



# **A Parent's Guide To** **OPIOID USE PREVENTION**



Brought to you by the Connecticut Department of Mental Health and Addiction Services and  
The Prevention Training & Technical Assistance Service Center



# Table of Contents

<b>Acknowledgments .....</b>	<b>3</b>
<b>Chapter 1: The Opioid Epidemic in Connecticut .....</b>	<b>4</b>
An overview of the opioid epidemic with specific information for those living in Connecticut and why parents should be tuned in.	
<b>Chapter 2: Opioid Use, Dependence, Addiction, and Withdrawal .....</b>	<b>12</b>
Knowing the signs of opioid use, dependence, addiction, and withdrawal empowers parents and caregivers to support their children to heal.	
<b>Chapter 3: Youth and Opioids .....</b>	<b>14</b>
Although youth are at greater risk of becoming addicted to substances, parents can mitigate those risks by building up protective factors around them.	
<b>Chapter 4: Family Communication for Each Age .....</b>	<b>16</b>
Talking to children early and often about maintaining healthy minds and bodies can help keep them safe, and it's never too late to start the conversation.	
<b>Chapter 5: At-Home Recommendations .....</b>	<b>20</b>
Advice on the proper storage, tracking, and disposal of medications at to prevent children from accessing medication or substances not intended for them including a primer on how to recognize and respond to an overdose.	
<b>Chapter 6: In the Event of an Overdose .....</b>	<b>23</b>
Overdoses can be reversed. Recognize the signs of an overdose and how to take action.	
<b>Chapter 7: How to get help/treatment .....</b>	<b>24</b>
A breakdown of the myriad treatment opportunities for those struggling with substance use and suggestions for finding the right fit for your family.	
<b>Chapter 8: Special Populations .....</b>	<b>26</b>
Due to stress or bullying, overwhelming expectations, or medical procedures, some young people are at greater risk of using substances.	
<b>Conclusion .....</b>	<b>30</b>
<b>Appendix: Additional Resources .....</b>	<b>31</b>



# Acknowledgements



**The Connecticut Department of Mental Health and Addiction Services (DMHAS)** made funding available through Federal State Opioid Response Grant (SOR) Number 1H79T1083299-01 to support the development and dissemination of this document and build capacity and resources for prevention professionals in Connecticut who support opioid education and overdose awareness prevention strategies and activities for parents, grandparents and guardians.



**The Prevention Training and Technical Assistance Service Center (TTASC)** helps build the capacity of individuals, organizations, and multi-sector community coalitions to implement evidence-based prevention strategies and best practices and to promote career pathways and advancement in the prevention field. TTASC accomplishes this purpose by organizing events such as learning communities, facilitating access to professional development offerings, providing customized technical assistance, and promoting individual and organizational networking.

The Connecticut Department of Mental Health and Addiction Services (DMHAS) funds Connecticut's Prevention TTASC.



# CHAPTER 1



## The Opioid Epidemic in Connecticut

In this Chapter:

- [Introduction](#)
- [Connecticut School Health Survey](#)
- [Non-Fatal Opioid Overdoses](#)
- [Opioid Overdose Deaths](#)
- [Connecticut Opioid Settlement Funds](#)

### INTRODUCTION

The word epidemic refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population and in that geographic area. The United States is experiencing an opioid overdose epidemic.



Since 1999 more than 1 million people have died from a drug overdose. Since 2021, nearly 3 out of 4 drug overdose deaths now involve some form of an opioid – including prescription opioids, heroin, and synthetic opioids such as fentanyl.

---

**The misuse of opioid-prescriptions and illicit drugs was the main cause for drug overdose deaths in Connecticut which resulted in nearly 7,000 deaths during 2019 to 2023.**

---

Opioids have analgesic and sedative effects. Opioids can cause euphoria – a feeling or state of intense excitement or happiness, which is one of the main reasons why they are taken for non-medical reasons. However, opioid use can cause difficulties with breathing, and opioid overdose can lead to death. This includes infants! In Connecticut, exposure to fentanyl was listed as the cause of death for 8 “non-natural” deaths of children under the age of 27 months occurring between January 2019 and August 2022.

Presumably, these infants encountered trace amounts of exposure to fentanyl through utensils used to mix a bottle of formula or through unintentional contact with the substance.





Similarly, children and youth can encounter opioids such as prescription pain medication that may not be safely stored or secured in a home setting.

The good news is that opioid overdoses among children and youth ages 19 and under account for just 0.014% of all overdoses. However, overdoses among teens has risen significantly in the past decade.

---

**Almost 1 in 10 Connecticut high school students have taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it.**

---

in the past decade. The increase can be attributed to fentanyl contaminating the supply of counterfeit pills made to resemble prescription medication.



The other news is that a high number of students report engaging in risky substance misuse behaviors, too many young people feel sad or hopeless, and too many young people do not have a caring adult – family member or otherwise, who they can talk to about their feelings.

---

**1 in 4 high school students have ever lived with someone who was having a problem with alcohol or drug use. 1 in 3 high school students have ever lived with someone who was depressed, mentally ill, or suicidal.**

---

Putting this data to action has and will continue to result in effective strategies that will:

1. Prevent misuse
2. Improve opioid prescribing
3. Reduce exposure to opioids
4. Treat opioid use disorder

This chapter summarizes what we know about youth substance misuse among high schoolers and their mental health. It also provides a snapshot of the opioid overdose epidemic in Connecticut.



# THE CONNECTICUT SCHOOL HEALTH SURVEY

The human brain continues to mature during the mid-to-late 20s. This explains why adolescents sometimes make decisions that are risky or can lead to safety and health concerns. Experimenting with substances or regularly using substances can affect brain development and lead to a higher likelihood of a substance use disorder.

The Connecticut Department of Health (CT DPH) conducts a “Connecticut School Health Survey” every two years as part of a national Youth Risk Behavior Surveillance System coordinated by the Centers for Disease Prevention and Control (CDC).

The Connecticut School Health Survey asks questions about:



- **Demographics** such as sex, sexual identify, race and ethnicity, and grade



- Youth **health behaviors** such as sexual, injury and violence, bullying, diet and physical activity, and mental health



- **Substance use behavior** including electronic vapor product, tobacco use, alcohol and other use, and gambling.



- **Student experiences** including parental monitoring, school connectedness, and exposure to community violence

## What We Know about Youth Mental Health



Remember, substances such as opioids can cause euphoria – a feeling or state of intense excitement or happiness, which is one of the main reasons why they are taken for non-medical reasons. Young people who feel disconnected, lonely, or sad may be more likely to misuse substances.

Here is what we know about youth mental health from the most recent Connecticut School Health Survey.



**1 in 4 high school students reported that their mental health was not**

**good most of the time or always**, with a higher percentage of females feeling this way (40.5%). The percentage increased from 25.8% in 9th grade to 33.1% in 12th grade. A higher percentage of Hispanic/Latino students (31.2%) and White students (29.2%) reported their mental health was not good most of the time or always.



**Over 1 in 3 (35.6%) of high school students felt sad or hopeless**, with a higher

percentage of females feeling this way (47.6%). The percentage increased from 31.8% in 9th grade to 39.3% in 12th grade. A higher percentage of Hispanic/Latino students (42.6%) and Black students (34.9%) reported feeling sad or hopeless.



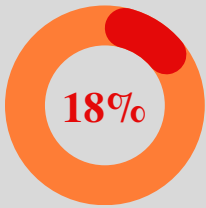


## What We Know about Youth Substance Misuse



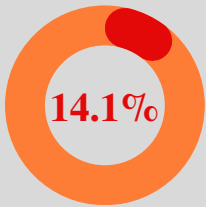
Understanding substance misuse among youth provides insights into risk taking behaviors. Substance misuse affects developing brains. Substance misuse continues to become more dangerous. Experimenting comes with more risks – including unintentional opioid overdoses.

Here are some highlights about substance misuse among high school students in Connecticut. Recall, 21 years old is the legal age for the purchase of tobacco, alcohol, and adult-use cannabis.



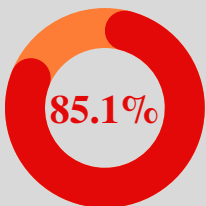
**18.0% of high school students did something to purposely hurt themselves without wanting to die**, with a higher percentage of females (25.1%)

acting in this way. 11th and 9th graders reported the highest percentage at 22.0% and 19.0%, respectively. White (18.6%) and Hispanic/Latino (18.5%) students were more likely to do something to purposely hurt themselves.



**14.1% of high school students seriously considered attempting suicide** with a higher occurrence among females (19.8%). 11th and 9th

graders reported the highest percentages at 15.9% and 14.6%, respectively. Higher percentages were reported in Black students (18.0%) and Hispanic/Latino (14.9%).



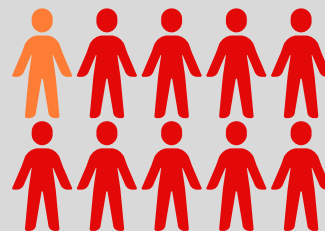
**85.1% of high school students strongly agree or agree that their family loves them and gives them help and support when they need it.** However,

44.3% of high school students feel they can most of the time or always are able to talk to an adult in their family or caring adult about their feelings.



**1 in 4 (24.9%) of high school students have ever used an electronic**

**vaping product**, with females accounting for a higher percentage (29.6%). More Hispanic/Latino students (28.8%) have ever used an electronic vapor product.



**1 in 10 (10.6%) of high school students currently used an electronic vapor product, smoke**

**cigarettes or cigars or used smokeless tobacco**, with females accounting for a higher percentage (29.6%). More Hispanic/Latino students (28.8%) have ever used an electronic vapor product.



**1 in 3 (33.9%) high school seniors have tried cannabis.** Only

2.4% of high school students have tried cannabis for the first time before age 13. By senior year in high school 16.0% have used cannabis during the past 30 days.

**8.5%**

During their lifetime, **8.5% of high school students have taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it.**



Female high school students are almost twice as likely to misuse prescription pain medication than males (11.1% to 6.1%). Prescription pain misuse occurs in a higher percentage of Hispanic/Latino students (12.5%) and Black students (9.7%).

**7%**



**7% of high school students were offered, sold, or given an illegal drug on school property** with the highest percentage (8.2%) among ninth graders.



**More than 1 in 4 (26.7%) of high school students have ever lived**

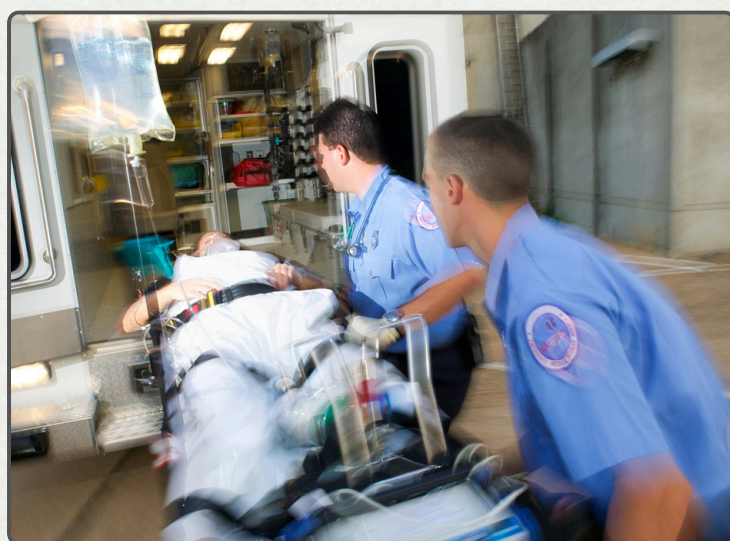
**with someone who was having a problem with alcohol or drug use.**



**1 in 3 (33.5%) of high school students have ever lived with someone who was depressed, mentally ill, or suicidal.**

## OPIOID OVERDOSES

The Connecticut Emergency Medical Services (EMS) Statewide Opioid Reporting Directive (SWORD) requires all Connecticut certified and licensed EMS organizations and providers to report information to the Connecticut Poison Control Center (CPCC) after any call where the patient is suspected of opioid use causing decreased responsiveness, respiratory depression or death, whether or not naloxone (a drug that rapidly reverses an opioid overdose) was administered.



This information helps public health officials and community leaders understand patterns and trends in their communities and regions, including identify “hotspots” that require immediate action. The data points below are from Connecticut’s SWORD system.

Use the following overdose data to increase your awareness of risk factors.

**Drug overdoses in Connecticut remain high, however they are decreasing. 4,135 suspected overdoses** were reported by EMS to the SWORD program between June 1, 2022, and May 31, 2023, a 9.7% decrease over the previous year.



# Non-Fatal Opioid Overdoses

## Place of Overdose



**58%** of reported nonfatal overdoses occurred in **residences**



**11%** occurred in a **motor vehicle**

## Naloxone



Bystanders and other non-emergency providers administered naloxone prior to 911(EMS, Fire, Police) arrival in 21% of the overdose cases where 911 was called. Most nonfatal opioid overdose patients were transported to a hospital emergency department. 11% of nonfatal overdose patients who received naloxone refused transport. Get trained to administer naloxone and get a naloxone kit.

## Timing of an Overdose

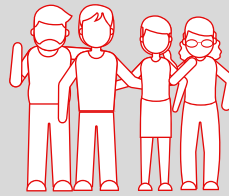


Since 2019, a higher number of overdoses occur in **June, July, and August**. Youth tend to be out of school during these months and exploring their communities.



Most overdoses occurred on **Fridays** with the peak overdose time of **2:00 p.m. to 9:00 p.m.**

## Youth Overdoses



Overdoses of those **14 and under** accounted for just **0.002%** of **all overdoses**. Overdoses of those 19 and under accounted for just 0.014% of all overdoses.

## Adult Overdoses

In 2019, the median overdose age was 38 and the average age was 40.8. By 2023, the median age has risen to 43 and the average age to 44.2.

Most overdoses during the period occurred in the 30-34 age group, followed by 35-39 and then 40-44. However, **in 2023, the largest age group was 40-44**, followed by 35-39, and then 30-34.

Suspected opioid overdoses are increasing in persons age 60 and older. Overdoses in those 60 and over accounted for 13.3% of all overdoses during the study period, but this percentage increased each year from 9.9% in 2019 to 17.4% in 2023.

## Overdoses by Gender

### Men



**73.8%**

The gender of overdose patients remained constant during since 2019 with **73.8% Male** and **26.2% Female**.

### Women



**26.2%**





## OPIOID OVERDOSE DEATHS

The Connecticut Department of Public Health collects data on unintentional and undetermined intent (unintentional) drug overdoses. It is useful to understand how these deaths affect communities and family systems and use the information to inform prevention and treatment strategies.

**Overdose deaths remain high, however they are decreasing.** Approximately **1,331** unintentional and undetermined drug overdose deaths occurred in 2023 or 3.6 deaths per day. The number of overdose deaths has declined slightly from a peak of 1,532 in 2021.

### Drug Overdose Death Rates are Highest in Males and in Individuals 25 to 44 Years Old

Males consistently account for a higher proportion of deaths (58.2 vs. 20.9 per 100,000 population).

Drug overdose death rates were highest among the middle-aged groups. In 2023, the 45 to 54 aged group experienced a drug overdose death rate of 77.0 per 100,000 population compared to 45 to 44 (73.6 per 100,000) and 55 to 64 (65.9 per 100,000).

Drug overdose deaths affect persons of all ages. In Connecticut, exposure to fentanyl was listed as the cause of death for 8 “non-natural” deaths of children under the age of 27 months occurring between January 2019 and August 2022.

### Drug Overdose Death Rates are Higher Among non-Hispanic Black and Hispanic Populations

In 2023, the drug overdose death rates for non-Hispanic Blacks was 68.5 overdose deaths per 100,000 population as compared to Hispanic all races (37.0 per 100,000) and non-Hispanic Whites (35.5 per 100,000 population).

Drug overdose mortality rates have increased the most



substantially in the non-Hispanic Black and Hispanic populations since 2020, increasing from 48.8 per 100,000 to 68.5 per 100,000.

### Increase in Fentanyl and Xylazine Overdose Deaths

The average percentage of fentanyl- or fentanyl analog-involved deaths was 80% for 2019 and increased to 85% in 2020, 2021, 2022. The number hovers around **84% in 2023**.

Xylazine is a veterinary sedative not intended for human use. The first reported xylazine-involved drug overdose death occurred in March 2019. **282 xylazine-involved drug overdose deaths were reported during 2023.**

### Put the Overdose Data to Use!

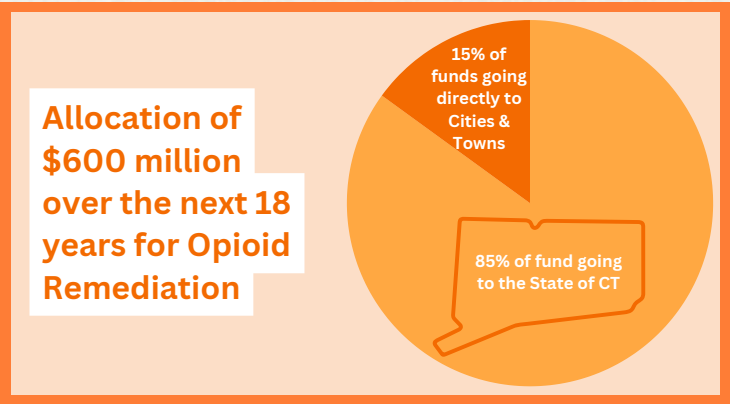
1. Ask your children and youth where they will be and who will be with them.
2. Make certain you store prescription medication safely and securely, follow the directions for use, and dispose of it properly.
3. Get trained in how to use naloxone and get a kit.
4. Be aware of broader patterns of overdose such as time of day and months.
5. Pay attention to and educate yourself about new and emerging substances in the state and your community.



# CONNECTICUT OPIOID SETTLEMENT FUNDS

In 2023, Connecticut reached a landmark settlement with opioid distributors Cardinal, McKesson, AmerisourceBergen, and manufacturer Johnson & Johnson, which secured approximately \$600 million currently estimated across 18 payments.

The settlement mandates that 85% of those funds must be used exclusively for opioid remediation, including expanding access to opioid use prevention, intervention, and recovery.



The figure above shows that fifteen percent of the settlement funds will be distributed directly to cities and towns, with the remaining 85% going to the state.

To ensure proper allocation of the settlement funds, CT lawmakers passed into law Public Act 22-48, AN ACT IMPLEMENTING THE GOVERNOR’S BUDGET RECOMMENDATIONS REGARDING THE USE OF OPIOID LITIGATION PROCEEDS.

**Among other things, the Act:**

- The Opioid Settlement Advisory Committee (OSAC), co-chaired by the CT Department of Mental Health and Addiction Services (DMHAS) and a representative from the municipalities, to oversee the appropriate allocation of the settlement funds. (OSAC Committee Webpage)
- Specifies that funds will be spent on substance use disorder abatement infrastructure, programs, services, supports, and resources for **prevention**, treatment, recovery, and harm reduction with public involvement, transparency, and accountability.
  - Municipalities must file an annual report with the state detailing their spending.

Connecticut’s mayors, first selectmen, city councils, and town representatives have discretion over how to spend those funds as long as they stay within the broad terms of the settlement agreements. **Contact your chief elected official or your local prevention coalition to find out how these funds are helping your community.**

State Funding Priorities	<b>Funding Priority 1</b> Increase access to and support the most effective medications (methadone & buprenorphine) for Opioid Use Disorder across diverse settings.	<b>Funding Priority 2</b> Reduce overdose risk and mortality, especially among individuals at highest risk and highest need, with linkage to treatment, naloxone, and harm reduction.	<b>Funding Priority 3</b> Improve the use of existing data and increase data sharing across relevant agencies and organizations.
	<b>Funding Priority 4</b> Increase addiction specialist workforce and improve non-specialist clinician and community understanding of OUD and evidence-based treatments to reduce stigma and increase treatment uptake.	<b>Funding Priority 5</b> Simultaneously deploy and evaluate select primary, secondary, and tertiary prevention strategies.	<b>Funding Priority 6</b> Invest in efforts to reduce community stigma against Opioid Use Overdose (OUD) and Opioid Use Disorder Treatment.
			<b>Funding Priority 7</b> Address social determinants and needs of at-risk and impacted populations.



# CHAPTER 2



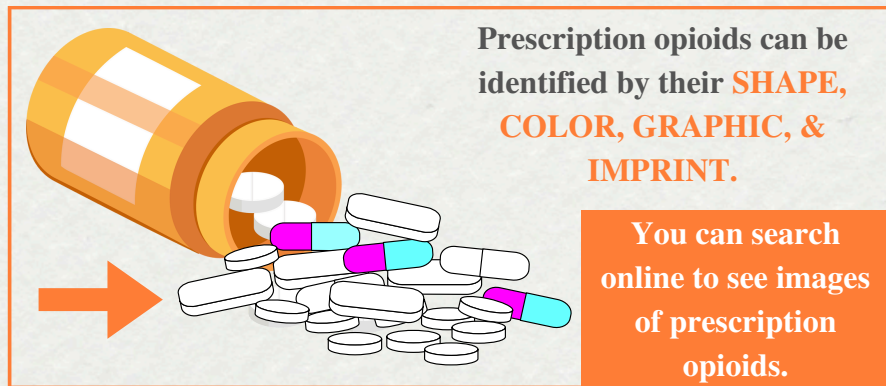
## Opioid Use, Dependence, Addiction, and Withdrawal

In this Chapter:

- [Introduction](#)
- [Signs of Withdrawal](#)

### INTRODUCTION

**Opioids are a class of drugs that derive from, or mimic, natural substances found in the opium poppy plant;** some prescription opioids are made from the plant directly, and others are synthetically made in labs. Both are commonly used to treat moderate to severe pain, usually associated with surgery and other medical procedures. Prescription opioids may be called by their scientific or brand names but there are also street names for these drugs. Hydrocodone (Vicodin), Oxycodone (Opana), Oxycodone (OxyContin, Percocet) have street names like “Vike”, “Watson-387”, “Oxy”, “Percs” or “Roxy”. Morphine, Fentanyl and Codeine (Kadian, Actiq, Embeda or Nurofen) have street names like “monkey”, “tango and cash” and “lean”.



Opioids work by attaching their chemical proteins to the brain, spinal cord, and other organs in the body, sticking to neural receptors associated with feelings of pain and pleasure. Once attached, the opioid blocks the body’s pain neural receptors and prompts a large release dopamine the brain’s reward center (the nucleus accumbens).

**Prolonged use of opioids causes increased tolerance,** so people may misuse the substance by taking larger doses to feel a similar positive effect This procession can motivate people to seek the substance even if it’s harmful, which leads to dependence and possibly addiction. Among other detrimental medical and social problems, long-term opioid use has been linked to overdose and unintentional death.





**Opioid use and withdrawal have distinct physical and behavioral symptoms.**

### KNOWING THE SIGNS OF DRUG USE WITHDRAWAL,

and addressing them appropriately, can prevent further harm.

- |                   |                |
|-------------------|----------------|
| ✓ Tiredness       | ✓ Isolation    |
| ✓ Weight Loss     | ✓ Anxiety      |
| ✓ Pinpoint Pupils | ✓ Irritability |
| ✓ Moodiness       |                |

After cutting back or quitting opioids, one might experience agitation, anxiety, insomnia, and sweating followed by more severe flu-like symptoms, including nausea, diarrhea, and abdominal cramping. While uncomfortable, withdrawal symptoms are not generally life-threatening but may induce the person into drug-seeking behavior to avoid them. The severity of withdrawal symptoms is dependent upon the person's metabolism, tolerance, and the type of opioid used and may begin to present anywhere between 12 to 30 hours after the last dose.

**Some ways of taking opioids require the use of other tools:** tightly rolled paper or dollars, spoons with burn marks, small pieces of wet cotton, and needles, included. Seeing these items should alert you that it is time to find support. No matter what they're called, whether they're prescribed or purchased on the street, or how they've administered, these substances are highly addictive and should be avoided when possible and always approached with caution.

Opioid dependence and addiction are possible even while taking a prescription properly, but the two are distinct in their level of harm. Dependence can present with both psychological and physical symptoms. For instance, psychological dependence looks like someone

seeking out harmful substances, even alcohol and nicotine, as a way to cope with emotional triggers or stressful events. Physical dependence, however, causes the body's cells and systems to work differently due to increased tolerance and can result in cravings for the substance.

### OPIOIDS COME IN A VARIETY OF FORMS

and can be administered in a myriad of ways:



**BY MOUTH IN THE FORM OF PILLS AND SYRUPS**



**ADHERED TO THE SKIN AS MEDICATION PATCHES**



**INTRANASAL BY SNORTING CRUSHED PILLS**



**INTRAVENOUS BY INJECTING WITH A SYRINGE**



**TRANSMUCOSAL THROUGH THE MUCOUS MEMBRANES OF THE INNER CHEEK USING LOLLIPOPS**



**RECTAL ADMINISTRATION THROUGH SUPPOSITORIES**

### NATIONAL INSTITUTE ON DRUG ABUSE DESCRIBES ADDICTION AS:

“the compulsive use of drugs despite the consequences and is characterized by the inability to stop use of the drug; failure to meet work, social, and family obligations, and tolerance and withdrawal symptoms dependent upon the drug.”





# CHAPTER 3



## Youth and Opioids

In this Chapter:

- [Introduction](#)
- [Protective Factors](#)

### INTRODUCTION

Young people experiment with opioids due to their own curiosity about the effects of the drug, peer pressure from their social group, other substance use progression, and self-medication to cope with depression, anxiety, and other mental health challenges.

At the beginning, using a drug can cause euphoric or calming feelings, heighten awareness and attention, or simply increase social status.



Whatever the reasons for youth turning to substances, **HEALTHIER COPING STRATEGIES EXIST**, which are more effective at addressing root causes and can be learned and practiced with guidance from a medical professional.



It's important to remember that using drugs does not often result in healthy outcomes or other positive benefits.

**Several factors can increase the risk of a child using substances.** Youth who identify as LGBTQ or gender minorities may experience instances of psychological stress due to bullying, exclusion and discrimination. Youth who participate in sports who may have been prescribed opioids to assist in the healing process may develop a dependency or choose to overuse in order to return to their previous level sooner. Children and young teens who have been prescribed opioids for routine dental surgery or other minor surgeries have a higher risk of developing a dependence due to an increased sensitivity to the drug and their developing brains.

**Opioid misuse occurs when an individual uses the drug in a way that it was not originally prescribed for use or past the date of use.** For example, if a medical provider prescribes a teen Vicodin for postoperative pain for once a day and up to two weeks, misuse occurs if the teen uses the medication more than once per day or for longer than two weeks.



Misuse may also occur from over-prescription of the opioid, which occurs when a medical provider prescribes a patient a large quantity or a higher dose of the medication than is necessary. While youth may initially acquire prescription opioids from their medical provider due to injuries, surgery, dental procedures, or other health conditions known to cause severe pain, such as cancer, they may also access their own or a family member's leftover prescriptions or receive them from a friend. Misuse has been linked to addiction.

Despite the many ways or reasons a young person might turn to opioids, **parents and caregivers who actively build protective factors in their child's life decrease the likelihood of their child misusing, becoming dependent on, or addicted to, and overdosing on opioids,**

#### Protective factors include but are not limited to:

-  **Stable home environments and family rituals**
-  **Cohesive and affectionate families**
-  **Abstinent role models or peers, including family members and friends**
-  **Social and recreational activities without substances**
-  **Self-confidence**
-  **Connectedness to school and teachers, peers, and the neighborhood**

Just like protective factors support a young person in avoiding drug misuse, risk factors that include instability, lack of affection, substance-using role models or peers, a lack of connection, low self-esteem, and discrimination or bullying can detrimentally impact a child. Parents and caregivers, while supporting their children with protective factors, should also be prepared to mitigate risk factors when possible. **By building a strong relationship with your child and maintaining open communication, substance use prevention is possible.**



# CHAPTER 4



## Family Communication for Each Age

Parent Talking Tips Through Stages & Ages: Pre-K to Young Adult

In this Chapter:

- Preschool (2-4 years old)
- Early Elementary (5-8 years old)
- Preteens (9-12 years old)
- Teens (13-18 years old)
- Young Adults (18-24 years old)



### INTRODUCTION

Conversations are one of the most powerful tools parents can use to connect with and protect their kids. When tackling some of life's tougher topics such as drugs and alcohol, knowing what to say and how to say it will depend on your child's age or stage of development.

### HELPFUL TO NOTE:

- ✓ Always keep conversations open and honest.
- ✓ Come from a place of love, even when you're having tough conversations.
- ✓ Balance positive reinforcement and negative consequences.
- ✓ Keep in mind that teachable moments come up all of the time, and be mindful of natural places for the conversation to go in order to broach the topic of drugs and alcohol



### PRESCHOOL (2-4 YEARS OLD)

Since the foundation for all healthy habits - from nutrition to toothbrushing - is laid down during the preschool years, this is a great time to set the stage for a life free of substance misuse.

#### Tips for Conversations:

- **Explain the importance of taking good care of our bodies** - eating right, exercising, and getting a good night's sleep. Discuss how good you feel when you take care of yourself - how you can run, jump, play, and work for many hours.
- **Celebrate your child's decision-making skills.**
- **Help your child steer clear of dangerous substances that exist in their immediate world.** Explain that they should only eat or smell food or medicine from a doctor that you, or other known caregivers offered. Also, explain that drugs from the doctor help the person the doctor gives them to but that they can harm someone else.
- **Turn frustration into a learning opportunity.** If a tower of blocks keeps collapsing during a play session, work with your child to find possible solutions to the problem.





## EARLY ELEMENTARY (5-8 YEARS OLD)

Children in this age group are still tied to family and eager to please, but they're also beginning to explore their individuality.

### Tips for Conversations:

- **Talk to your kids about the drug-related messages they receive** through advertisements, the news media, and entertainment sources.
- **Keep your discussions about substances focused on the present.** Long-term consequences are too distant to have any meaning. Talk about the differences between the medicinal uses and illegal uses of drugs and how drugs can negatively impact the families and friends of people who use them.
- **Set clear rules and explain the reasons for your rules.** If you use substances, be mindful of the message you are sending to your children.
- **Work on problem-solving by helping them find long-lasting solutions** to homework trouble, a fight with a friend, or dealing with a bully. Be sure to point out that quick fixes are not long-term solutions.
- **Give your kids the power to escape from situations that make them feel bad.** Make sure they know that they shouldn't stay in a place that makes them feel uncomfortable or bad about themselves. Also, let them know that they don't need to stick with friends who don't support them.



## PRETEENS (9-12 YEARS OLD)

Preteens, on their quest to figure out their place in the world, tend to give their friends' opinions a great deal of power, while at the same time starting to question their parents' views and messages.

### Tips for Conversations:

- **Make sure your child knows your rules - and that you'll enforce the consequences if rules are broken.** Research shows that kids are less likely to use tobacco, alcohol, and other drugs if their parents have established a pattern of setting clear rules and consequences for breaking those rules.
- **Kids who don't know what to say when someone offers them drugs are more likely to give in to peer pressure. Let her know that she can always use you as an excuse** and say: "No, my mom [or dad, aunt, etc.] will be really upset with me if I smoke a cigarette."
- **Feelings of insecurity, doubt, and pressure may creep in during puberty. Offset those feelings with a lot of positive comments about who they are as an individual and their strengths - and not just when they bring home an A.**
- **Get to know your child's friends - and their friends' parents.** Check-in by phone or a visit once in a while to make sure they are on the same page with prohibiting drug or alcohol use, particularly when their home is to be used for a party or sleepover.





## TEENS (13-18 YEARS OLD)

This is a pivotal time for parents in helping kids make positive choices when faced with drugs and alcohol. Teens are a savvy bunch when it comes to this topic, and they need detailed and reality-driven messages from you.

### Tips for Conversations:

- **Make sure your teen knows your rules and the consequences for breaking those rules - and, most importantly, that you really will enforce those consequences if the rules are broken.** Research shows that kids are less likely to use tobacco, alcohol, and other drugs if their parents have established a pattern of setting clear rules. Kids who are not regularly monitored by their parents are four times more likely to use drugs.
- **Make it clear that you disapprove of all alcohol, tobacco, and drug use.**
- **Share with your teen all the things you find wonderful about them.** They need to hear a lot of positive comments about their life and who they are as an individual - and not just when they make the team or do well on a test. Positive reinforcement can go a long way in preventing drug use among teens.
- **Show interest in and discuss your child's daily ups and downs.** You'll earn your child's trust, learn how to talk to each other, and won't take them by surprise when you voice a strong point of view about drugs.

- **Don't just leave your child's drug education up to the school.** Ask your teen what they've learned about drugs in school and then build on that with additional topics, such as how and why chemical dependence occurs, the unpredictable nature of dependency and how it varies from person to person, the impact of drug use on maintaining a healthy lifestyle, or positive approaches to stress reduction.
- **Be sure you explain the danger in mixing substances, such as opioids with alcohol.**
- **Help your teen create an "EXIT PLAN" in case he or she is offered or faced with a difficult decision about prescription opioids or other substances.** Peer pressure can be powerful, so coming up with realistic action steps and practicing them together in a safe environment will prepare and empower your teen to make good choices when it matters.

### EXIT PLAN

for teens offered or faced with a difficult decision about prescription opioids or other substances:



- ✓ Practice ways of saying no firmly.
- ✓ Leave the situation.
- ✓ Create a code word if your teen calls you and would like to be picked up.
- ✓ Praise when your teen takes steps to leave a situation and communicates with you on the reasons, fostering trust.





## YOUNG ADULTS (18-24 YEARS OLD)

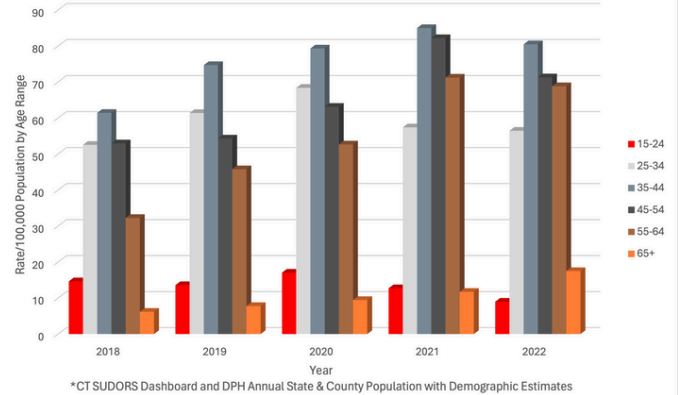


Whether your young adult child is heading to college, the military, or the workforce, they are taking their first steps towards greater independence. As decisions are discussed, it remains just as important to keep talking with them about substance use and the possible consequences for their well-being.

### Tips for Conversations:

- Keep in touch and talk overall about their choices and decisions.
- Point out the resources available to them wherever they are headed, who to contact for help from counseling staff or advisors, specific extracurricular groups, and housing choices.
- Point out the dangers of substances today being more concentrated, the dangers of mixing substances, and how substances' concentration can be obscured.
- Discuss how to handle situations where substances may arise in their new environments.
- Ensure they are aware of employee benefits or programs and policies if going into the workplace.
- If headed to college, make sure they know the school's policies and resources on campus.
- If headed to the military, Military One Source provides family resources in prevention, treatment, and counseling.
- If your child is injured or needs surgery, ensure they know what questions to ask around pain management options

Unintentional and Undetermined Drug Overdose Death Rate in Connecticut by Age, 2018-22



**Young adults are at increased risk of substance misuse, with the most commonly misused substances being alcohol, cannabis, and tobacco or nicotine. Young adults also have a much higher risk of overdosing than those under age 20.**

Know that your young adult still needs guidance, support, and understanding as they make this transition, and be comfortable broaching these subjects with them on a regular basis.

### Additional Supports & Resources:

Through your existing contact network, you may find additional supports for questions, concerns, and resources. These include but are not limited to:

- ☒ Pediatrician
- ☒ Teachers
- ☒ Coach
- ☒ School Counselor
- ☒ Faith Leaders
- ☒ Youth Groups
- ☒ On Campus Counseling Centers
- ☒ School-Based Health Clinics
- ☒ School and Community Social Work Services
- ☒ Youth Service Bureaus
- ☒ Family and Friends
- ☒ Local Community Coalitions & Prevention Councils



# CHAPTER 5



## At-Home Recommendations

In this Chapter:

- [Introduction](#)
- [Prescriptions and Role Modeling](#)
- [Specific Risks and In Case of Emergencies](#)

### INTRODUCTION

Building on the previous chapter about creating a strong foundation for good communication and practicing skills, parents, and caregivers can take many steps to ensure their children are protected from opioid misuse, dependence, addiction, and overdose.

The steps below can support parents whose children may or have come in contact with opioids.



#### **Spend time together.**

Whether your child wants to know it or not, you still hold considerable influence over their choices. Using the earlier guide for difficult conversations is appropriate, but also make space for doing things you enjoy together.



#### **Take mental health seriously and seek treatment early.**

Youth with the greatest risk of drug misuse often have other mental health challenges like anxiety or depression, whether or not they have a diagnosis. Mental health is integral to preventing drug dependence, taking the place of healthy coping strategies. Equally important is parents' mental health. As a child's first teacher, kids need parents to model the best ways to deal with stress, strong emotions, and physical pain. When parents model those behaviors consistently, children are more likely to follow suit and seek self-soothing techniques that don't include substance use.



#### **Request non-addictive pain treatments.**

For many kids, their first experience with drug use is through prescriptions, often opioids prescribed for pain control after dental surgery, a sports injury, or to control a chronic condition. Caregivers can advocate to their child's physician to offer a non-addictive pain treatment option, such as rotating pain relievers from different drug classes like non-steroidal anti-inflammatory (NSAIDs) and acetaminophen.







### **Follow the prescription.**

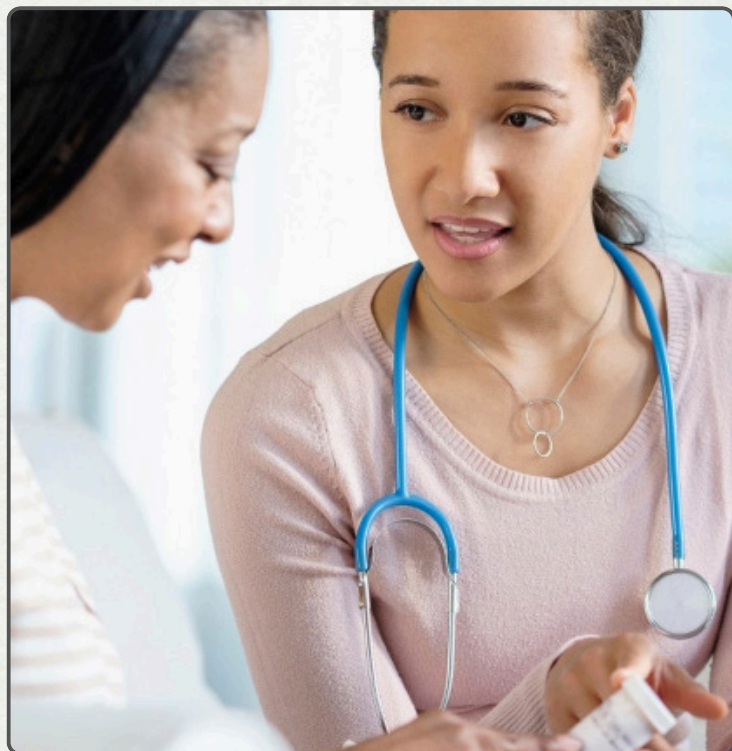
If alternative treatment options aren't available, it's important to follow the prescribed dosage and timing. While using opioids appropriately can still lead to dependence, it can slow the process and buy parents enough time to prevent addiction. Rather than offering more pain pills or more often, talk to your physician if the prescription doesn't seem to be helping your child enough.



### **Dispose of substances properly.**

If you have leftover medication after treatment, dispose of them as soon as you don't need them by mixing the pills with something gross like coffee grounds or old food, place them in a sealed bag, and throw them in the trash. Rather than flushing pills, which might prevent

misuse but adds chemicals to the water supply, make sure the medications are hard to retrieve and highly undesirable. Check with your local police department to see if they have a drug disposal box.



### **Take note of drug-seeking behavior.**

If your child looks for the drugs on their own, has admitted to misusing them, or asks others for substances to handle pain, mental health, or other challenges, this is drug-seeking behavior. If your child has a prescription and asks for more pills or requests them sooner but is near the end of their healing period, it could be a symptom of dependence. Withdrawal symptoms can include physical pain and mood swings, among others, and may have your child convinced they need more. If you're not sure whether your child's symptoms are related to dependence, talk to them directly first and bring it up to their physician together. While parents want to protect their children from drug abuse and its related dangers, it is important to allow them agency in addressing their needs, especially as teens. Doubting their pain when it may be legitimate could backfire.



### **Secure the substance.**

When you have prescription or recreational drugs or alcohol in your home, make sure it is in a child-proof container and somewhere children and teens cannot access them. Lock pills and other substances away, changing locations regularly if necessary, and put strong tape across caps so they cannot be opened without breaking the tape. Take an inventory of the prescriptions in your house, count pills, or use permanent markers to label bottles.



### **Be responsible yourself.**

As a parent or caregiver, your actions - more than your words - set the precedent for how your child will engage with drugs and alcohol. Don't use illicit drugs yourself, and use legal substances in moderation. If you're going to drink, have a designated driver. If you smoke regularly, seek treatment and talk to your child about how it affects your health and your concerns about continuing to use.





### **Be clear about the risks of specific substances.**

While everyone is affected differently by the things they ingest, some drugs and patterns of misuse have predictable risks. Opioids and alcohol lower the heart rate and slow breathing, while cocaine and amphetamines increase heart rate and alertness. Mixing substances is deeply misunderstood and very dangerous; it should be addressed directly. Many accidental opioid-related deaths are caused by people taking multiple substances. Using a drug that increases alertness does not cancel out the effect of one that decreases heart rate.



### **If you suspect your child is currently under the influence, stay with them.**

Most accidental substance-related deaths happen when someone is using alone. Monitor your child's well-being closely and be ready to summon an ambulance if you suspect they have alcohol poisoning or may be overdosing.

**Every minute counts.**



# CHAPTER 6



## In the Event of an Overdose

In this Chapter:

- What to do in the case of an overdose

### RECOGNIZE AN OVERDOSE

The person experiencing an overdose will be unresponsive and either not breathing or taking very slow and shallow breaths, their skin - lips and fingertips - may be turning blue or grayish, and they will have pinpoint pupils.

#### SIGNS OF AN OVERDOSE

- ✓ Blue lips or nails
- ✓ Dizziness and confusion
- ✓ Can't be woken up
- ✓ Choking, gurgling or snoring sounds
- ✓ Slow, weak or no breathing
- ✓ Drowsiness or difficulty staying awake



### WHAT TO DO IN THE CASE OF AN OVERDOSE

The recommendations below are taken from harm reduction approaches to treatment in an effort to reduce the harm inflicted by substance use in the event that you cannot prevent it.

1. **Call 911** and explain that someone is not breathing and is unresponsive. It's not necessary to mention a possible overdose at this time, though you will want to mention it when the ambulance arrives.
2. **Wake them up** by yelling their name, rubbing your knuckles into their chest plate or upper lip, or pinching the back of their arm. Say something they might not want to hear, like "I'm going to call 911."
3. **Administer Naloxone or Narcan as soon as possible** if you have it. If the first dose is ineffective, administer again three minutes later. Many prevention and harm reduction programs offer regular, free training on how to administer these life-saving medicines and sometimes the actual medicine for no cost. Even if the medication is effective, a trip to the hospital is in order.
4. **Provide rescue breathing** until an ambulance arrives.
5. **Roll them onto their side** in a rescue position if they begin to breathe on their own. That looks like laying their bottom arm out straight to rest their head, leaving their bottom leg straight, and bending the top leg to rest the body weight on. This will prevent them from choking.
6. **Be gentle** with yourself and them. This is a stressful situation for both of you. Remember that a few deep breaths won't change what's happening, but it can give your nervous system a bit of space to remain calm and focused during a crisis.





# CHAPTER 7



## How to Get Help/Treatment

In this Chapter:

- [Introduction](#)
- [Treatment Evaluation Checklist](#)

### INTRODUCTION

If you, your child, or someone you care for are experiencing difficulty with substance use - whether it's misuse, dependence, or addiction - there are many highly effective treatments available.

#### **1 Consult a qualified mental health professional.**

Only a professional can diagnose a substance use disorder. They can also help you understand how to talk to your child about their substance use in a way that prompts openness rather than defensiveness.

#### **2 Understand your options.**

There are several kinds of treatment and prevention programs and what you choose depends on your situation. You and your child know the details of your context best and should have frank and honest conversations with a doctor when choosing one of the more intensive treatment options below.

- **Prevention programs** often live within a town's youth service bureaus, local schools, public libraries, or other youth-oriented groups. These programs are appropriate for all young people and, as the name suggests, focus on preventing substance use, misuse, dependence, and addiction. They're often staffed with prevention professionals with training in the field who promote drug-free lifestyles for youth through events, after-school programs, and workshops or training. They often have programs and information for parents and caregivers; it's worth reaching out to find one near you.

- **Outpatient treatment** can be in-home or at a doctor's office but has a specific focus on reducing and eliminating substance use. If you know your child is experimenting with substances or using regularly, this is a good place to start. The treatment center staff can help you identify the appropriate level of care for your child.





- **Intensive outpatient treatment** is often in-home and occurs several times per week. These treatment programs allow youth who are using substances to stay in the community with their full social support system but engages them actively in getting to the root cause of substance use and replacing those behaviors with effective, non-substance-related coping mechanisms.

- **Residential treatment** takes place outside of the home and community, often in an effort to change the child's environment and reduce triggers, temptations, and unhealthy situations. These programs are especially effective for young people who haven't found success in outpatient treatment programs, whose caregivers find it challenging to supervise their behavior, or who are at heightened risk for overdose.



### 3 Go through with it.

All the research in the world won't help your child unless you put it into action. Reach out to someone who will understand and support you, but make it happen.

It can be daunting to choose a treatment program, especially if your child is resisting the need. Keep in mind the compounding effects of drug use on their developing mind and body, and remember that recovery is absolutely possible. Prevention professionals often understand better than anyone that the person using substances to cope with life challenges must want to recover and that sometimes that desire lasts a very short

time. Even if you don't choose a treatment option immediately because your child isn't yet ready, having these details worked out in advance can ease the process when they do decide it's time.



## Treatment Evaluation CHECKLIST

Not all treatments are created equal. The checklist below represents recommendations from the Journal of American Medical Association (Brannigan et al. 2004) and can guide your choices between treatment centers. Use the questions below to interview potential providers. Take good notes and review them with your child to decide.



- ☒ Is this program accredited by the Commission on Accreditation for Rehabilitation Facilities (CARF) and/or the Joint Commission on Accreditation of Healthcare Organizations (JCHO)?
- ☒ Does this program conduct comprehensive intake assessments that cover all aspects of a child's life, including possible co-occurring mental health issues, family functioning, medical issues, learning disabilities, and others?
- ☒ Is the treatment comprehensive and also offering support for all areas of a child's life?
- ☒ Will family be involved in treatment?
- ☒ Is the program targeted specifically for teens, addressing their unique developmental needs?
- ☒ How does the program engage and retain participants? Is there trust between staff and participants?
- ☒ What qualifications are required for staff? Are they trained in adolescent development, substance use treatment, and in addressing co-occurring mental health illness?
- ☒ Does the program accommodate distinct cultural and gender differences? If so, how?
- ☒ What continuing care resources will be provided - by the program, your family, or in the community?
- ☒ What are the treatment, outcomes of the program, and how are they measured?



# CHAPTER 8



## Special Populations

In this Chapter:

- [Student Athletes](#)
- [LGBTQ+](#)
- [Dental Surgery Patients](#)

### **STUDENT ATHLETES**

It is well-documented that sports serve as a protective factor for youth, preventing them from engaging in risky behaviors such as drug and alcohol use. Positive social interaction with peers as well as community-level participation reinforce wellness and healthy behavioral norms in youth. Participating in sports, however, does have a set of risks specific to student athletes. Some of these risks include strenuous daily training regimens, injuries, surgeries, ongoing commitment, and internal and external pressures and expectations. Student athletes who have been injured or undergone surgery are a priority demographic to be considered at higher risk than their non-athlete peers in developing opioid dependence.

#### **What to do when sports injuries occur:**

- **Return-to-play decisions should be determined by the medical professionals involved with the injured athlete** such as physicians, athletic trainers, physical therapists, and/or other outside professionals-not the athlete, coach, or the athlete's parents.
- **Document the treatment and return-to-play plan**, and share it with all parties involved in an injured athlete's care and sports participation.
- **An injured athlete needs time to heal.** Missing a game or two is better than missing an entire season or more.

#### **Consider the injured athlete's social, emotional, and mental health:**

- **Sports injuries can also have an impact on the social and emotional wellbeing of a student athlete.** Being sidelined and losing a structured activity may lead to depression, loss of connection to friends, stress, and loss of identity as an athlete.
- **Communicate regularly with injured athletes about how they can stay involved with the team even if they are not able to get back on the field.**





## What to do if an injury occurs and pain management is needed:

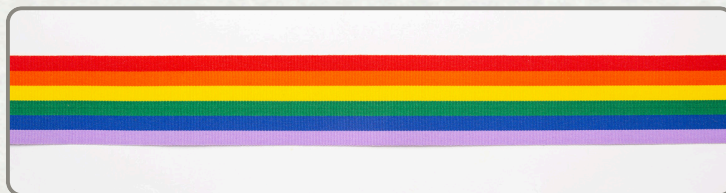


- **Opioids for pain should be considered by physicians when other approaches have not provided relief.** Students and their families should talk openly with their doctor and pharmacist about the medications, their proper use, and possible risks and side effects.
- **Consider asking about alternative treatments** such as ice, heat, massage, braces, physical therapy, rest or over-the-counter non-steroidal anti-inflammatory medications.

## RETURNING TO PLAY AFTER AN EXTENDED ABSENCE

It is important to acknowledge some novel circumstances athletes may face when returning to play from an extended absence that puts them further at-risk than their non-athlete peers of developing an opioid dependence. As restrictions lift some things to consider:

- ✓ **Abbreviated athletic seasons may intensify both internal and external pressures on the student athlete.**
- ✓ **Athletes may be more inclined to play through pain/injuries or return too quickly after an injury or surgery.**
- ✓ **Injuries that are not given proper and immediate attention may require more pain medications over a longer period of time.**



## SPECIAL POPULATIONS - LGBTQ+

The opioid epidemic is devastating communities across the United States. Data indicate that young people who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ+) are disproportionately affected by substance use disorders (SUD) including opioid use disorder. It is also important to note that there is a gap in the data of opioid use amongst individuals identifying as transgender because many research studies fail to properly identify these participants.

Identifying as LGBTQ+ does not cause someone to misuse opioids. Minority stress and the consequences of prejudice act as a barrier to accessing adolescents' typical support systems and can serve as a framework for understanding the opioid epidemic in LGBTQ+ populations. As these youth cope with stigma, harassment, and even rejection by their own families, LGBTQ+ teens are more likely than their non-LGBTQ+ peers to use alcohol and drugs, including opioids.

Minority stress caused by discrimination, victimization, stigma, and marginalization is something LGBTQ+ people face constantly from a young age. As a result, oftentimes an individual's psychological processes and ability to regulate emotions are negatively impacted which can lead to identity concealment and internalized feelings of worthlessness and concerns about their future. In order to escape or dull these feelings and emotions, some young people seek opioids and/or other substances for relief.



### What risk factors do LGBTQ+ youth face?

- Bullying and harassment
- Family conflict and rejection
- Minority stress
- Gender stereotypes

### What are the outcomes for LGBTQ+ youth?

- LGBTQ+ are more likely than their non-LGBTQ peers to use alcohol and other drugs.
- There is less research available about substance use among teens who are transgender.
- Transgender young people experience certain substance abuse risk factors, such as peer victimization and psychological distress, even more often than lesbian, gay, bisexual, or queer youth who are cisgender.

### How do I help?

- **Family support** - Young people whose parents and caregivers affirm their identity are less likely to use drugs and alcohol and more likely to trust these adults for help if they do have trouble with these substances.
- **Families can help teens find and join a local LGBTQ+ youth group.** Not only does this effort demonstrate a family's support, but it also helps teens find LGBTQ+ friends. Strong social support is a protective factor when it comes to drugs and alcohol.
- **Families who find the issue particularly challenging may be interested in the work of the Family Acceptance Project, particularly its family education booklet.** In the United States, PFLAG supports family members, friends, and allies of LGBTQ+ people through its online resources and more than 350 local chapters.



## SPECIAL POPULATIONS - DENTAL SURGERY PATIENTS



MORE THAN  
**2/3 OF**  
**OPIOIDS**  
PRESCRIBED BY  
DENTISTS ARE  
RELATED TO  
DENTAL  
SURGERY

The most common procedure among teens requiring an opioid prescription is the removal of wisdom teeth. It is important to note that the American Dental Association recommends that dentists prescribe a combination of ibuprofen and acetaminophen for the treatment of dental pain rather than opioids; a study from 2013 **found that a 200mg dose of ibuprofen combined with 500mg of acetaminophen was more effective in treating pain than opioids.**

### How to protect your child

Talk to your child's dentist to make sure that you understand what medication is being prescribed to your child.

- **Ask if this prescription has the potential to be addictive.** If so, are there other alternative pain management solutions, such as ibuprofen and acetaminophen?
- **Ask if there's an option other than prescription opioids to treat your pain.** Some non-opioid medicines might offer the best balance between benefits and risks.
- **Tell the dentist about any substance use disorders or addiction in your family.** This will help the dentist decide if opioids are safe for you.

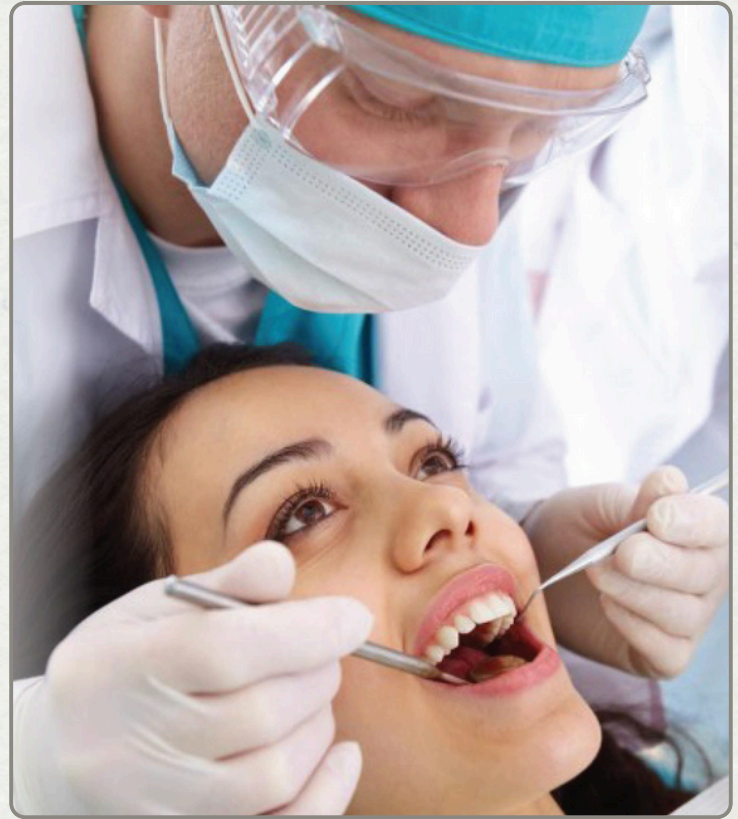


- **Talk about your teen's medical history and any medications they are taking.** It might not be safe to take opioids with some other medicines, and mental health challenges can put youth at greater risk of misuse and dependence.

**If your dentist decides that opioids are the best choice for your child, there are additional steps you can take:**

- **Manage and monitor your child's medication.** This includes storing the opioid medication safely and securely. Consider purchasing a locking medication box for your household.
- **Urge them not to share medication.** Discuss the dangers of misusing opioid prescriptions and the addictive properties associated.
- **Dispose of extra painkillers as soon as possible.** Drug disposal kits are available, along with national drug takeback day events. For immediate disposal, mix the prescription in a sealable bag with coffee grounds or cat litter. For more information on how to properly dispose of unwanted/needed prescriptions, please visit the CT Department of Public Health website.
- **While it may seem like a fool-proof plan, do not flush extra medication down the toilet, as it can affect water supplies.**

Taking these steps can mitigate the impact that an opioid prescription has on your child, preventing the misuse and dependence that put them in harm's way.





## CONCLUSION

While substance use and misuse, dependence and addiction, and overdose and unintentional death are on the rise across the United States and in Connecticut, parents and caregivers have opportunities to recognize and mitigate risks and provide protective environments for their children.



## ADVICE FOR PARENTS:

1. Learn about opioids, their uses, and risks so you can be prepared to advocate for your child as well as answer their questions. And be aware of the physical and behavioral signs of opioid use, dependence, and addiction.
2. Recognize that opioid misuse often begins with mental health challenges and that healthy coping strategies are both safer and more effective.
3. Have conversations about substance use with your child early and consistently.
4. Ask trusted healthcare and dental providers about non-opioid alternatives to manage your child's pain from any injuries, dental work, or other healthcare issues and administer prescription medications only as instructed. Consult with your healthcare provider or prescriber to understand the potential risks and side effects of prescription pain medications.
5. Monitor, secure, and properly dispose of any prescription pain medications in your home.
6. Consult with a healthcare provider to discuss treatment options for opioid misuse. There are both inpatient and outpatient programs that combine medication, health services, and psychotherapy.
7. Practice self-care, which may include your own counseling or attending a support group. Use your strength to support your family.
8. Call on your social supports if uncertainty, worry, or overwhelm take root. You don't have to carry the burden alone.
9. Use immediate assistance lines and resources listed in our appendix.



# APPENDIX: RESOURCES

The information in this guide was compiled from the following reliable and science-based resources. Rather than providing direct links to individual pieces of information, the documentation below includes the home page and a short description of the websites, organizations, and data portals most likely to provide you with the additional information you need to protect your family. We recommend searching each page for the specific information you need.

## CT Talk It Out\*

Any parent who wishes to access supports are invited to call **833-258-5011** and engage with trained professionals who will listen and speak with them about their concerns. If additional help is needed, they will be referred to community-based services.

## Línea directa para madres y padres\*

You can connect with the Partnership for Drug Free Kids (now Center on Addiction) Helpline specialists to help you find answers and make an action plan in the following ways:

**Call 1-855-378-4373**

**Send a Text Message to 5573**

**Center for Disease Control (CDC)** works 24/7 to protect America from health, safety, and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

**Change the Script** is a statewide public awareness campaign to help communities deal with the prescription drug and opioids misuse crisis. It connects town leaders, healthcare professionals, treatment professionals and everyday people with the resources they need to face prescription opioid misuse - and write a new story about what we can accomplish when we all work toward a shared goal. Materials also available in Spanish.

## Community Coalitions

Communities throughout Connecticut have substance prevention coalitions that you can join as a community member. As a member of your local prevention council and coalition, you become an active participant in the prevention and reduction of youth substance misuse efforts. Many of these coalitions also have a youth committee for middle and high school students who can also join and lend their voice to this work. Through the delivery of evidence-based strategies, our community coalitions in Connecticut are a part of the critical infrastructure for healthy communities, youth, and families.

## Connecticut Opioid Overdose Prevention/Naloxone (Narcan) Initiative

Naloxone, also known as Narcan, is a prescription medication that reverses opioid overdoses. It is a safe and easy-to-use medication that you can get from your doctor or a certified pharmacist.

**El Departamento de servicios de salud mental y adicciones de CT** is designed to promote the overall health and wellness of individuals and communities by preventing or delaying substance use. Prevention services comprise six key strategies including information dissemination, education, alternative activities, strengthening communities, promoting positive values, and problem identification & referral to services.

**CT Office of the Chief Medical Examiner** aims to provide accurate certification of the cause of death and to identify, document and interpret relevant forensic

**\*CONTACT FOR IMMEDIATE ASSISTANCE**



scientific information for use in criminal and civil legal proceedings necessary in the investigation of violent, suspicious, and sudden unexpected deaths by properly trained physicians. Providing such information may prevent unnecessary litigation, protect those who may have been falsely accused, and lead to proper adjudication in criminal matters.

**CT 211. 2-1-1** is a free, confidential information and referral service that connects people to essential health and human services 24 hours a day, seven days a week, online and over the phone.

### **Crisis Text Line**

- **Text 7417741**

**KidsHealth** aims to give families the tools and confidence to make the best health choices. It provides doctor-reviewed advice, sections for parents and children, easy-to-follow information, and free lesson plans for educators.

**MedlinePlus** is a service of the National Library of Medicine (NLM), the world's largest medical library, which is part of the National Institutes of Health (NIH). Our mission is to present high quality, relevant health and wellness information that is trusted, easy to understand, and free of advertising, in both English and Spanish. Anywhere, anytime, on any device for free.

### **Naloxone + Overdose App (NORA)**

NORA is a free app from the Connecticut Department of Public Health. Use NORA to prevent, treat, and report opioid overdose.

### **Narcotics Anonymous**

Narcotics Anonymous is a global, community-based organization with a multilingual and multicultural membership. NA was founded in 1953, and members hold nearly 76,000 meetings weekly in 143 countries today.

### **A Parent's Guide to Opioid Use Prevention**

**National Institute on Drug Abuse (NIDA)** is one of the National Institutes of Health and works to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

### **National Suicide Lifeline:**

- **Call 800-274-TALK**
- **En Español: 888-628-9454**

**Partnership to End Addiction** is the joining of two organizations, the Center on Addiction and Partnership for Drug-Free Kids. Their mission is to transform how our nation addresses addiction by empowering families, advancing effective care, shaping public policy and changing culture.

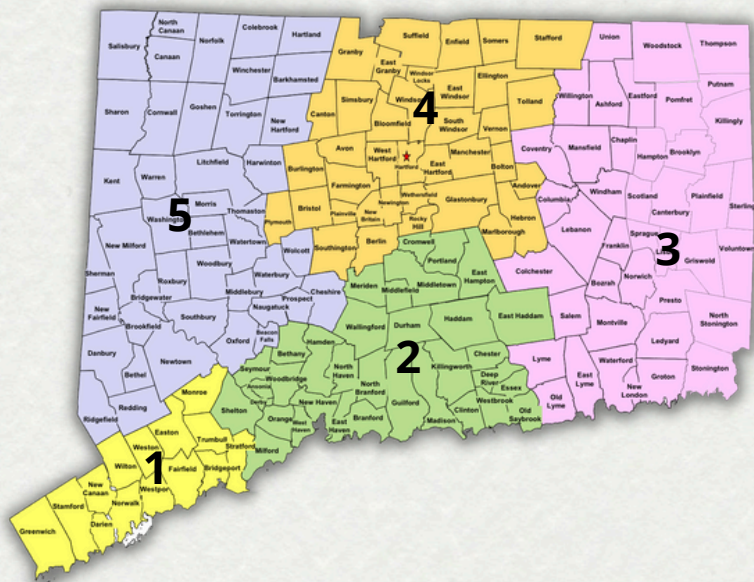
### **Substance Abuse and Mental Health Services**

**Association (SAMHSA)** is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

**For further resources and information, you may visit the **REGIONAL BEHAVIORAL HEALTH ACTION ORGANIZATION** in your area:**







- Region 1: Southwest - The Hub**
- Region 2: South Central - Alliance for Prevention & Wellness**
- Region 3: East - SERAC**
- Region 4: Central North - Amplify**
- Region 5: North West - Western CT Coalition**