people experience it, there is a lack of understanding around psychological pain which can be a symptom of depression and other mental and physical disorders. Many people self-medicate to numb or escape from the pain by using substances. This can result in pain being avoided and later expressed in unhealthy ways.

Another result of psychological pain is the experience of apathy or hopelessness. This comes from feeling like everything is beyond improvement. However, there is hope! Psychological pain can decrease with time by sharing your experiences openly with those who care for you and developing a relationship with a mental health professional. If the psychological pain is unbearable for you or someone close to you, please see the mental health resource section in this guide and reach out for help.

## Aspects of Psychological Pain

### CHARACTERISTICS

- An unpleasant feeling
- Negative appraisal of self
- A lasting state of being that takes time for resolution
- A state of being that is impossible to sustain over time without negative consequences

### PRECONDITIONS

- Loss of someone/something important
- Failure to achieve something

### NEGATIVE OUTCOMES

- Illness (mental and potentially physical)
- Suicide

### POSITIVE OUTCOMES

- Adaptation and personal growth
- Enhanced sense of meaning

Source: <https://doi.org/10.1080/15325024.2011.572044>

# Trauma Informed Care

SAMHSA defines individual trauma as “resulting from an event, series of events, or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

By building trust and listening intently, without judgment, we can create a safe space for individuals to open up about things that have impacted their lives. Many people internalize trauma to avoid judgement. Some struggle with disconnection from others, self-blame, shame, guilt, fear, numbness, and psychological pain. For some, this can lead to substance as a way to feel better or self-medicate. By addressing trauma, we can help prevent this.

**“Unaddressed trauma significantly increases the risk of mental and substance use disorders and chronic physical diseases. Communities that provide a context of understanding and self-determination may facilitate the healing and recovery process for the individual. The manner in which individuals and families can mobilize the resources and support of their communities and the degree to which the community has the capacity, knowledge, and skills to understand and respond to the adverse effects of trauma has significant implications for the well-being of the people in their community.” -SAMHSA**

Adverse Childhood Experiences (ACEs), which include traumatic events such as neglect and abuse, are at the root of many health problems. ACEs can have emotional and physical effects and can lead to mental illness, risk of suicide, risk of alcohol and drug use, and inability to find and hold a job.

To effectively address the impacts of trauma, it is important to focus on interventions that promote healing. Through treatment, individuals may be able to re-frame and find meaning in their past experiences, gain a better understanding of their past, and move forward in a positive direction.

**“We know that what protects children from adverse experiences is nurturing parenting skills, stable family relationships, and caring adults outside the family who can serve as role models or mentors.”**

**—U.S. Surgeon General, Jerome Adams**

## Trauma Informed Care: Healing Happens in Relationships

- Understand the prevalence & impact of trauma
- Promote safety
- Earn trust
- Embrace diversity
- Provide holistic care
- Respect human rights
- Pursue the person’s strengths & autonomy
- Share power
- Communicate with compassion

Source: <https://slideplayer.com/slide/5800491/>

# Opiates and Addiction

## The Opiate Epidemic

Opiates are derived from compounds naturally found in the opium poppy plant. Humans have been using opium for thousands of years, but heroin was first developed as a pharmaceutical drug in 1895. It was marketed as a non-addictive cough suppressant. Soon after, scientists realized people were becoming addicted to opiates. In 1924, the U.S. Congress banned the sale, importation, and manufacturing of heroin. Today, heroin is still illegal, but there are many legal opioid prescription medications used mostly for pain relief.



Image Source: Isaacson

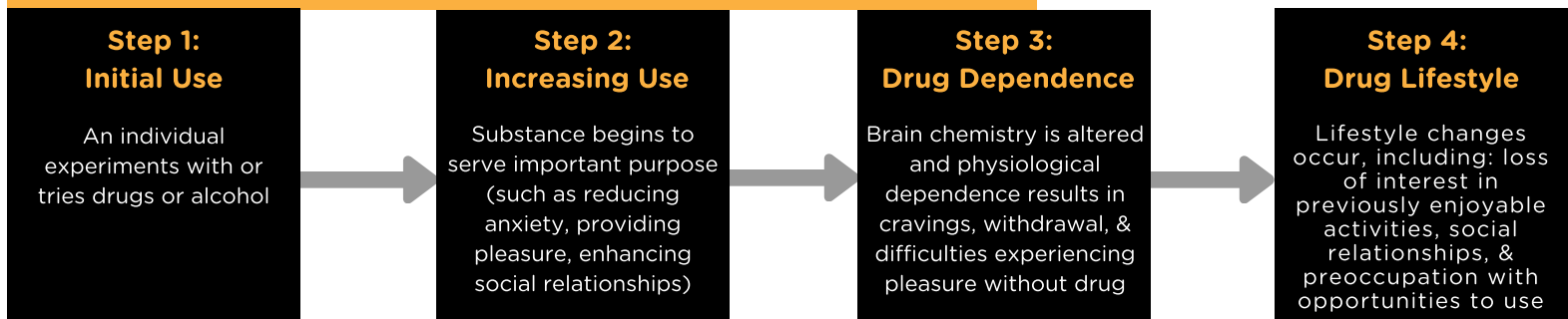
The Center for Disease Control and Prevention reports that from 2000 to 2015, more than half a million people died from opiate overdoses. This has prompted policy change to limit the number of opiates doctors prescribe as well as other reforms to protect people from becoming addicted.

In 2016, the 19th United States Surgeon General, Vivek H. Murthy, M.D, M.B.A, sent a letter (on the next page) to every physician in the nation. President Trump declared the Opiate Epidemic a national public health emergency and on March 29th, 2017 and signed an executive order establishing the President's Commission on Combating Drug Addiction and the Opioid Crisis.

When scientists began to study addictive behavior in the 1930s, people addicted to drugs were thought to be morally flawed and lacking willpower. This shaped our response to drug use, treating it as a moral failing rather than a health problem, which led to an emphasis on punishment rather than prevention and treatment. Discoveries about the brain changed our understanding of drug use, allowing us to respond effectively to the problem. As a result of research, we know that addiction is a medical disorder that affects the brain and changes behavior. Scientists use this knowledge to develop effective prevention and treatment approaches that reduce the toll drug use takes on individuals, families, and communities.

Source: adapted from <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface>

## Typical Progression Toward Drug Abuse or Dependence



Source: Sue, D., Sue, D.W., Sue, D. & Sue, S. (2013). Understanding Abnormal Behavior, 10th ed. Belmont, CA: Wadsworth.



# Letter from the Surgeon General

Dear Colleague,

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly 2 million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. Please take the pledge. Together, we will build a national movement of clinicians to do three things: First, we will educate ourselves to treat pain safely and effectively. A good place to start is the TurnTheTideRx pocket guide with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we can succeed because healthcare is more than an occupation to us. It is a calling rooted in empathy, science, and service to humanity. These values unite us. They remain our greatest strength.

Thank you for your leadership.



Vivek H. Murthy, M.D., M.B.A.  
19th U.S. Surgeon General



## National Facts

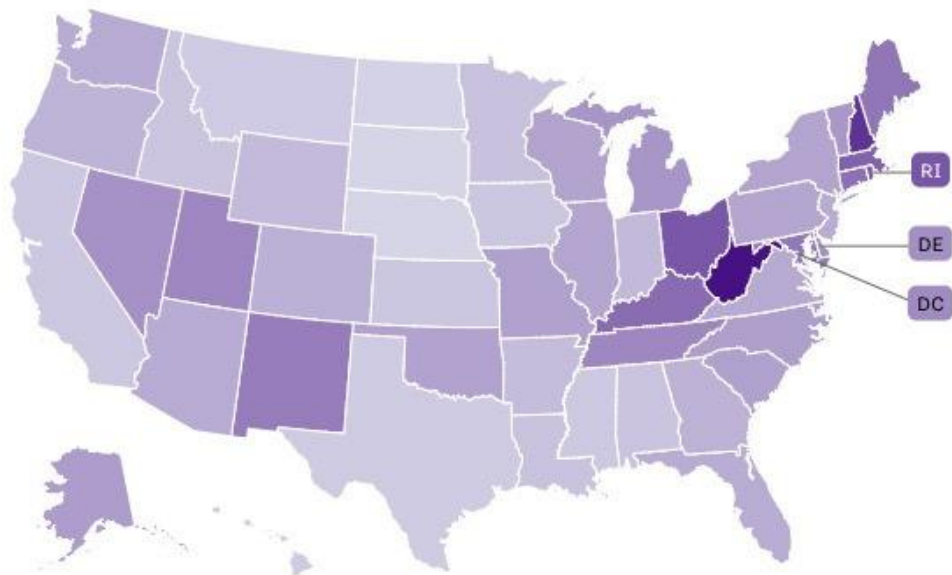
- Drug overdose is the leading cause of injury death in the U.S., more than the number of deaths from homicides and car accidents.
- 3.8 million people 12 years or older reported misusing pain medications.
- There are 144 overdose deaths every day. 63% of those deaths are related to opioids.
- From 1999 to 2015, more than 183,000 people died from opioid-related overdoses.
- More than 1,000 people are treated every day in emergency departments for misuse of prescription opioids.
- In 2016, approx. 52,000 people died from drug overdoses. Opioids were involved in more than 80% of these deaths.
- Nearly 1 in 5 teens say they have used prescription medicine at least once to get high.
- Approx. 3 of 4 people reported having used prescription opioids before using heroin.

Source: [www.samhsa.gov](http://www.samhsa.gov)

### Opioid overdose death rates per 100,000 people in 2015

“No single organization or person can address the multitude of services needed to help people affected by mental health or substance use conditions...The best sources are the people who live, serve and work in the community and the best results are often seen when they undertake such action together.”

— SAMHSA



Source: [www.cdc.gov](http://www.cdc.gov)

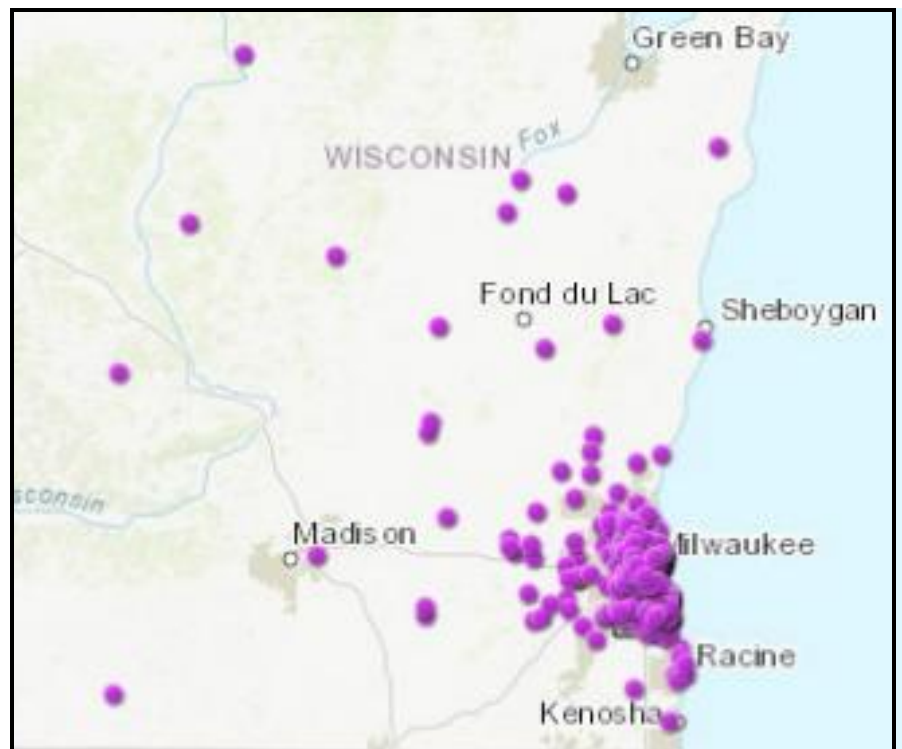
# Wisconsin Facts

- In Wisconsin, more people die from overdoses than from motor vehicle accidents, firearms accidents, and suicides combined.
- 4 out of 10 teens believe prescription drugs are less addictive than street drugs.
- Wisconsin's rate of drug-related deaths nearly doubled from 2004-2012.
- In 2016, there were 827 deaths from opioid overdoses in Wisconsin.
- In 2017, 18 Clinics in WI had federally regulated opioid treatment programs serving 10,626 individuals - an increase of 770 people from the previous year.
- The Wisconsin Department of Health Services awarded \$2.4 million to increase access to opioid treatment in 17 Wisconsin counties.

Source: [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov).



## Residence of Milwaukee County Opiate Overdose Victims: 2012-2017



Each circle represents the residence of an individual who died from an opiate overdose between 2012-2017.

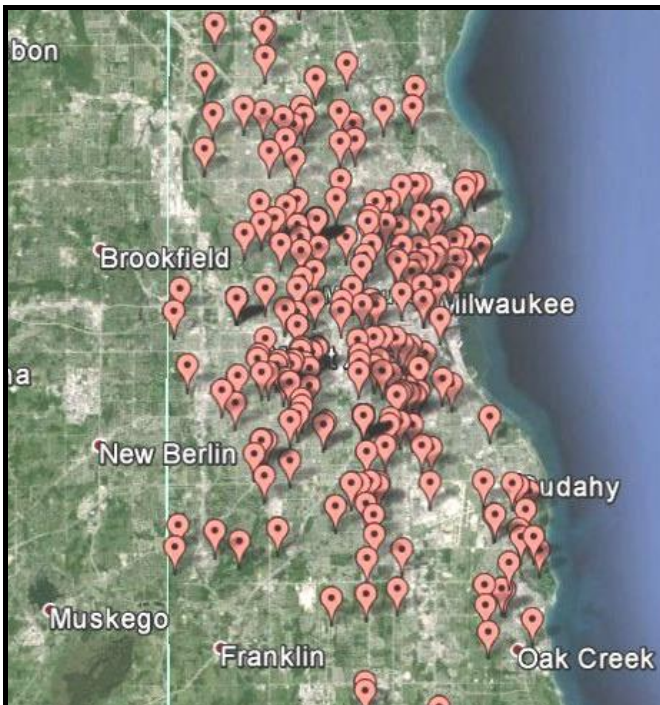
Source: Milwaukee County Medical Examiner

# Milwaukee County Facts

- Opioid-related overdose deaths increased from 144 in 2012 to 337 in 2017.
- In 2015, Milwaukee emergency services reported more than 900 overdose reversals using Narcan. This does not include overdoses that were never called into 911.
- 85% of all overdose deaths are witnessed.
- 4 out of 5 people who use heroin report starting with pain medication.
- The 18-25 age group reports the highest percentage of pain medication use.
- Opiate pain pills are responsible for 2 times more overdose deaths than heroin.
- In Wauwatosa, 11% of youth respondents had taken a prescription drug without a doctor's prescription.
- In Wauwatosa, 37% of youth respondents agreed or strongly agreed that illegal drugs are a problem at school.

Sources: <https://mkecope.com/>; Healthy Wauwatosa , 2017

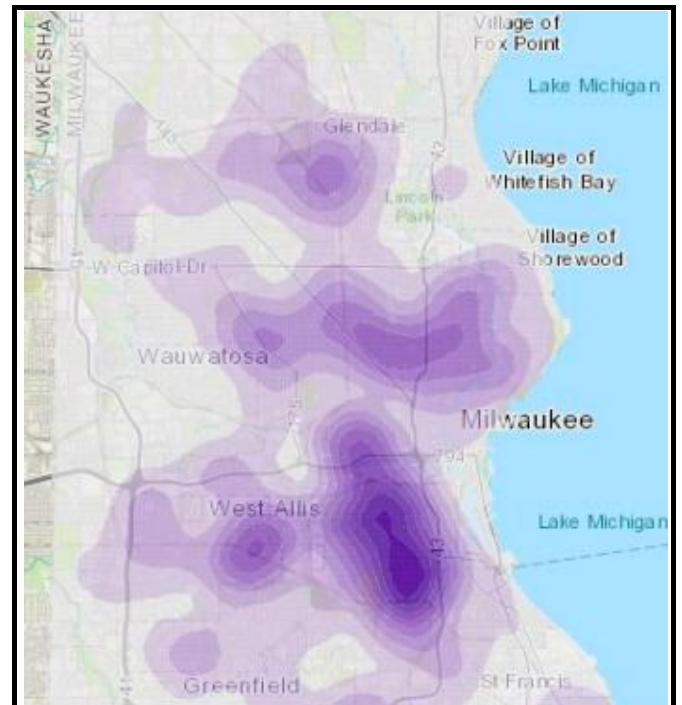
## Milwaukee County Opiate Overdose Statistics 2016



Each marker represents one overdose death.

Source: <https://county.milwaukee.gov/EN/Medical-Examiner>

## Milwaukee County Opiate Overdose Statistics 2017



Light Shading= 1-2 Overdoses in 2017, Dark Shading=12-13 Overdoses in 2017.



# Commonly Misused Prescription Drugs

## Opioids

Opiate pain medications are among the most commonly misused prescription medications. When not taken correctly, opiates can cause respiratory dysfunction which can lead to death. These substances are highly addictive and require careful medical management when prescribed for pain and anxiety. Some commonly misused opiate medications are listed below.

| Generic Name  | Brand Name                                   | Slang Name                                       |
|---------------|--|--|
| Buprenorphine | Bunavail, Butrans Suboxone, Subutex, Zubsolv | No common slang names                            |
| Codeine       | Phenergan, Phenadoz                          | Captain Cody, Lean, Loads, Purple Drank, Sizzurp |
| Diphenoxylate | Lomotil                                      | No common slang names                            |
| Fentanyl      | Duragesic                                    | Apache, Dance Fever, Jackpot, TNT, Goodfella     |
| Hydrocodone   | Lorcet, Lortab, Norco, Vicodin, Zohydro      | Vikes, Hydros, Tabs                              |
| Hydromorphone | Dilaudid                                     | D, Smack, Dillies                                |
| Meperidine    | Demerol                                      | Demmies  |
| Methadone     | Dolophine, Methadose                         | Green Machine, Fizzies, Wafers, Biscuits, Dose   |
| Morphine      | Avinza, Embeda, Kadian, MSContin             | Mr. Blue, Ms. Emma, Dreamer, God's Medicine      |
| Oxycodone     | Percocet, Percodan, OxyContin, Roxicodone    | O.C., Oxy, Oxycottin, Perks, Hillbilly Heroin    |
| Oxymorphone   | Opana  | Blue Heaven, Mrs. O, Octagons, Stop Signs        |

## Other

In addition to the list above, here are some other commonly misused prescription medications. These can also be dangerous, especially when mixed with opiates or other drugs or alcohol.

| Category                   | Generic Name        | Brand Name                           | Slang Name                                |
|----------------------------|---------------------|--------------------------------------|---|
| Anabolic Steroids          | Oxymetholone        | Anadrol                              | Drol, A-bombs, Juice, Roids, Gym Candy    |
|                            | Depo-Testosterone   | Testosterone Cypionate injection     | Test                                      |
|                            | Durabolin           | Decanoate                            | NPP, Deca                                 |
| Benzodiazepines ("benzos") | Clonazepam          | Klonopin                             | K Pin                                     |
|                            | Alprazolam          | Xanax                                | Zannies, Bars, Z-bars, Blue Footballs     |
|                            | Lorazepam           | Ativan                               | Roofies, Silence, Nerve Pills, Trances    |
|                            | Temazepam           | Restoril                             | Rugby Balls, Jellies, Knockouts, Tams     |
|                            | Zolpidem            | Ambien                               |   |
|                            | Diazepam            | Valium                               | Yellow Vs, Blue Vs, Moggies, Vallies      |
| Dissociative Anesthetics   | Ketamine            | Ketalar, Vetalar, Ketaset, Ketaject  | Special K, Vitamin K, Lady K, KitKat, Cat |
|                            | Phencyclidine (PCP) |                                      | Valium, Jet K, K                          |
|                            | Dextromethorphan    | Zicam, Robitussin, Delsym, Coricidin | Robo-Trip, Tussin, Dex, Dexies, Triple C  |
| Stimulants                 | Dextroamphetamine   | Adderall                             | Addys, Eye Openers, Study Buddies         |
|                            | Methylphenidate     | Ritalin, Concerta                    | Diet/Kiddie Coke, R-ball, Rids, Skittles  |

# Commonly Misused Street Drugs

## Street Drugs

While opioids and other prescription drugs often get misused, here is a list of other illegal or "street" drugs that can be dangerous if mixed or misused.

| Category               | Names/Types   | Possible Consequences of Use  |   |  |  |
|------------------------|---|---|---|--|--|
| Cannabinoids           | Marijuana<br>Hashish  | <ul style="list-style-type: none"> <li>• Memory problems</li> <li>• Distorted perception</li> <li>• Difficulty problem solving</li> </ul>   | <ul style="list-style-type: none"> <li>• Loss of coordination</li> <li>• Dependence</li> <li>• Cognitive problems among youth</li> </ul>  |  |  |
| Stimulants             | Cocaine / Crack<br>Methamphetamine  | <ul style="list-style-type: none"> <li>• Dizziness</li> <li>• Tremors</li> <li>• Sweating</li> <li>• Anxiety</li> </ul>   | <ul style="list-style-type: none"> <li>• Restlessness</li> <li>• Agitation</li> <li>• Hostility</li> <li>• Paranoia</li> </ul>  | <ul style="list-style-type: none"> <li>• Psychosis</li> <li>• Heart failure</li> <li>• Brain damage</li> <li>• Stroke</li> </ul>                                       | <ul style="list-style-type: none"> <li>• Seizures</li> <li>• Dental decay</li> <li>• Premature aging</li> <li>• Death</li> </ul> |
| Hallucinogens          | MDMA / Ecstasy<br>LSD<br>Psilocybin / Mushrooms<br>Mescaline<br>PCP<br>Salvia | <ul style="list-style-type: none"> <li>• Psychosis</li> <li>• Depression</li> <li>• Disorientation</li> <li>• Delusions</li> <li>• Fear</li> </ul>  | <ul style="list-style-type: none"> <li>• Panic</li> <li>• Heart failure</li> <li>• Visual/auditory hallucinations</li> <li>• Distorted perception of reality and time</li> <li>• "Flashbacks" (hallucinations days or weeks later)</li> </ul> |  |  |
| Opioids                | Heroin<br>Opium<br>Fentanyl<br>Prescription opioids                           | <ul style="list-style-type: none"> <li>• Drowsiness</li> <li>• Respiratory depression</li> <li>• Constricted pupils</li> <li>• Nausea</li> </ul>  | <ul style="list-style-type: none"> <li>• Lethargy</li> <li>• Paranoia</li> <li>• Dry mouth</li> <li>• Overdose/death</li> </ul>   |  |  |
| Inhalants              | Common household products such as solvents and aerosoles                      | <ul style="list-style-type: none"> <li>• Stroke</li> <li>• Acute respiratory distress</li> <li>• Sudden heart failure</li> <li>• Oxygen deprivation</li> <li>• Memory impairment</li> </ul> | <ul style="list-style-type: none"> <li>• Slow processing</li> <li>• Suicidal thoughts</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Antisocial behavior</li> </ul>  |  |  |
| Synthetic Cathinones   | Bath salts<br>Flakka  | <ul style="list-style-type: none"> <li>• Loss of inhibition</li> <li>• Hallucinations</li> <li>• Delusions</li> <li>• Aggression</li> <li>• Violent behavior</li> </ul>                     | <ul style="list-style-type: none"> <li>• Kidney failure</li> <li>• Seizures</li> <li>• Muscle damage</li> <li>• Hospitalization</li> <li>• Death</li> </ul>   | <ul style="list-style-type: none"> <li>• Agitation</li> <li>• Self harm</li> <li>• Severe paranoia</li> <li>• Psychosis</li> <li>• Blood circulation issues</li> </ul> |  |
| Synthetic Cannabinoids | Synthetic marijuana (K2, Spice)   | <ul style="list-style-type: none"> <li>• Delusional thinking</li> <li>• Violent behavior</li> <li>• Anxiety</li> <li>• Confusion</li> </ul>   | <ul style="list-style-type: none"> <li>• Rapid heart rate</li> <li>• Vomiting</li> <li>• Seizures</li> <li>• Paranoia</li> </ul>  | <ul style="list-style-type: none"> <li>• Hallucinations</li> <li>• Psychosis</li> <li>• Internal bleeding</li> <li>• Suicidal thoughts</li> </ul>                      |  |

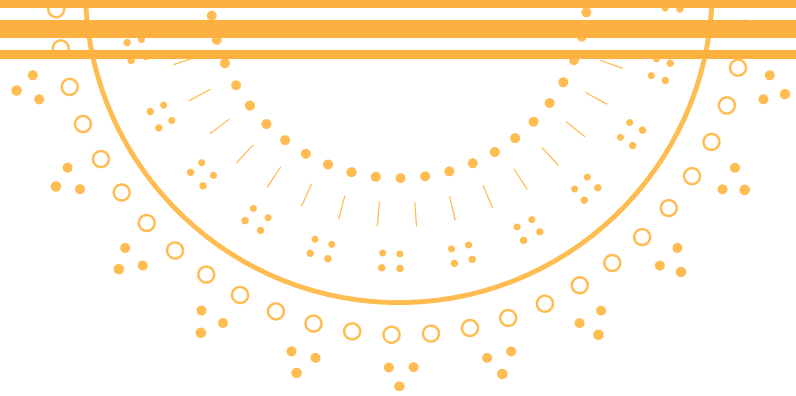
Sources: [www.samhsa.gov](http://www.samhsa.gov); <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>



# Physical Signs of Substance Use

## Signs of an Opiate Overdose:

- Blue or purple lips and fingernails
- Gurgling or snoring noises
- Shallow breathing or no breathing
- Slow or stopped heartbeat
- Unresponsive
- Unconscious



## Signs of Opiate Use:

- Constricted/pinpoint pupils
- Drowsiness
- Slurred speech
- Slowed reflexes
- Depressed breathing
- Itching/scratching
- Sweating
- Decreased appetite
- Dry mouth/thirsty
- Mood swings
- Depression
- Track Marks
- Impaired coordination



Image Source: Isaacson

# Behavioral Signs of Substance Use

## Adult Behavior

- Poor hygiene/lack of care about appearance or change in appearance
- Often chewing gum/mints or using mouthwash to cover up breath
- Acting out or being confrontational
- Money loss, asking for loans, or possessions going missing
- Using incense, room deodorant, or perfume to hide smoke or chemical odors
- Subtle changes in conversations with friends (i.e. more secretive, using code language)
- Using eye drops to mask bloodshot eyes
- Excessive use of sunglasses to hide dilated or constricted pupils
- Repetitive behavior (such as compulsively cleaning, grooming, or disassembling or assembling objects)

## Youth Behavior

- A change in peer group or friends
- A negative decline in academic performance
- Missing classes or skipping school
- Loss of interest in usual activities
- Trouble in school or with the law
- Changes in eating or sleeping habits
- Deteriorating relationships with family members and friends
- Evidence of drug paraphernalia
- Secrecy about possessions or activities

# Talking to Teens

## Why would my teen use drugs?

People use drugs for a variety of reasons:

- Desire to assert independence
- Attempts to rebel and challenge authority
- To fit in socially and enhance social interactions
- To do better by improving athletic or cognitive performance
- Friends with peers who have limited parental supervision
- Escape from societal or parental pressures for achievement
- Pressure from peers
- To feel good or get high
- To reduce stress
- Desire to “have fun” or “take risks”
- To ease anxiety or depression
- Curiosity about substances

Having a conversation about drug use can be uncomfortable - but it could decrease the chances of having to talk to your child about seeking help for a problem in the future. The next page has some tips on how to approach this talk with your teen.



# Talking to Teens

## Tips for talking to teens about substance use:

### Choose a good time and place

- Look for blocks of time to talk – after dinner, before bed, or on the way to or from school.
- Take a walk or go for a drive. With less eye contact, your teen won't feel like she or he is under a microscope.

### Approach your talk with openness and active listening

- Keep an open mind and remain calm. That way, your child is more likely to be receptive to what you have to say.
- Ask open-ended questions - you'll want to get more than just a “yes” or “no” response.
- Use active listening. Let your teen know he/she is understood by recapping what you hear.

### Understand your influence as a parent

- Teens say that when it comes to drugs and alcohol, their parents are the most important influence. That's why it's important to talk – and listen – to your teen.
- Discuss the negative effects of substance use. Talk about the affects drugs and alcohol can have on mental and physical health, safety, and the ability to make good decisions.
- Ask your child what might happen if he/she uses drugs or alcohol. This gets your teen to think about the future and possible negative consequences.

### Offer support

- Offer empathy and compassion. Let your child know you understand. The teen years can be tough. Acknowledge that everyone struggles sometimes, but drugs and alcohol are not a healthy way to cope with problems.
- Remind your child that you are there for support and guidance – and that it's important to you that she/he is healthy, happy, and makes safe choices.

Source: <https://drugfree.org/article/how-to-talk-with-your-teen/>

# How Do Teens Access Drugs?

## Facts

- More than 1/2 of teenagers say prescription pain relievers are easy to get from the medicine cabinet at home.
- Only 4.7% of individuals who abuse prescription drugs say they get the medication from a stranger, drug dealer, or the internet.
- 64% percent of youth ages 12-17 who have abused pain relievers say they got them from friends or relatives, often without the other person's knowledge.
- Almost 40% of youth ages 14-20 say it is easy to get prescription drugs online or by phone.
- Research says that while less than 1% of teens acquire prescription drugs from the internet, many visit websites to look up dosage information, identify pills, learn about drug interactions/effects, and to find out how to pass drug tests.

Sources: North Shore Health Department, 2017; Washington County Heroin Task Force

Most teens access prescription drugs from family or friends' medicine cabinets. It is common for teens to be prescribed opiates for events such as wisdom teeth being pulled out, ACL surgery, or sports injuries.

### If you have prescription medications in your home:

- **Lock them in a medicine cabinet or lock box**
- **Monitor your supplies carefully**
- **Discard unused medication as soon as possible**

Don't flush meds down the toilet or throw them away. The next page has a list of locations where you can safely dispose of your meds.

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community

National  
Recovery Month

Prevention Works • Treatment is Effective • People Recover

september 2018



# Medication Disposal

The Wauwatosa medication collection container is located in the lobby of the Police Department, 1700 N. 116 Street

Medication can be dropped off: M-F 7am-11pm,  
Sat. & Sun. 3pm-11pm

- They accept prescription and over the counter meds.
- Special Instructions: Pills will need to be emptied from their original container into a Ziploc/resealable type bag. Liquid medications must be in the original container and sealed.

## Other Medication Disposal Sites in Milwaukee County:

- Hayat Pharmacy, 5928 W. Vliet St.
- Hayat Pharmacy, 1919 W. North Ave.
- Walgreen's, 3701 S. Howell Ave.
- Walgreen's, 3522 W. Wisconsin Ave.
- Walgreen's, 7600 W. Capitol Dr.
- Walgreen's, 6442 N. 76th St.
- Walgreen's, 4296 S. 76th St.
- Milwaukee Municipal Court  
951 N. James Lovell St.
- Any Police Department

## Sites with Free Take-Back Mail in Envelopes:

- CVS Pharmacies:
  - 7550 W. Perkins Place
  - 3860 S. 27th St.
  - 1316 W. Forest Home Ave.
  - 1650 N. Farwell Ave.
  - 6330 N. 76th St.
  - 2607 N. Downer Ave.
  - 5929 W. Lisbon Ave.
  - 3030 W. Villard Ave.
  - 2607 N. Downer Ave.
  - 5929 W. Lisbon Ave.
  - 3030 W. Villard Ave.
  - 5740 S. Packard Ave
- Target, 2950 S. Chase Ave.
- Milwaukee Metropolitan Sewerage District (MMSD), 260 W. Seeboth St.



The Wauwatosa Health Department hosts  
bi-annual medication disposal events  
every April & September!

Please see our website for more details  
<https://www.wauwatosa.net/health>



# Sharps Disposal

**Help keep the Wauwatosa community safe and healthy!**

## What is a "sharp"?

Needles, lancets, syringes, epi pens, insulin pens, and other injection devices are all types of sharps.

## Why do I need to get rid of my sharps safely?

If sharps are not properly disposed of, they can cause accidental needle sticks to family members, children, healthcare workers, or garbage haulers. This can possibly transmit HIV, Hepatitis C, or other serious diseases from one person to another.

## How do I properly dispose of my sharps?

Put your used sharps into a red sharps container (available at local pharmacies and healthcare providers). You can then drop off your sharps container at any of the locations listed to the right!

Never throw your sharps in the trash or flush them down the toilet - make sure they get to a safe place to be disposed of properly.

## Sharps Disposal Sites in Wauwatosa

Needles/syringes must be in a commercial sharps container or rigid plastic container (i.e. detergent bottle) with cap.

Please contact establishment for their requirements

- Aurora Psychiatric Hospital Pharmacy  
1220 Dewey Ave.  
Telephone: (414) 454-6796
- Assisted Living Pharmacy Service  
1441 N. Mayfair Road #202  
Telephone: (414) 433-1700
- Aurora Pharmacy - Mayfair Clinic  
10400 W. North Ave.  
Telephone: (414) 479-2500
- Pick-N-Save Pharmacy  
1717 N. Mayfair Road  
Telephone: (414) 778-1884
- Pick-N-Save Pharmacy  
6950 W. State St.  
Telephone: (414) 475-1932
- Scheele Pharmacy  
957 Glenview Ave.  
Telephone: (414) 774-7700
- Swan Serv-U Pharmacy  
9130 W. North Avenue  
Telephone: (414) 258-9550

# Narcan Training and Access

Narcan (Naloxone) is an antidote to heroin and opiate-based painkillers. It comes in a nasal spray and injectable form. Narcan reverses the effect of opioids by blocking the opiate receptors in the brain and restoring breathing. It is not addictive and has no effect on the body if there is not an opioid in the person's system. Pharmacies in Wisconsin can dispense Narcan without a prescription using a standing medical order written by the State's Chief Medical Officer.

If you use opioids or know someone who does, it is important to have Narcan in case of an overdose. Below is a list of local pharmacies where you can buy Narcan. You can also visit the AIDS Resource Center of Wisconsin Prevention Department to access Narcan free of charge. You will watch a short, 15 minute, video and be trained by a Prevention Specialist before receiving the Narcan.

Even if you have access to Narcan, it is important to call 9-1-1 in the event of an overdose. 85% of all overdose deaths are witnessed. This means that 85% of all overdoses deaths could have been prevented with proper education and resources. By having access to Narcan you have lifesaving potential!



**3716 W. Wisconsin Ave.,  
Milwaukee, WI 53208,  
Telephone: (414) 225-1608 or  
(800) 359-9272**  
**Naloxone is provided free of  
charge to anyone who  
completes a 15 minute training.**



Source: <https://www.schoolhealth.com/narcan-opiate-antagonist-naloxone-hci-4-mg-spray-bottle-2-pack>

## Pharmacies in Wauwatosa where you can buy Narcan:

- **CVS Pharmacy**  
7520 West Bluemound Road, (414) 771-9146
- **Metro Market Pharmacy**  
6950 West State Street, (414) 475-1932
- **Swan Serv-U Pharmacy**  
9130 West North Avenue, (414) 258-9550
- **Walgreens Pharmacy**  
6600 West State Street, (414) 762-9653
- **Walgreens Pharmacy**  
2656 North Wauwatosa Avenue, (414) 453-9630

# Substance Use Laws

## Good Samaritan Law

President Clinton signed the "Year 2000 Information and Readiness Disclosure Act" into law in 1998. It is also called the "Good Samaritan Law". This law protects people who try to help others during an emergency. It can also protect people who attempt to rescue a person who is overdosing, including administering Narcan (naloxone). Wisconsin's Good Samaritan Statute 895.48 for emergency medical care says:

"Any person who renders emergency care at the scene of an emergency or accident in good faith shall be immune from civil liability for his or her acts or omissions in rendering such emergency care".

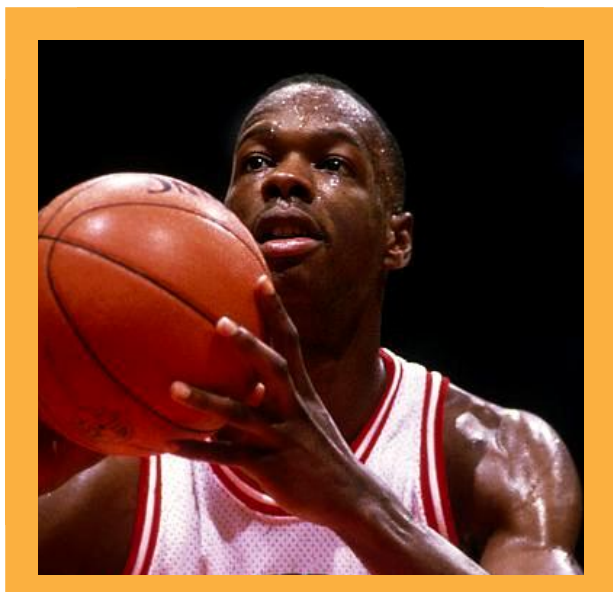
This law protects both the person who is helping and the person who is overdosing. WI Statute 961.443 says that anyone who calls 911, summons a first responder, brings someone to an emergency room, or is in possession of drug paraphernalia or controlled substances is immune from criminal prosecution. Many people do not call for help because they are afraid of getting in trouble. By knowing the law and taking action, you can save someone's life!

## Len Bias Law

Lenard "Len" Bias was a first-team All-American college basketball forward at the University of Maryland. He was selected by the Boston Celtics as the second overall pick in the 1986 NBA Draft on June 17th and died two days later from a cocaine overdose.

In 1988, the U.S. Congress passed an Anti-Drug Act known as "The Len Bias Law." It was backed by both parties and reinforced the War on Drugs with stiffer penalties and expanded the DARE program.

When someone dies of an overdose, the Len Bias Law holds the supplier of the drugs responsible. This law was rarely used in Wisconsin until recently, with the increase in heroin use. Overdose deaths are treated as homicides and law enforcement responds accordingly by prosecuting the drug dealer or supplier.



Source: <http://www.espn.com/espn/eticket/story?page=bias>





# Hope Laws

**In 2014, Governor Walker signed all seven of Rep. John Nygren's HOPE Agenda bills into law. These laws help prevent the negative effects of the opiate epidemic in our state.**

[Assembly Bill 445](#): Requires individuals to show ID when picking up narcotic or opiate prescription medication to prevent prescription fraud.

[Assembly Bill 446](#): Provides all levels of EMTs, first responders, police and fire training to administer Narcan during an overdose. Any person who administers the drug is immune from civil or criminal liability provided their actions are consistent with Wisconsin's Good Samaritan law.

[Assembly Bill 447](#): Provides limited immunity from certain criminal prosecutions for a person who seeks assistance from the police or medical professionals for someone who has overdosed.

[Assembly Bill 448](#): Encourages communities to set up drug disposal programs and regulates these programs so unwanted prescription drugs are disposed of properly.

[Assembly Bill 668](#): Expands Treatment Alternatives and Diversion (TAD) programs by increasing funding by \$1.5 million annually. Administered by the county, TAD is an effective and efficient means of combating drug and alcohol abuse in our state.

[Assembly Bill 701](#): Creates regional pilot programs to address opiate addiction in underserved areas. The treatment programs assess individuals for treatment needs, provide counseling, and medical or abstinence based treatment. After individuals complete the program, they are transitioned into county-based or private post-treatment care.

[Assembly Bill 701](#): Creates a system of immediate punishment for individuals who violate their parole or probation based on "swift and certain" laws in other states. The model is based on research that shows that it's the swiftness and the certainty of the sanction, not the length of the confinement, which has the greatest impact on influencing an offender's behavior.

# Wisconsin Statutes and Penalties

| Drug Name               | Possession Penalties  | Manufacture, Distribution and Possession with Intent to Deliver Penalties |
|-------------------------|---|---|
| • Cocaine               | 1st Offense: Misdemeanor criminal charge<br>2nd Offence: Class 1 Felony                   | Minimum Class G Felony, Maximum Class C Felony<br>(Depending on Quantity) |
| • Heroin                | Class 1 Felony  | Minimum Class 1 Felony, Maximum Class C Felony<br>(Depending on Quantity) |
| • Marijuana             | 1st Offense: Depends on quantity possessed<br>2nd and Subsequent Offenses: Class 1 felony | Minimum Class 1 Felony<br>Maximum Class E Felony (Depending on Quantity)  |
| • Methamphetamine       | Class 1 Felony  | Class F Felony  |
| • Prescription Narcotic | Class 1 Felony  | Class E Felony  |

| Felony Class | Max. Prison Term | Max. Initial Confinement | Max. Extended Supervision | Max. Fine |
|--------------|------------------|--------------------------|---------------------------|-----------|
| A            | Life             | Life                     | N/A                       | N/A       |
| B            | 60 Years         | 40 Years                 | 20 Years                  | N/A       |
| C            | 40 Years         | 25 Years                 | 15 Years                  | \$100,000 |
| D            | 25 Years         | 15 Years                 | 10 Years                  | \$100,000 |
| E            | 15 Years         | 10 Years                 | 5 Years                   | \$50,000  |
| F            | 12.5 Years       | 7.5 Years                | 5 Years                   | \$25,000  |
| G            | 10 Years         | 5 Years                  | 5 Years                   | \$25,000  |
| H            | 6 Years          | 3 Years                  | 3 Years                   | \$10,000  |
| I            | 3.5 Years        | 1.5 Years                | 2 Years                   | \$10,000  |

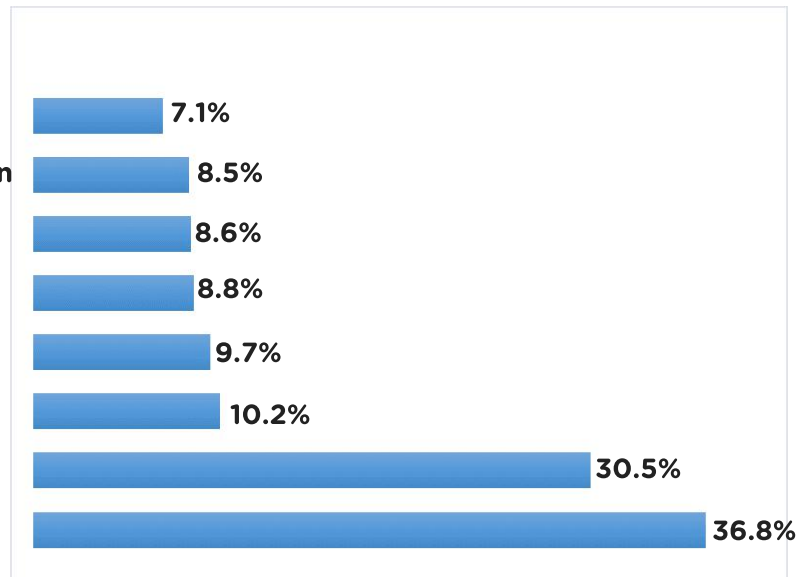
# Substance Use Treatment

## Reasons Given For Not Receiving Substance Use Treatment

"Among individuals with substance abuse problems who indicated that they would like to receive needed treatment, the most prevalent reason given for not initiating treatment was lack of health care coverage and inability to afford treatment." -SAMHSA

### Reported Reason:

- Did Not Feel Need for Treatment at the Time
- Cause Neighbor/Community to have Negative Opinion
- Might Have Negative Effect on Job
- Had Health Coverage But Did Not Cover Treatment
- No Transportation/Inconvenience
- Able to Handle Problem without Treatment
- Not Ready to Stop Using
- No Health Coverage and Could Not Afford Cost



### Treatment options include:

- Detoxification (The first step toward recovery)
- Inpatient
- Residential
- Partial Hospitalization/ Day Treatment
- Intensive Outpatient
- Outpatient Counseling/Therapy
- Medical Intervention or Replacement Therapy
- Transitional Living or Halfway Houses
- Support Groups

"Half of all the adults and older adolescents in the United States know someone in recovery from addiction to alcohol, illicit drugs, or prescription drugs."  
-SAMHSA

**There are many different treatment options available - so it's important to find what works best for you.**

Source: <https://www.samhsa.gov/>

## Community Resources

### **IMPACT: Substance Use Treatment**

(414) 649-4380

[www.impactinc.org](http://www.impactinc.org)

### **Mental Health America of WI**

(414) 276-3122

[www.mhawisconsin.org](http://www.mhawisconsin.org)

### **National Suicide Prevention Lifeline**

(800) 273-8255

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

### **Milwaukee County Behavioral Health**

(414) 257-7222

[milwaukee.gov/BHD](http://milwaukee.gov/BHD)

### **National Alliance on Mental Illness (NAMI)**

Helpline: 1-800-950-6264

[www.namigrm.org](http://www.namigrm.org)

### **Wauwatosa Police Department**

Non-Emergency: (414) 471-8430 | Emergency: 911

[www.wauwatosa.net/police](http://www.wauwatosa.net/police)

See our accompanying Resource Guide for an extensive list of substance use and mental health treatment services in our area.





