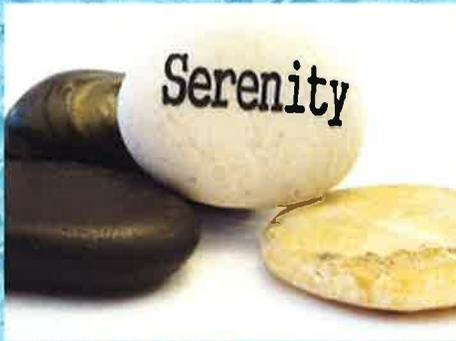


You Are Not Alone



The Sewakwatho came from a shared need in the community to bring healing and comfort to each other, by sharing our experience, strength & hope.

Sewakwatho received a small grant made available by New York State and a group of five dedicated board members and helpers who all believe in helping one another when times are tough.

Serving all areas of Akwesasne .



SEWAKWATHO

281 State Route 37
Hogansburg, NY 13655
Phone: 518-333-0067

Email: sewakwatho281@gmail.com

HOURS

Open Monday to Sunday
9:00 a.m. to 9:00 p.m.
Based on volunteers.

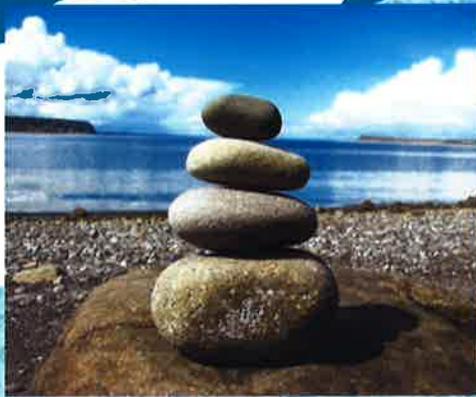
Sewakwatho

A place for continued sobriety

281 State Route 37
Akwesasne, NY 13655
(518)333-0067

Email: sewakwatho281@gmail.com

Sewakwatho is a safe and nurturing place for continued sobriety



All too often a newly sober person is left to “fend” for themselves and the results can be negative.

Sewakwatho can help provide a place to go during the day and get help sooner rather than later.

The purpose of Sewakwatho is to give community members, in recovery from drugs and alcohol, a place to “go” who want to remain clean and sober. A newly recovering person can feel alone and without choices.

At Sewakwatho, recovering members with years of sobriety will be available to assist anyone who has a desire to remain sober. We will provide a safe, comfortable and sober environment.

Meeting Schedule

AA meetings @ 12 noon Monday thru Sat

AA meeting @ 8 pm Monday night

AA meeting @ 8 pm Friday night

AA meeting @ 10am Saturday (Women Only)

Men's Talking Circle @ 6:30 pm Wednesday

Ala-non Meeting @ 7:30 pm Thursday

NA meeting @ 2pm Saturday

CODA meeting @ 12 noon Sunday

Women's Talking Circle 1st Monday of Month

*Sewakwatho is not a Detox Unit,
Half-way House, Homeless Shelter or
Mental Health Unit .*

Soul Wound Incident Reduction

SWIR

When something happens that is physically or emotionally painful, one has the option of either confronting it fully and feeling the pain, or trying in some way to block one's awareness of it. In the first case, the action of experiencing (perceiving and understanding) what has occurred is allowed to go to completion and the incident becomes a past incident. However in the second case, the action of experiencing that incident is blocked. In this second example, unresolved issues can result in anxiety, addiction problems, depression, low- self worth and Suicide. We can help.

This is offered at Sewakwatho contact us by phone 518-333-0067 or call Debbie Martin directly at (315) 296-2192j

281 State Route 37
Hogansburg, NY 13655
Phone: 518-333-0067

Phone: 518-333-0067
Email: sewakwatho281@gmail.com

21st Century Junk

Heroin is the most addictive drug. Some users have snorted heroin thinking it was cocaine and ended up hooked on heroin. It can addict users that quickly! It used to be that if you wanted to take heroin you had to inject it with a needle. Today, street heroin is ten times as pure and can be purchased in sniffable or smokeable forms. Do you think its addictiveness has gone *down*? No way.

Purer junk that is easier to take is deadlier junk.

Heroin's "rush" lasts a few minutes.

For hours afterward, heroin leaves users sluggish, tired, fuzzy-headed, and useless. When the heroin wears off, users suffer intense, painful withdrawal. Addicts make a quick change from do-nothings to do-*anythings*—anything to get more heroin. Soothing the pain of heroin withdrawal—getting a "fix"—becomes a full-time job. Abusers feel so trapped in the horror of their addictions that many commit suicide.

There is no good reason to try heroin. It destroys your body. It's illegal. The short "rush" comes with nausea, itching, constipation, emotional emptiness, and potential death. Heroin kills quickly and suddenly: even long-time addicts die from accidental overdoses. Once someone is hooked on heroin, his or her life is *all about* getting heroin and using heroin, regardless of the cost.



Dope Deaths

- About 80,000 people are newly addicted to heroin each year.
- 14% of all drug-related emergency room visits involve heroin.
- Heroin-related emergency room visits by youth aged 12-17 nearly quadrupled last year.
- Heroin is responsible for nearly 40% of deaths caused solely by a single drug.
- 20% of alcohol and drug-related suicides are heroin users.



For More Information

Go to www.intheknowzone.com for an extension of this pamphlet. Increase your knowledge using the information, statistics, images, and links.

Test your understanding with a quick quiz.

Don't stay in the dark.
Get In the Know!



S. REGIS MOHAWK TRIBE
A/CDP PREVENTION PROGRAM
412 STATE ROUTE 37
AKWESASNE, NEW YORK 13655

in the know

cause of death:
Heroin



What is heroin?

Heroin is an illegal, highly addictive drug. It is an *opiate* drug, which is processed from *morphine*, a painkiller. Morphine is extracted from the seed-pod of a particular poppy plant. Heroin is the most addictive illicit drug known, and is related to *opium*, which has been ruining the lives of users for hundreds of years.



What does heroin look like?

Heroin is usually sold as a white or brownish powder, or as a black, sticky substance called "black tar."

Heroin is sometimes "cut" with powdered milk, cornstarch, quinine, or even poisons such as strychnine. Street drugs always have the added danger of the unknown. They could contain just about anything.

A Look at Heroin and Opiates

www.intheknowzone.com/heroin/pix/

What are the street names of heroin?

Common street names for heroin are H, Smack, Junk, Horse, China White, Chiva, Black Tar, Fix, Dope, Brown, Dog, and Nod.

How is heroin used?

In the past, heroin was almost always injected in a vein. In recent years, heroin has been made in a form that can be sniffed or smoked.

How does heroin work biologically?

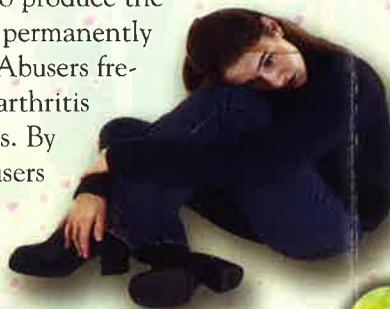
In the brain, heroin is converted to morphine and binds rapidly to *opioid receptors*. Heroin changes the *limbic system*, which controls emotions, and it blocks pain messages from the spinal cord to the body.

Short-term Effects of Heroin Abuse

Immediately after use, heroin enters the brain causing warm flushing of the skin, severe itching, dry mouth, nausea and vomiting. Abusers have decreased mental ability and are insensitive to pain. Heroin slows digestion, leading to constipation. It also slows heart function and breathing, which can lead to death.

Long-term Effects of Heroin Abuse

One of the most damaging long-term effects of heroin is the life-changing addiction itself. Heroin quickly produces a huge level of tolerance—the need for increasing amounts of heroin to produce the same effect. Heroin permanently damages the brain. Abusers frequently suffer from arthritis and similar problems. By sharing needles, abusers have an increased risk of contracting HIV/AIDS, hepatitis B and C, and bacterial heart infections. Scarred and/or collapsed veins and abscesses at injection sites are common. Abusers may suffer lung complications including various types of pneumonia and tuberculosis. Toxins clog blood vessels in the lungs, liver, kidneys, or brain, causing tissue death.

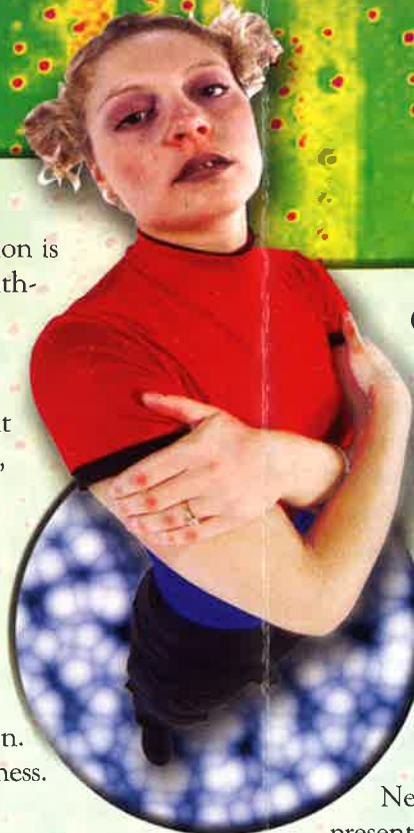


withdrawal

Addiction and Withdrawal

Trying to break a heroin addiction is miserably difficult because of withdrawal. Heroin withdrawal is the worst there is. Heroin causes severe physical and psychological symptoms six to eight hours after the last dosage. First, the addict experiences intense cravings for the drug. Painful withdrawal gets worse as time passes, until it is unbearable. Symptoms include:

- Runny nose.
- Heavy feeling in legs.
- Horrible muscle and bone pain.
- Emotional distress and restlessness.
- Abdominal cramps.
- Diarrhea and vomiting.
- Hot flashes with heavy sweating.
- Cold flashes with goose bumps.
- Insomnia.
- Racing thoughts and anxiety.
- Full body shakes.
- Jerking leg movements.
- An overwhelming need for more heroin.



Overdose Death

Heroin users have great risk of overdose. Addicts may take a larger dose or unknowingly buy heroin that is stronger than usual. Overdoses are common, and they kill fast. Fingernails and lips turn bluish, muscles become rigid, and the heartbeat slows dramatically. Users lose consciousness and when their breathing slows too much, they stop breathing and die.

Nearly half of all addicts have been present when someone else overdosed on heroin, yet overdosers rarely receive medical help. The addicts' "friends" sit by and let them die, because they are afraid of arrest.

Heroin Addiction and Overdose

www.intheknowzone.com/heroin/addictdeath/

Refuse to try heroin!

Someone who offers you heroin is no friend of yours. The friendly face offering you that first try of heroin won't be crying if you end up dead.

Walk away. You don't need it. Say, "No, thank you." Say, "I've got a date. See you later." Say, "I don't use drugs." Say *anything*; then just leave.



Heroin and Health

www.intheknowzone.com/heroin/damage/

street names



Who We Are

Generations ago, the dynamics of our communities were designed around the safety and respect of our women and children. Violence against women was not part of our lives.

The story of the Seven Dancers is an old Iroquois oral traditional story. Each tribe has their own version but the moral of the story is the same in each. Which conveys to adults to “feed children well.”

The Seven Dancers Coalition uses knowledge to “feed our children well”.



Seven DancersCoalition

Business Hours

Monday- Friday 7:00 am- 5:00 pm

352 State Route 37
Akwesasne, NY 13655
(518) 358-2916

Contact: info@sevendancerscoalition.com

Follow Us On!

 www.sevendancerscoalition.com

 www.facebook.com/sevendancerscoalition

 Pinterest: Seven Dancers

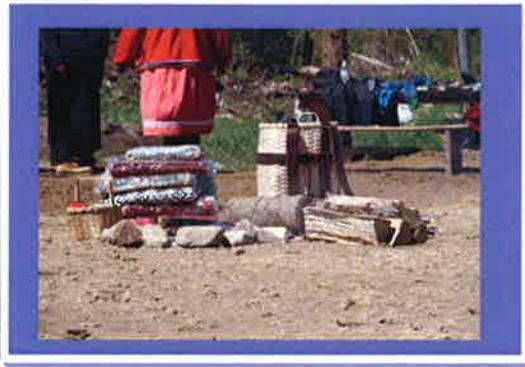
 Twitter: @7DancersCo

This project was sponsored by Grant 2013-IW-AX-0005, awarded by the Office on Violence Against Women, US Dept. of Justice. The opinions, conclusions, and recommendations expressed in this publication are those of the author and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

SEVEN DANCERS COALITION



www.sevendancerscoalition.com



ABOUT US

The Seven Dancers Coalition is an Indigenous partnership of Native American Professionals from across New York State.

We strive to restore the harmony within our Indigenous families through acknowledging our past trauma and working toward bettering the lives of the Indigenous women and their families.

The Seven Dancers Coalition believes that by working together we can end violence in Indian Country.

OUR MISSION

To uplift the families of Indigenous Communities by educating and restoring traditional values with the purpose of strengthening self-confidence and dignity.

We strive for an environment of peace & tranquility to heal all indigenous spirits.



OUR GOAL

To keep women and their family's safe by promoting awareness in the following areas:

- ~ Domestic Violence
- ~ Sexual Assault
- ~ Teen Dating Violence
- ~ Stalking
- ~ Sex Trafficking

OUR INTENTIONS

Increase awareness of Domestic Violence and sexual assault against Native American Women, and their families, through education and prevention programs while incorporating the culture of our people.

Strengthen the response to violence against Native American Women and their families at the Tribal, Federal and State levels.

Identify and provide technical assistance to coalition members and indigenous communities to enhance access for essential services to Native American Women and their families that have experienced domestic violence and sexual assault.

Community/School Drug/Alcohol Prevention Program

(Continued from previous page)

This program has enabled us to reach out to the community to help educate our people on how drugs and alcohol have affected our lives.

The counselors also work with other programs to help facilitate the best possible services for our future generations.

For further information, please contact the Alcoholism/Chemical Dependency Prevention Program Coordinator

Telephone: (518) 358-2967

Fax: (518) 358-9673

Saint Regis Mohawk Health Services is a comprehensive health center in Akwesasne, New York.

Saint Regis Mohawk Health Services is committed to increasing wellness in the community through health promotion and injury prevention.



ALCOHOLISM/CHEMICAL DEPENDENCY PROGRAM



SAINT REGIS MOHAWK HEALTH SERVICES

412 State Route 37
Akwesasne, NY 13655

Telephone: (518) 358-3145
(518) 358-3141 ext. 7160
Fax: (518) 358-6372

Alcoholism/Chemical Dependency Program

Outpatient Program

A/CDP consists of two components:

- The Outpatient Clinic
- The Prevention Program

Community/School Drug/Alcohol Prevention Program

Services of the Outpatient Program:

- Provide information
- Drug and alcohol assessments
- Compulsive gambling assessments
- Outpatient treatment
- Compulsive gambling treatment
- Aftercare services
- Codependency treatment
- Relapse prevention treatment
- Adolescent drug/alcohol education services
- Nicotine dependence treatment

The Outpatient office also makes referrals to other agencies both inpatient and outpatient.

For further information, contact the A/CDP Outpatient Coordinator at (518) 358-3141 ext. 7160

These programs provide a variety of treatment opportunities and prevention activities for chemically dependent and compulsive gambling dependent Native American adults and adolescents.

Treatment and drug/alcohol educational services are also provided to family members whose lives have been impacted by the alcohol/drug use of a significant other.



The school Prevention/Intervention Program was designed to help our young Native people whose lives have been affected by drug and alcohol use.

The Prevention Program provides:

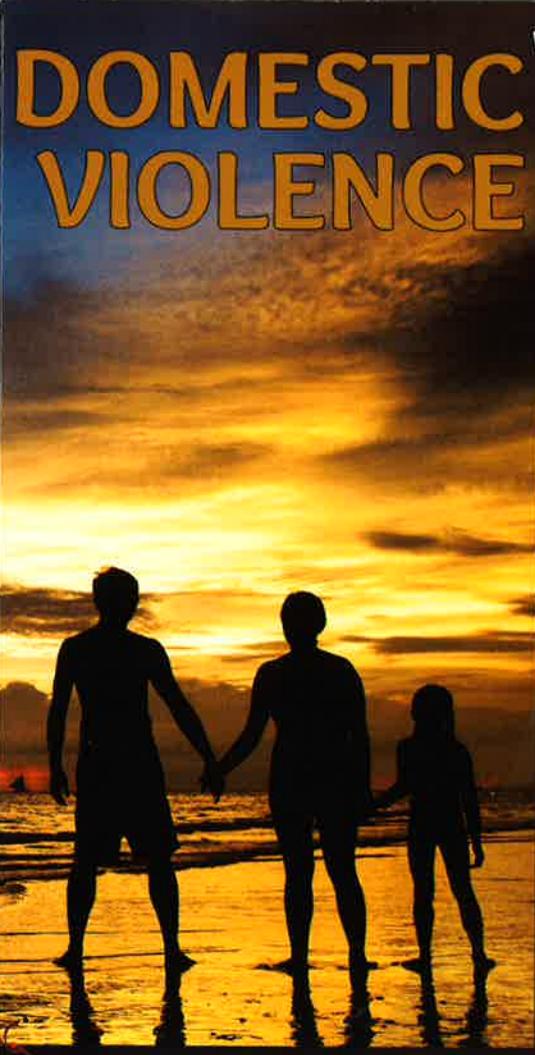
- Support
- Opportunities for education
- Crisis intervention and prevention in the school system
- Referrals to outpatient or inpatient treatment as needed

This program also specializes in:

- Educational presentations
- Curriculum in Headstart through Grade 8
- Prevention activities

(Continue to next page)

DOMESTIC VIOLENCE



What is Domestic Violence?

Examples of Domestic Violence

Is Domestic Violence a Crime?

Who Are the Victims?

Profile of an Abuser

Profile of a Victim

Statistics

Domestic Violence Front Panel - Item#979N

An estimated 1.3 million women are victims of domestic violence each year, and 92% of women in a recent survey listed it as a top concern. American Indians and Alaska Natives are more than twice as likely to experience Intimate Partner Violence than the United States resident population. 39% of Native women identified themselves as victims of IPV in their lifetime.

A victim of domestic violence may remain in an abusive relationship for many reasons. Some of these reasons may include: fear of increased violence, belief that it won't happen again, lack of financial resources, isolation, cultural beliefs, prior history of abuse in their upbringing, or low self-esteem leading to accepting responsibility for the batterer's behavior.

Though women can be domestic abusers, most are male, and not always obvious to spot. Abusers can appear caring and loving to their partner to the rest of society, but behind closed doors they are controlling and violent. They often blame their partner for provoking them, and will downplay the severity of the abuse. A history of family violence and substance abuse are common for abusers, but not an excuse.

Although anyone can become a victim of domestic violence regardless of age, gender, sexual orientation, marital status, socio-economic status, religion or culture, most victims (85%) in society are women. Native American women in particular are victims of violent crime 2.5 times more often than the national average.

Although state laws vary, if physical violence is involved or even threatened, and the victim feels imminent danger, it is a crime. However, past failure by state and tribal law enforcement agencies to persecute attackers has led to immense distrust of their effectiveness, so many violent acts against Native Americans go unreported. Cultural barriers and the fear of alienation from family also contribute to this trend.

Domestic violence can occur in many forms; however, some common examples include: physical violence, verbal abuse ("put-downs"), ritual abuse, withholding money or access to money, denying a partner access to friends or family, threatening physical violence if "rules" are not obeyed, stalking, sexual assault, not allowing a partner to seek employment, or destroying property - just to name a few.

Domestic violence is about power and control. In any intimate relationship, it is one person's attempt to control another through a pattern of abusive behavior such as the use or threat of physical violence, sexual assault, and psychological and/or emotional abuse. You don't have to be married to be involved in domestic violence; it can occur in any intimate partnership, heterosexual, gay, or lesbian.



Seven Dancers Coalition

*"Restoring Harmony Within
Indigenous Communities"*

518-358-2916

www.sevendancerscoalition.com

PULL

Effects on
the Family

THE SIGNS OF DOMESTIC VIOLENCE

Domestic violence comes in many forms, but if your partner exhibits some of these signs, you may be a victim and need to seek help.

Myth vs Fact

— Your partner threatens you with violence or negative recourse, including taking your children, if you express a desire to leave the relationship.

— After hurting you emotionally or physically, your partner tries to "make up for it" with flowers, gifts or other gestures.

Safety Plans

— Your partner intimidates you with actions, gestures, or yelling, or by destroying property, driving recklessly, or hurting children or pets.

— Your partner withholds financial information from you, keeps you on an allowance, or prevents you from getting or keeping a job.

Support from
Others

— Your partner keeps you away from your family and friends and tells you their presence is damaging to your relationship.

— Your partner insults and/or embarrasses you in front of others, and treats you as an inferior.

Personal
Protection
Orders

— Your partner is dominant over you, makes decisions for you, and defines the roles he/she expects of you.

— Your partner downplays the severity, or even existence of the abuse, or blames you for provoking him/her.

Where to
Get Help

MORE RESOURCES

National Indigenous Women's Resource Center

www.niwrc.org

1-855-NIWR099 (649-7299)

National Domestic Violence Hotline

www.thehotline.org

1-800-799-SAFE

Other Resources

Domestic Violence Back Panel - Item#979N

Contact the National Domestic Violence Hotline 24 hours a day, 7 days a week – 1-800-799-SAFE (7233). Their counselors can provide information about shelters, legal help, health care information and counseling. You can also visit www.womenslaw.org for a state-by-state directory of domestic violence shelters in the U.S.

If an abuser refuses to seek treatment and change, you must leave them for your safety and the safety of your children. Many communities have shelters for battered and abused women/children. Contact the domestic violence/sexual assault coordinator in your area and seek assistance. They can provide emotional support, counseling, safe housing, and strategies to keep you and your children safe.

Anyone who has been abused or threatened physically, emotionally, sexually, or psychologically by another individual can apply for a Personal Protection Order (PPO). Examples include a former or current spouse, fiancé, boyfriend/girlfriend, family member, etc. The PPO can help deter physical violence, harassment, and stalking, and can help restrict your abuser from taking your minor children.

It may be difficult to let others know about your situation, but it is important that they be informed so they are aware of the situation and can alert you to possible trouble. Notify your friends, family, co-workers, children's teachers, and employer, and ask your neighbors to call 911 if they ever hear angry or violent noises from your home. Being informed helps them protect themselves, too!

If you are in danger of immediate harm, call the police or 911. DO NOT delay! Remove all weapons from your home, memorize important numbers, keep cash on-hand, and consider ways to keep your children safe. Get a personal cell phone that is programmed to call 911 and have somewhere to go if necessary. Many communities have a safe house for domestic violence victims; find the one nearest to you!

Myth: Alcohol abuse causes domestic violence.

Fact: There is a high correlation, but it is NOT a cause. Abusers use drinking as one of many excuses for their violence.

Myth: Domestic violence is a personal problem.

Fact: In 80% of intimate partner murders, the victim was physically abused before the murder. Domestic violence is everyone's problem!

Studies show that 40%-60% of abusers of intimate partners also abuse the children in the home. When children witness or experience domestic violence, it affects how they feel, act and learn. Without intervention, children are at higher risk for school failure, substance abuse, repeat victimization and tragically, perpetuating the cycle of violence in their own lives.

Directions to Use This Guide:

Pull tab until dot lines up with the desired topic, then read related information in window.

DOMESTIC VIOLENCE

PSA Worldwide Corp.

www.psacorp.com | 800-408-8159

Item 979N

Blank area with horizontal lines for writing.

PULL

Signs & Symptoms of Substance Abuse

Changes at home

- Loss of interest in family activities
- Disrespect for family rules
- Secretiveness
- Withdrawal from responsibilities
- Anger at or about parents
- Sudden increase or decrease in appetite

Changes at school

- Sudden drop in grades
- Truancy
- Loss of interest in learning
- Unrealistic attempt to excel
- Defiant of authority
- Poor attitude toward sport and other activities
- Loss of energy
- Reduced memory and attention span

*The mission of the
Prevention Program is to
educate the young Native
people whose lives been
affected by drug and
alcohol use.*

*The Prevention Program is a
branch of the Alcoholism and
Chemical Dependency
Program*

*Alcoholism/
Chemical
Dependency
Prevention
Program*



Saint Regis Mohawk Tribe
412 State Route 37
518-358-2967

What we offer

Our program provides:

- Curriculum for students in Head Start through Grade 7
- Adolescent education
- Prevention activities
- Educational presentations
- Support for youth and their families
- Crisis intervention
- Referrals to outpatient treatment and other programs
- Parenting support

Our free monthly trips expose Akwesasne youth to new, exciting and culturally diverse activities

The goal is to:

- Increase self-esteem
- Develop social and communications skills
- Reduce onset of substance use

Teamwork

We also work alongside other programs to help facilitate services whether individually or through a massive team effort with the Akwesasne Coalition for Community Empowerment.

We work very closely with our local schools to provide services. We currently serve the Saint Regis Mohawk Head Start, Saint Regis Mohawk School and Salmon River Central School.

Our community involvement helps to:

- *Raise awareness about chemical dependency and related issues*
- *Promote positive and healthy lifestyle choices*
- *Change social norms*

We are here to help

Our staff can address many topics as:

- Alcohol abuse/alcoholism
- Alcoholism in the family
- Marijuana and other drugs
- New drug trends
- Tobacco use
- Peer pressure
- Communication skills and goal setting
- Making healthy choices

If someone you know needs help or would like more information or substance abuse, we are here to help.

Our Team:

Melerena Back, CPS - Prevention Coordinator
Megan Bushey, CPS- Prevention Specialist
Olivia Cook - Prevention Educator
Ashley Frank - Prevention Educator
Tameka Thompson - Prevention Educator

KANIKONRI:IOHNE
"Good Mind Counseling Center"

**Saint Regis Mohawk
Mental Health**



**SAINT REGIS MOHAWK
HEALTH SERVICES**

412 State Route 37
Akwesasne, NY 13655

Telephone: (518) 358-3141 x160
Fax: (518) 358-6372
Toll Free: 1-800-647-7839

**MENTAL HEALTH
SCREENINGS**

Call us or stop in
Monday—Friday
8:00 a.m. to 5:00 p.m.

You can find us in the Health
Services Building on State
Route 37, next to the
Community/Tribal Building in
Akwasasne, NY.

**ALL SERVICES ARE
CONFIDENTIAL**

Generally, one of our
Case Managers will briefly talk
with you and offer you an
appointment to meet with a
counselor.

**Emergencies will be taken
care of immediately.**

Take an Anonymous Online
Screening at

[www.mentalhealthscreening.org/
screenings/STREGIS](http://www.mentalhealthscreening.org/screenings/STREGIS)

to find out if a professional
consultation would be
helpful to you.





The purpose of KANIKONRI:IOHNE is to ensure that those members of the Akwesasne community who are having emotional troubles, both children and adults, get the treatment they need to feel better.

Many times people need a place to talk about their concerns and problems in private with the assurance that what they say will remain confidential and not end up in the community.

Our “Counseling Center” is such a place.

People come to us for many reasons...

Here are Just a Few:

- ◆ Depression
- ◆ Anxiety/Nervousness
- ◆ Mood Swings
- ◆ Out-of-control anger
- ◆ Suicidal thoughts
- ◆ Relationship problems
- ◆ Troubles at school, work, or in the family
- ◆ Conflict between parents and children
- ◆ Sleeping problems
- ◆ Sexual problems
- ◆ Sexual/physical/emotional abuse concerns, both past and present
- ◆ Eating problems
- ◆ Grief/Loss

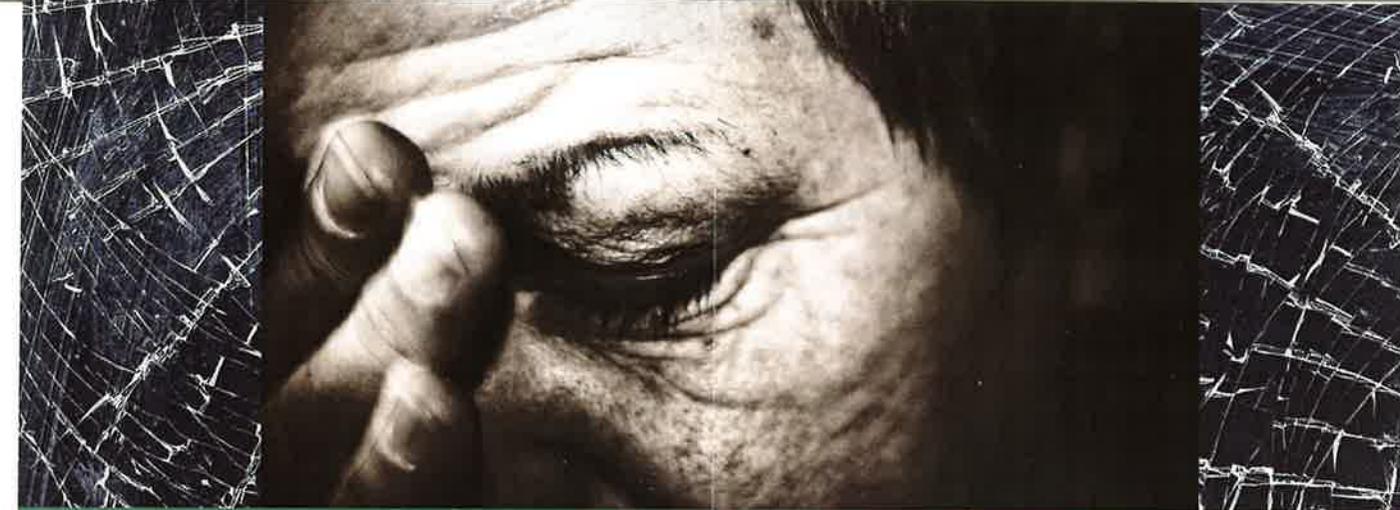
Each person has their own special needs and treatment is planned specifically to meet those needs. Many people include their own traditional methods of healing as part of their plan.

Services that Meet Your Needs

The services we provide include but are not limited to:

- ◆ Individual, Family, Couples, and Play Therapy
- ◆ Assessment, including Psychiatric Evaluation
- ◆ Crisis Intervention.
- ◆ Medication Therapy
- ◆ Case Management
- ◆ Parent Advocacy
- ◆ Traditional Mohawk Medicine
- ◆ Respite and home based mental health services
- ◆ Coordinated Children’s Services Initiative
- ◆ School Based Mental Health Therapy





Addiction Affects Us All

Millions of people in this country suffer from one form of addiction or another, and their addictions affect the lives of millions more friends, coworkers and family members.

The devastation caused by addiction cuts across all ethnic, education and economic boundaries. Those who suffer from addiction do have some things in common: strained relationships, lost opportunities, medical problems, and poor prospects for the future.

A recent study by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) reveals:

- One of every eight Americans has a significant problem with alcohol or other drugs. Forty percent of this group has the "dual diagnosis" of a concurrent mental/nervous disorder.
- Over 27 million Americans either use illicit drugs regularly or are "heavy drinkers." Of these, almost 16 million are estimated to need immediate treatment.
- By age 18, almost 12 percent of all young people are illicit drug users.
- Approximately 70 percent of illegal drug users are employed and contribute significantly to workplace absenteeism, accidents, decreased productivity, increased insurance expenses, employee turnover costs and on-the-job violence.
- The estimated annual direct cost to our society resulting from addiction is more than \$250 billion.

It is generally accepted that chemical dependency, along with associated mental health disorders has become one of the most severe health and social problems facing this country.

RESOURCES

American Psychiatric Association, 1-888-35-PSYCH or 1-888-35-77924, www.psych.org
apa@psych.org

Mental Health America, 1-703-684-7722
www.nmha.org

American Mental Health Counselors Association, 1-800-326-2642 or 1-703-548-6002, www.amhca.org

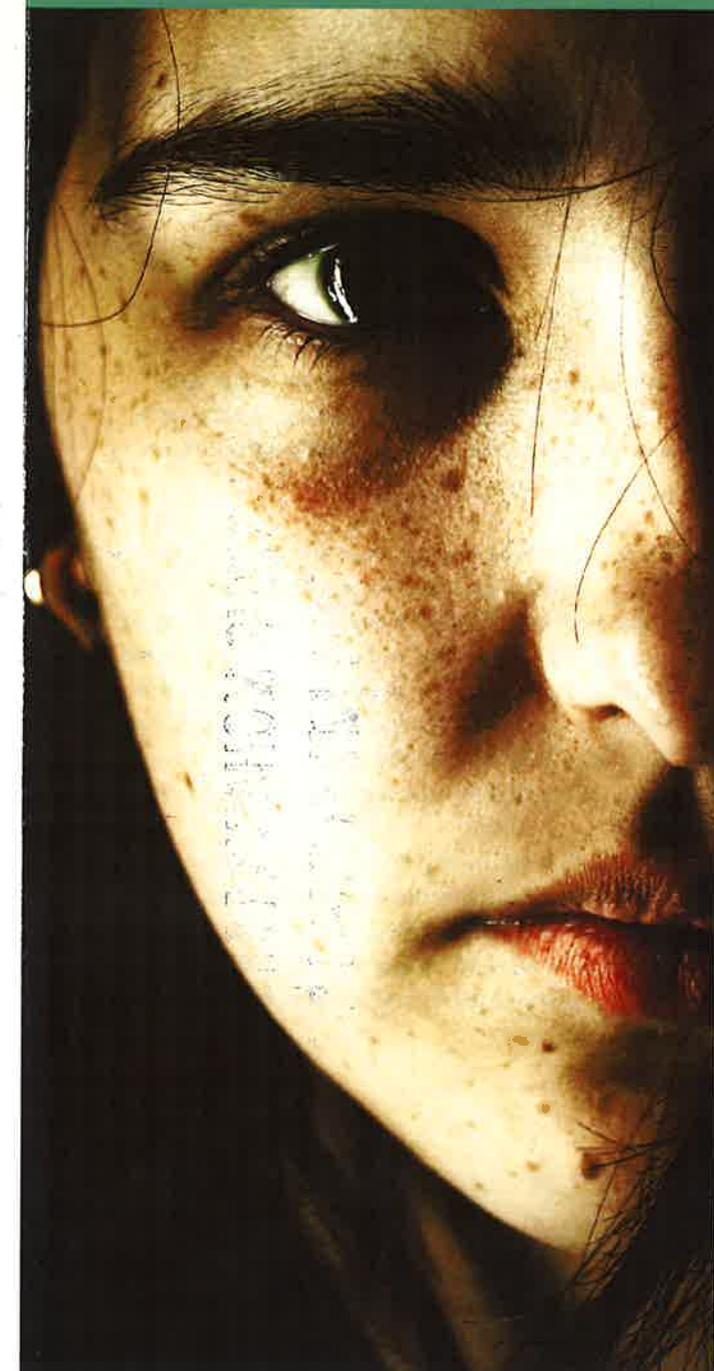
American Psychological Association, 1-800-374-2721 or 1-202-336-5500, www.apa.org

Drugalcoholcenters.com

>IN FOCUS

ADDICTION

breaking the cycle



ST. REGIS MOHAWK TRIBE
A/CDDP PREVENTION PROGRAM
412 STATE ROUTE 37
AKWESASNE, NEW YORK 13355

GET YOUR LIFE >IN FOCUS

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What is Addiction?

Addiction is a treatable brain disorder. People who are addicted to alcohol or other drugs cannot control their desire to consume more of the drug, even though using is causing them severe health, social and/or legal problems. To be addicted is to have no control over your own behavior.

Through repeated exposure to alcohol and other drugs, chemical changes occur in the brain. These "changes" in turn affect behavior, often leading to more abuse. Take away the drug and the addicted brain experiences feelings of discomfort, just like "hunger pains." The only way to make the pain go away is to take more of the drug. This is a powerful cycle that is difficult, but not impossible, to break.

Over time, untreated addictions grow stronger. The addict needs more of the drug, more often. They begin using at work or school. The longer the addiction is allowed to survive, the harder it is to treat, and the more costly to one's health and relationships.



Symptoms of Addiction

There are three primary symptoms of addiction: Tolerance, Withdrawal and Denial.

Over time, the addict will need more and more of the drug to achieve the same result. The endless "chase" to satisfy the cravings of the addicted brain is called **tolerance**, and it's a sure sign of addiction.

Withdrawal occurs when the addict is deprived of the drug. Symptoms can vary depending on the drug, but usually include painful physical reactions and wild swings of emotion.

Most people who suffer from the illness of addiction won't admit they have a problem. Their **denial** is often expressed: "But I enjoy drinking..." or "I can quit whenever I want...." Sound familiar?

Withdrawal can cause painful physical reactions and wild swings of emotion.



Recovering from any addiction is a lifelong process, a day-to-day battle that will take courage.

Don't Give Up, There's Help!

The first step toward recovery is for the addict to admit that he or she has a problem and needs help. They should enlist the support of those closest to them. Understand that recovery from any addiction is not a "one shot deal." There are no magic bullets or pills to make it all go away. Recovery is a lifelong process, a day-to-day battle that will take courage. To beat addiction and return to a normal, productive life, the addict will need the support of friends, co-workers and family, professional counseling, and possibly medical care.

Curing addiction is a multi-billion dollar business that provides assistance ranging from weekly counseling sessions to intensive long-term residential therapy. The depth and severity of the addiction can often be determined in one or more preliminary consultations with a therapist.

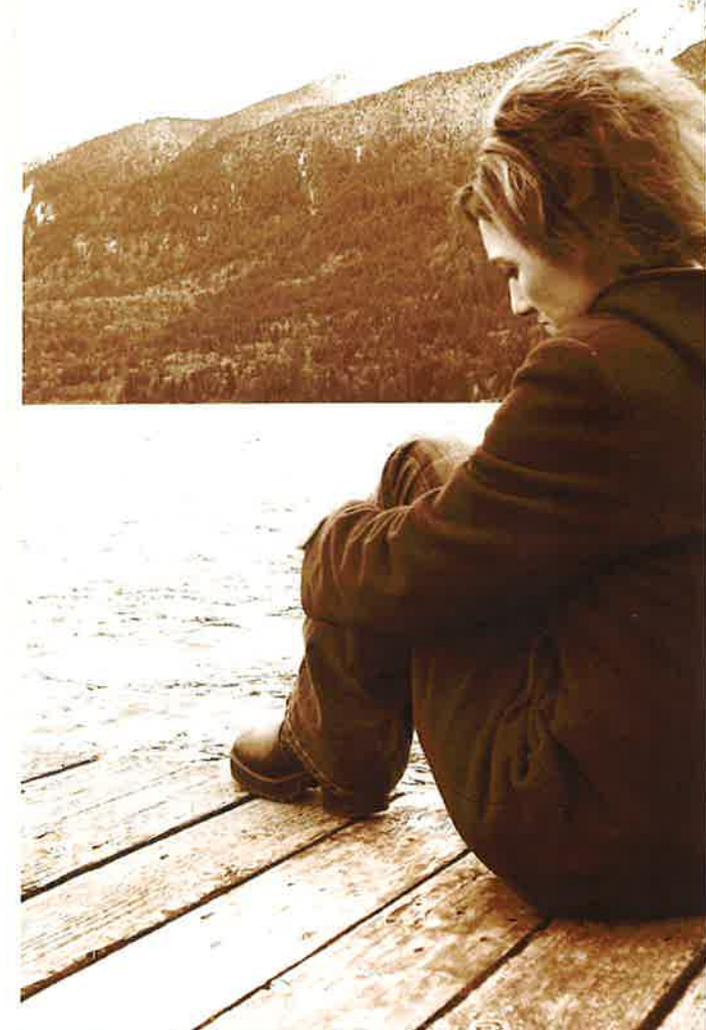
Treatments will vary depending on the type of addiction. Factors include the type of drug abused, the length and amount of use, and the medical and psychological state of the addict.

There are many community resources that may be able to offer assistance in overcoming addiction. Many companies offer an Employee Assistance Program (EAP). The professionals running these programs are non-judgmental and everything is confidential. Usually this assistance is free of charge. If not, insurance often covers all or most of the cost.

If there is no access to an Employee Assistance Program, seek help from a medical professional, religious or non-profit organization. Check your local telephone directory for listings in your community that may offer the specific help you need. Many times, treatment services are free or offered on a sliding scale (pay what you can) fee program.

It's Never Too Late...

Chronic addiction is a treatable illness. With determination, the support of loved ones and the proper counseling and treatment services, anyone suffering from this illness can break the cycle of addiction and resume a normal, healthy life.



- Yes No I become resentful when others do not take my advice or will not let me help them.
- Yes No I feel guilty when I say "no."
- Yes No I spend a lot of time pretending that things are "fine."
- Yes No I won't say how I really feel because I'm concerned about how others may react.
- Yes No I believe that doing things for myself is selfish.
- Yes No I put other people's needs before my own.
- Yes No I believe that other people can make me feel angry, happy, sad, etc.
- Yes No I feel incomplete when I'm not in a relationship.
- Yes No My relationships don't turn out as well as I'd like.
- Yes No I feel responsible for other people's feelings.
- Yes No I often feel anger that is out of proportion to what is happening.

If you answered "yes" to a majority of the questions, you probably have some issues with codependence. You also probably can benefit from finding out more about codependence and how it can be treated.

How is codependence treated?

Codependence does not have to be a life-long condition. With the help of a professional counselor or self-help group, codependent people can learn to identify and express their emotions appropriately, to identify their own needs and take the steps necessary to fulfill them, and can learn to draw appropriate boundaries between themselves and others.

Help is available

Just talking about your problems sometimes leads to new solutions. If you or someone you know needs information, guidance or help, contact the resource and number listed below or look in the yellow pages for local professionals who can help.

**Alcoholism/Chemical Dependency
Program**

St. Regis Mohawk Health Services
412 State Route 37
Akwesasne, NY 13655

Telephone: (518)358-3141 ext. 160
Fax: (518)358-6372



What is codependence?

Codependence is used to describe attitudes, behaviors or feelings acquired as the result of a close relationship with someone who is addicted to alcohol or other drugs. A codependent person could be the spouse/partner, family member or friend of an alcohol or drug dependent person. Though the codependent person may not be addicted to alcohol or other drugs, his/her traits and behaviors can be just as self-destructive as those of the addicted person.

The first research into codependency dates back more than 40 years when researchers found a pattern of behaviors shared by spouses of alcoholics. Even as these wives and husbands enabled their alcoholic spouses to continue drinking (picking them up from bars, driving them home, calling in sick for them at work), they tried to control or prevent their loved ones from drinking by threatening to leave, hiding alcohol and the like. The lives of these men and women revolved so completely around their alcoholic spouses' that they neglected their own needs. Many experienced depression, low self-esteem and stress-related illnesses. They reported problems in relationships outside the family, in making decisions and in enjoying life.

Eventually, researchers found this pattern of behaviors among the children of alcoholic parents and among families faced with other addictions, mental illness and domestic violence. Many family members from homes wracked by these problems seemed to be living their lives through someone else, obscuring their own identities to please someone else, relying on the most troubled family member for their own happiness.

How can you tell if someone is codependent?

At one point or another, everyone exhibits some codependent behaviors. But for the codependent person, these behaviors are so deeply ingrained that they interfere significantly with their social or work lives.

Here are some typical symptoms of codependence.

- Codependents have trouble identifying their own needs and emotions.
- Codependents are easily influenced by what others say or do and by what others might be thinking or feeling.
- Codependents take on too much responsibility.
- Codependents let others tell them how to feel, dress and behave. They give in to others as opposed to standing up for their own needs.
- Codependents work hard to keep other people from being upset with them or disappointed in them. They may lie or distort the truth to avoid making others angry.
- Codependents judge themselves too harshly.
- Codependents confuse love with pity. They tend to love people they "pity" or can "rescue."
- Codependents feel obligated to take care of other people. They feel guilty when they ask for something for themselves. They give up their own wants and wishes to make other people happy. On the other hand, they try to control other people in order to get what they want without having to come right out and ask for it.

Codependence Quiz

Answer the following questions as truthfully as possible.

- Yes No I feel like I'm different from other people.
- Yes No I'm uncomfortable when others compliment me or give me gifts.
- Yes No Criticism and disapproval easily hurt me.
- Yes No My desire to do things perfectly leads me to procrastinate.
- Yes No I feel lonely even when I'm with people.
- Yes No I frequently feel either less than or better than others.
- Yes No I often judge myself harshly; nothing I do is up to my expectations.
- Yes No I have difficulty expressing certain kinds of feelings (grief, love, anger, fear).
- Yes No I have a hard time accepting my mistakes.
- Yes No I have difficulty asking for help.
- Yes No I have a fear of being out of control.
- Yes No I sometimes rage in order to get my point across.
- Yes No My self worth increases when I solve other people's problems.

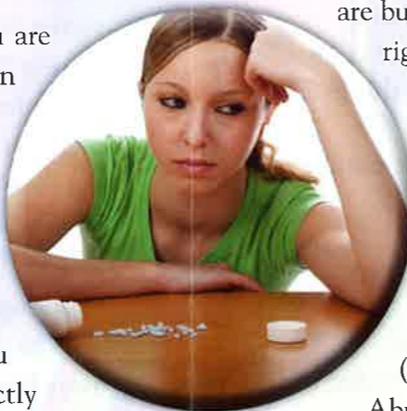
Dope Dealer... or Pharmacy?

Answer the following question:

Deadly drugs can be most easily purchased from:

- a.) the sleazy looking guy who operates under the bridge after dark.
- b.) right over the counter at your neighborhood drug store or supermarket.

If you answered "b," you are correct. If you've gotten into the habit of heading for the drug store or the medicine cabinet in order to feel "good," you're probably already addicted. The fact that those medications you purchased are perfectly legal, make them no less deadly when they are abused.



Legal Doesn't Cancel LETHAL!

Today more young people than ever are buying their highs legally, right over the counter.

The number of young people purchasing legal medications for "highs" has grown so large that the practice has been given its own initialized name: OTC (Over the counter) Drug Abuse.

OTC drugs are just as dangerous as prescribed and illegal drugs. Young people across the nation are becoming physically, psychologically and behaviorally addicted, and some are even dying because they think if it's legal, it's safe. Legal doesn't cancel LETHAL!



For More Information

Resources:

For more information on underage drinking and social hosting issues, visit these resources:

<http://www.alcoholfreechildren.org>

<http://al-anon.org>

<http://www.madd.org>

<http://www.notnrhouse.org>

<http://stopalcoholabuse.gov>

<http://alcoholpolicymd.com>

<http://www.niaaa.nih.gov>



ST. REGIS MOHAWK TRIBE
A/CDP PREVENTION PROGRAM
412 STATE ROUTE 37
AKWESASNE, NEW YORK 13655

in the know

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Post Office Box 6986 Metairie, LA 70009-6986 • 877-329-0578
www.EducationSpecialtyPublishing.com • product #PB-DA157
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Over the Counter Drug Abuse

more dangerous than you think





The Drug Scene Changes

In the recent past, the drug scene was “illegal” and dominated by names such as marijuana, cocaine, ecstasy, methamphetamine (meth), heroin, and LSD...among others. According to the Partnership for a Drug Free America (PDFA), today’s drug scene is changing rapidly to “legal” because teens think it is a “safe” high. While the use of illegal drugs by young people has remained stable, the misuse of OTC medications is growing. Experts predict the abuse of OTC medications will soon surpass that of marijuana, cocaine and meth because of the ease (and legality) with which they may be obtained.

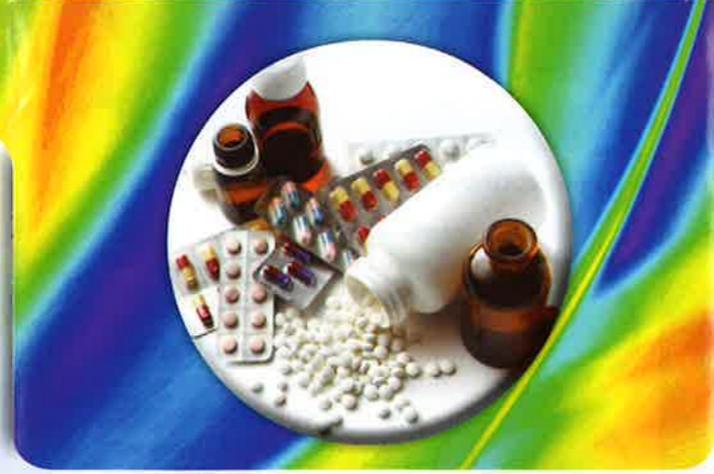
legal yet lethal

How Bad Is It?

- OTC drug abuse is so prevalent among today’s youth that health officials are now calling these abusers “Generation Rx.”
- OTC drug abuse is the direct cause of 178,000 hospitalizations each year.
- A shocking 2.4 million teens reported abusing OTC cough medicine to get high.
- In a ten-year span, OTC abuse admissions to drug treatment centers skyrocketed to more than 30 percent.

The Dangers of OTC

OTC drug abuse can be just as dangerous as taking illegal drugs. Though they come in lower doses, OTC drugs are being taken in larger quantities in order to get the same high that more expensive prescriptions and illegal drugs produce.



OTC Painkillers

Some OTC painkillers, though weak, have an ingredient called opioids, which are found in heroin and is a derivative of opium. When taken in large quantities, the opioid receptors in the brain catch these chemicals, block pain, and turn the pleasure system on. While the user is feeling a content and dreamy rush, their body may go into total shock. When mixed with alcohol or allergy meds, OTC painkillers can shut down the lungs.

OTC Cough Medicine

More heavily used than OTC painkillers is OTC cough medicines, which include Dextromethorphan (DXM). DXM is a cough suppressant and is also a hallucinogenic narcotic that can be found in more than 120 OTC medications. Because DMX can be found in liquid, pill, and powder form it has earned a number of “catchy” street names: Triple C, Skittles, Red Devils, Robo, Vitamin D, Tussin.



OTC- The Long and Short

OTC drug abuse can lead to serious short and long term side effects:

Short term effects

- | | |
|----------------------------------------|---------------------------------------|
| • Nausea | • Poor memory |
| • Vomiting | • Poor coordination |
| • Dizziness | • Poor performance at work and school |
| • Anxiety | • Sleep disturbances |
| • Nightmares | • Confusion |
| • Hostility | • Numbness |
| • Steady mood changes | • Sense of calm when things are not |
| • Blurry vision | • Hallucinations |
| • Inability to think clearly | |
| • Lack of interest in usual activities | |

Long term effects

- | | |
|----------------------------------|-----------------------|
| • Liver complications | • Stroke |
| • Ruptured blood vessels | • Harm to the brain |
| • Death | • Depression |
| • Heart palpitations and failure | • Seizures |
| | • High blood pressure |

Is a fleeting period of feeling “good” really worth all of this –your whole life?



total shock



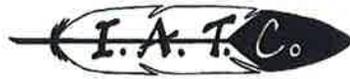
Teens and OTC abuse...Why?

There are other reasons why people fall victim to OTC drug addictions besides getting high. Girls suffering from anorexia and bulimia often turn to laxatives and diuretics. Athletes pushed to “play through the pain” take mega doses of “pain pills.” High-achieving students turn to caffeine laced OTC stimulants or diet pills to cram in all night study sessions. There are better ways to get that extra help you need. Stay away from OTC drugs.

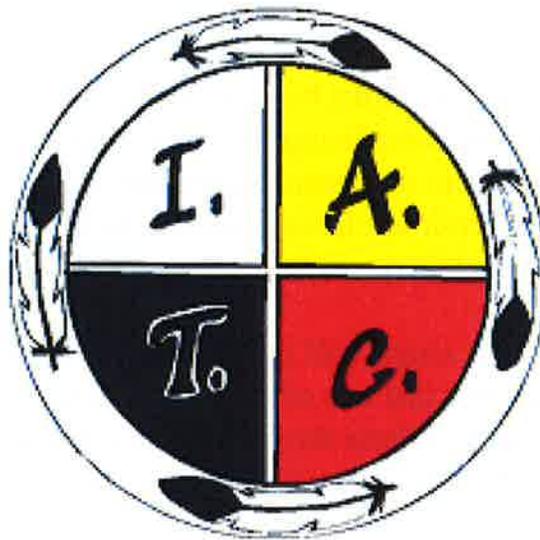
It’s Time To Get Help!

OTC drug abuse and addiction are serious life-threatening matters. If you need help, there are many people to turn. A good place to start is with a trusted family member or friend. School counselors, coaches, teachers, or nurses are also people who can help. Also, there are websites and call centers devoted to getting you the help you need. If you have a problem with OTC drugs, don’t wait... get help now!

IONKWANONHSASETSI ADOLESCENT TREATMENT CENTER



Admission Packet



The Admission Instructions Packet includes information for all Referral Agents, Parents and Guardians of prospective clients. This package must be filled out and read to the client prior to acceptance of each referral.

IONKWANONHSASETSI

Admission Instructions

To provide for continuity of services, and to ensure that prospective adolescent clients are appropriate for services at Ionkwanonhsassetsi Adolescent Treatment Center (I.A.T.C.), **the instructions must be followed and the documents described must be completed and returned before any consideration of admission to Ionkwanonhsassetsi is addressed.**

1. Office hours for inquiries are Monday to Friday (excluding legal holidays) from 8:30 am to 12:00 noon and from 1:00 pm to 3:30 pm (EST)
2. Adolescents will be admitted for review after Chemical Dependency Out-Patient Assessment Diagnosis has been viewed by the Case Consultation Team at Ionkwanonhsassetsi, Monday through Thursday (excluding legal holidays) from 8:30 am to 3:00 pm (EST). **This is scheduled and by appointment approval only.**
3. Prospective adolescent clients must be physically, mentally, and psychologically capable of completing the minimum stay of one (1) month without extended psychiatric or medical treatment being necessary during this time period. Otherwise, your adolescent should be referred to an appropriate facility with medical, psychiatric, or behavior modification on-site care.
4. No prospective adolescent client will be admitted to Ionkwanonhsassetsi with less than five (5) days since last use of alcohol or other drugs. Detoxification, if necessary for a minimum (3) three days, must be conducted by the local Band facilities or referral agency/program. Clients can expect random drug screenings.
5. The enclosed GENERAL INFORMATION is to be filled out by the referral agent / parents / guardian(s) of the prospective client.
6. Each prospective client is to have a statement of Band affiliation or proof of membership in a Native Band.
7. Emergency contact numbers and name of person responsible for the adolescent's medical care. **The following is mandatory upon admission: OHIP or QHIP Cards, Status Card, Immunization Records, Birth Certificate, School Records, etc.**
8. It is the responsibility of the Referring Agency for the transportation of the client in the event of an emergency leave of the client.

IONKWANONHSASETSI

Admission Criteria

Introduction:

Ionkwanonhsaseti is intended for Native adolescents who require moderate to intensive services that are comprehensive and structured. This service is not available on an out-patient basis or through other individual counseling or social services.

Ionkwanonhsaseti will serve Native adolescents with evident difficulty in the areas of chemical/alcohol/substance abuse and the problems associated with these issues.

Policy:

Ionkwanonhsaseti will consider Native adolescents for admission when referred from other agencies or programs.

PRIMARY CRITERIA

Clients admitted to Ionkwanonhsaseti must require counseling and supervision in a structured setting, and must meet **all** of the following:

1. Meets criteria for eligibility for services as established by the Mohawk Council of Akwesasne.
2. Between the ages of thirteen (13) and eighteen (18) years.
3. Chemical Dependency Assessment Diagnosis, with recommendations for In-house Treatment.
4. Not currently suffering from or exhibiting acute/chronic psychotic symptoms, or mentally challenged.
5. Individuals must be mentally and physically able to participate in the program of Ionkwanonhsaseti and willing to participate in the program of Ionkwanonhsaseti. Due to facility structure clients must be able to walk upstairs to bedrooms.
6. History of chemical dependency or abuse.
7. All residents will be attending the In-house educational component of the Program.
8. Full participation in the program is compulsory and the client must display a commitment to individual and group counseling.
9. If necessary a mandatory three (3) day stay at a withdrawal management unit may be applied.

SECONDARY CRITERIA

In addition to meeting the primary requirements, one or more of the following criteria must be met:

1. When other treatment approaches have been unsuccessful in healing or reversing the course of dysfunction. i.e. Out-Patient, self help groups, traditional medicine, etc.
2. When the service requires an approach which cannot be initiated or continued unless with in a structured supervised setting

IONKWANONHSASETSI
Admission Policy & Procedures

1. Ionkwanonhsassetsi Adolescent Treatment Center provides treatment with intensive program services to the whole of the Mohawk Territory at Akwesasne as well as other First Nation communities.
2. The **referral** is an adolescent thirteen (13) to eighteen (18) years old requesting admission to Ionkwanonhsassetsi.
3. The **referral agency/program** is the First Nation agency/program requesting that their adolescent be admitted to Ionkwanonhsassetsi.
4. The policy of Ionkwanonhsassetsi is the written procedure that facilitates the referral process of prospective adolescent clients. It has provisions for consultation between Ionkwanonhsassetsi and the referral agency/program.
5. The written procedure which follows, describes the conditions under which referrals can be made and consultations provided.
6. When a First Nation agency/program considers Ionkwanonhsassetsi as a possible resource, that First Nation agency/program will call Ionkwanonhsassetsi to request an Admission Packet.
7. When a referral is received either by phone or by mail and an Admission Intake packet is sent to the referral agency/program.
 - a) The Administrative Assistant is responsible for receiving all admission requests.
 - b) The Administrative Assistant is responsible for making an entry in the Admission Log listing the following information:
 - ◆ Date request received
 - ◆ Agency requesting packet
 - ◆ Address
 - ◆ Phone number
 - ◆ Contact person
 - ◆ Date Admission Packet is sent
 - c) If there is any problem or questions concerning the completion of the Admission Intake, the referral agency/program is requested to contact Ionkwanonhsassetsi.
 - d) The Admission Intake Packet contains instructions and information to be completed before the packet is returned to Ionkwanonhsassetsi.
 - e) The following is a list of the contents of the Admission Intake Packet:
 - ◆ Admission Criteria (**which includes proof of :**)
 - **Chemical Dependency Diagnosis**
 - **Health Card**
 - **Updated Immunization Record**
 - **Status Card / Tribal Affiliation**

- **Birth Certificate**
 - **Proof of recent physical (within 6 months)**
 - Passport (If available)
 - Transcripts, IEP and letter from the applicant's school describing subjects currently taking along with name of contact person at the school and fax number.
- ◆ Admission Instructions
 - ◆ Medical Form, Health Screening, Bio-Psychosocial, School, and Mental Health Forms
 - ◆ Participation Agreement
 - ◆ Release of Information Form. This form is for the referral agency/program to release the Admission Intake information to Ionkwanonhsassetsi.
8. When the referral agency/program completes the Admission Intake, the contact person of the referral agency/program calls the Administrative Assistant to go over the completed Admission Packet.
- a) Ionkwanonhsassetsi **will not accept** incomplete Admission Packets.
 - b) Ionkwanonhsassetsi **will not accept** any clients without a complete Admission Intake.
9. When the Administrative Assistant is sure that the referral agency/program has completed the Admission Intake, an entry is made in the Admission Log that the referral agency/program has completed the Admission Packet and will mail or fax the packet to Ionkwanonhsassetsi; however upon arrival at IATC they must deliver the original copy.
10. When the Admission Intake arrives at Ionkwanonhsassetsi:
- a) The Administrative Assistant will make an entry in the Admission Log that the Admission Intake is at the facility.
 - b) The Administrative Assistant will check the Admission Intake to ensure that all information is complete and all signatures are on the necessary forms.
 - c) If Admission Intake is not complete:
 - ◆ A call is made to the referral agency/program stating that the Admission Intake is not complete and that the Admission Intake information needs to be sent.
 - ◆ A letter is drafted and sent to the referral agency/program stating the issues or incomplete parts of the Packet.
 - ◆ Admission Intake may be returned to the referral agency/program along with the letter.
 - ◆ If the Intake is sent back, an entry is made in the Admission Log stating why the Admission Packet is being returned and a copy of the Admission Packet and letter is placed in a Pending Client File.
 - d) If the Admission Intake is complete:

- ◆ The Administrative Assistant will draft a summary of the Admission Intake.
 - ◆ The Admission Intake is placed in a Pending Client File.
 - ◆ A Client File Number is assigned.
 - ◆ The Program Manager is notified that the Intake is to be reviewed and summaries are to be presented at the next scheduled Case Consultation Review Team Meeting.
11. When the Case Consultation Review has accepted the Admission Intake:
- a) The Administrative Assistant will enter in the Admission Log that the Admission Intake is accepted by the Case Consultation Review Team.
 - b) The Administrative Assistant will make arrangements with the referral agency/program in the event of an on-site visit.
 - ◆ In the event of an on-site visit it will include the referral agency/program, contact person and the Pending Client.
 - ◆ If there is an on-site visit will be scheduled by the Administrative Assistant.
 - ◆ The results of this visit are presented to the Case Consultation Review Team.
12. When the Case Consultation Review Team accepts the Pending Client, an Intake appointment date is made. No emergency placements after Wednesday.
- a) Intake appointments are Monday, (excluding legal holidays) from 8:30 am to 3:00 pm.
13. In the event the Case Consultation Review Team does not accept the Pending Client, the referral agency/program is notified by phone and by letter stating the reasons why the Pending Client was not accepted.
14. The Administrative Assistant is responsible for the establishment of a file on all prospective clients which include:
- a) All Admission Intake information and forms.
 - b) All Intake evaluation and assessment forms (blank copies).

IONKWANONHSASETSI ADOLESCENT TREATMENT CENTER
Medical Form

Name:		OHIP/QHIP#		Previous Admission:	
Address:		Band Number:		D.O.B.:	
Significant Previous History:		Reason for Visit:		Specific Concerns:	
Height:	Weight:	Vision: Right	Vision: Left	Vision: Both	Temp/Blood Pressure:
General & Systemic Review:					

Skin: _____ Chest: _____

Glands: _____ Lungs: _____

Head: _____ Breasts: _____

Eyes: _____ Abdomen: _____

Ears: _____ Liver: _____ Spleen: _____

Nose: _____ G.U.: _____

Throat: _____ Gynecology: _____

Tonsils: _____ L.N.M.P: _____

Teeth: _____ Neurological: _____

Heart: _____ Mentality: _____

Pulses: _____ Endocrine: _____

Extremities: _____ Spine: _____

IMPORTANT:

****Flu like symptoms experienced within the past ten (10) days: YES _____ NO _____**

****In Contact with anyone who has had the flu, within the past ten (10) days: YES _____ NO _____**

Lab Tests and X-rays:		
Current Medications:	Immunizations given at this time:	
Comments and Recommendations (Diagnosis and Treatment):		
Follow-up:		
Doctor's Name:	Signature:	Date:
Address:	Date:	

**** Note:** All information on this physical form will be kept confidential ******

IONKWANONHSASETSI

Health Screening

Name: _____ Age: _____

DOB: _____ Sex: _____ Height: _____ Weight: _____

Name of Person Completing Form: _____

Name & Number of Agency: _____

Is there a history of the following problems?

Diabetes	Yes ___ No ___	Liver	Yes ___ No ___
High Blood Pressure	Yes ___ No ___	Tuberculosis	Yes ___ No ___
Seizures	Yes ___ No ___	Kidney	Yes ___ No ___
Cardiovascular	Yes ___ No ___	Asthma	Yes ___ No ___

Other: _____

Immunizations (provide dates) Rubella _____ DT _____

PPD _____ Reaction _____

Puberty: Indicate age at onset and any problems: _____

Note any abnormalities in physical body: _____

Any Restrictions? _____

Any Specific Therapy/Diet/Medications History? _____

Current Medications and Dosage: _____

Females only:

LMP: _____ Last Pap: _____ Number of Pregnancies: _____

Number of Pregnancies full term: _____ Contraception Method: _____

Comments: _____

Please circle one of the sizes that would best suit the client's needs for uniform purposes:

Small Medium Large X-Large XX-Large XXX-Large

Signature/Title _____

Date _____

IONKWANONHSASETSI
Bio-Psychosocial Screening Form

Name: _____
Person Completing Form: _____
Name and Phone # of Agency: _____

Identifying Data:

Current Address: _____
Postal Code: _____

Phone Number: _____

Reservation/Community: _____ Band #: _____

Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Live-in Mate ___ List all persons living in your household:

Name: _____	Relation: _____
_____	Relation: _____
_____	Relation: _____
_____	Relation: _____
_____	Relation: _____

Name of Father: _____

Current Address: _____

Occupation: _____

Type of Native: _____

Name of Mother: _____

Current Address: _____

Occupation: _____

Type of Native: _____

Current Status of Parents: Married ___ Divorced ___ Separated ___ Never Married ___

If in Foster Care please provide Name, Address, Occupation, and Ethnic Background of Foster Parents: _____

Current Life Situation:

How many schools have you attended? _____

How many times have you moved? _____

What is the current family like? List things like birth, death, income, family problems, etc:

How do your parents relate together? _____

What are your current feelings about your parents? _____

How do your siblings relate together currently? _____

How are you currently doing with school/work? _____

How are your current finances? _____

What do you do with your leisure time? (list interests, pleasure, past-times) _____

What is your religion? _____

How many close friends do you have? _____

How many of these friends would you trust your inner-most secrets to? _____

How many of these friends would you want to go to a treatment program? _____

How many of these friends think it's a good idea for you to go to a treatment program? _____

Do you have a hero? If yes, describe: _____

Presenting Problem:

A brief description of the client's history with the legal system.

Is this a legal request for services? Yes _____ No _____ (if yes, name the authority and title): _____

Name the authority contact person: _____

Address _____ Postal Code: _____

If this is a legal referral, list justification: _____

Currently are there any charges or warrants pending? (if yes, list charge, action required) _____

Alcohol History:

At what age did you take your first drink of alcohol? _____

How did your drinking continue from the first drink? (i.e.: sometimes with friends, weekends, alone, etc.) _____

What types of alcohol were drunk during early periods? _____

What amounts of alcohol were drunk during early periods? _____

Describe how your drinking changed from early periods: _____

What is your present drinking pattern? _____

What types of alcohol are drunk currently? _____

What amounts of alcohol are drunk currently? _____

How long have you been drinking alcohol? _____

How long have you thought your drinking was a problem? _____

Have you ever tried to stop drinking? (list how long you stopped, age, why you wanted to stop and why you started again)

List the problem areas where drinking is a major factor: (family, school, peers, etc.)

Have you ever had blackouts, withdrawal signs, Delirium Tremors, liver or stomach problems, hallucinations, insomnia? If yes, please explain: _____

Do you consider yourself an alcoholic? _____

Did you ever receive treatment for alcoholism? (outpatient counseling, inpatient treatment, etc., at what age and for how long?)

Other Drug Use History: (Gas sniffing and glue sniffing included)

At what age did you do your first drug, including tobacco? _____

How did your drug use continue from the first use? (with friends, weekends, alone, etc.)

What types of drugs were you using during early periods? _____

What amounts of drugs were you using during early periods?

Describe how your drug use changed from the early periods? _____

What is your present drug use pattern? _____

What types of drugs are you using currently? _____

What amounts of drugs are you using currently? _____

How long have you been doing drugs? _____

How long have you thought your drug use was a problem? _____

Have you ever tried to stop doing drugs? How long did you stop? What age were you? Why did you want to stop? Did you start again? If yes, why? _____

List the problem areas where your drug use is a major factor. (family, school, peers, etc.) _____

Have you ever had flash backs, hepatitis, insomnia, paranoia, tension, anxiety, mood swings?
Please explain. _____

Do you consider yourself to be an addict? _____

Did you ever receive treatment for chemical dependency, outpatient counseling, inpatient treatment, etc.? If yes, please indicate the age when services were received, what type of treatment was administered, where, and for how long.

Comments:

Signature & Title

Date

IONKWANONHSASETSI
Mental Health Screening Form

Name: _____
Name of Person Completing Form (please print) _____
Agency Name and Phone Number: _____

Is client currently being seen by a Mental Health Professional or any other counselor?

Current diagnosis: _____
Summary of treatment being given and any significant information concerning the treatment:
(i.e.: denial, resistance, over compliance, etc.):

Name of Professional: _____
Title of Professional: _____
Agency of Professional: _____
Has client ever been seen by a Mental Health Professional or any other counselor?

Diagnosis: _____
Length of treatment: _____
Date and reason for termination: _____
If different from above, please indicate: _____
Name of Professional: _____
Title of Professional: _____
Agency of Professional: _____
Is there evidence of mental illness in the family? _____

	Depression	Psychosis	Psych. Hosp.	Disorder
Either parent	_____	_____	_____	_____
Siblings	_____	_____	_____	_____
Others	_____	_____	_____	_____

Please give details for each item checked: _____

Comments: _____

Signature & Title Date

IONKWANONHSASETSI
School Information Form

Name: _____

Name of Person Completing Form (please print): _____

Name and Phone Number of School: _____

Current Grade: _____ Grades Completed: _____ Grades Skipped: _____

This school year, how many days has client been absent? _____

List disciplinary actions, if any: _____

List most recent grades in the various subjects:

Subject	Scores	Date	Comments
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List individually administered test data:

Test	Scores	Date	Comments
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Based on most recent achievement tests:

Reading at grade level: _____

Writing at grade level: _____

Mathematics at grade level: _____

Student is below average, average, above average: _____

Student is in a slow, average, advanced class: _____

Please attach a copy of the contents of the cumulative file.

Signature & Title

Date

IONKWANONHSASETSI

Consent for the Release of Confidential Information

I, _____, authorize
Name of Client

Ionkwanonhsassetsi to disclose to: _____
Name of Person or Agency disclosure is being made to

the following information: _____
Information to be disclosed

The purpose of the disclosure authorized herein is to:

PLAN CLIENT SERVICES

I understand that my records are protected under Federal regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in response to it, and that in any event, this consent expires automatically as follows:

SIX (6) MONTHS FROM THE SIGNATURE DATE BELOW

Client Signature

Date

Parent/Guardian or Representative Signature

Date

Case Supervisor Signature

Date

IONKWANONHSASETSI
Participation Agreement

Name: _____

1. **Introduction:**

The Participation Agreement is an agreement between the Client and Ionkwanonhsassetsi. The Participation Agreement outlines areas that are rules to respect, regulations to uphold, and conduct expected of Clients while they are here at Ionkwanonhsassetsi.

Each incoming Client, during the admission process signs a Participation Agreement. Ionkwanonhsassetsi must insure that the Participation Agreement is read to a prospective Client and understood by the prospective Client before admission. The Participation Agreement is a part of the admission intake.

2. **Policy:**

- a) Ionkwanonhsassetsi requires each admission intake to contain a signed and dated Participation Agreement.
- b) Ionkwanonhsassetsi will insure that during each intake that the Case Supervisor reads to each Client, answers any questions, and contracts each Client to the Participation Agreement.

General Rules and Regulations (Client)

1. Physical violence, in any form, will not be tolerated.
 - a) Immediate termination.
 - b) Possible criminal charges.
2. Any Client engaging in sexual misconduct activities will be subject to severe consequences, legal or otherwise.
 - a) Criminal charges are possible for cases of rape and child sexual abuse.
3. Any Client using alcohol or any other non prescribed drug not authorized by Ionkwanonhsassetsi is subject to severe consequences.
4. Medication shall not be ingested by Clients without the authorization of Ionkwanonhsassetsi staff.
 - a) On admission, medications will be confiscated and administered according to a doctor's order.
5. Normal housekeeping and grounds keeping assignments will be used for therapeutic purposes. There will be no financial remuneration.
6. Areas used by Clients will be used and maintained in a clean and tidy manner.
7. Client bedroom and bed assignments are made by staff.

8. Male clients are not to visit female bedrooms and female clients are not to visit in male bedrooms.
9. Each Client will be given reading and writing assignments in addition to normal school work.
10. Client owned electrical and/or battery operated devices are approved when a client has reached Level III in their program.

I HAVE READ, OR BEEN READ, THE ABOVE. I UNDERSTAND AND I WILL COMPLY WITH THESE GENERAL RULES AND REGULATIONS.

Client Signature

Date

General Rules and Regulations (Client and Family)

Restricted Areas:

1. The Client restricted areas at Ionkwanonhsasetsi are those areas where facility equipment is housed. (i.e. electrical room, mechanical room, etc.)
2. and other areas identified by staff or signage

Food:

1. No eating and/or storage of food in Clients bedrooms.
2. Food is restricted to dining area.
3. Food may not be brought in by family members without Case Consultation Team approval.
4. All Clients will be present at all meals and snack times.
5. During snack time the snack and drink may be brought to the dining area on the first floor.

Client Dress Code:

1. Dress at Ionkwanonhsassetsi will be an assigned uniform(s) provided by I.A.T.C.
2. Undergarments must be worn at all times.
3. Sunglasses, hats, bandannas, are not permitted in the house or school room.
Appropriate sunglasses and hats can be worn on outings only.
4. Clients are not permitted to leave their bedrooms without wearing a robe and slippers during morning shower times and evening preparations for bed. At all other times, Clients will be fully dressed.
5. Personal hygiene of each client is required at all times and is not an option (includes daily showers/baths, washing hands after using restrooms, combing hair, brushing teeth, etc.)
6. Common courtesy will be taught and enforced. i.e. table manners, etc.

Cultural/Spiritual:

1. Ionkwanonhsassetsi is a Native program. All Clients will be given education about Native heritage and culture. This will include films, lectures and activities.
2. Clients will have an opportunity to practice their own traditional teachings or spiritual practices as approved by their parents, guardians, or other persons in authority.
3. All Clients participation in spiritual activities is by choice.
4. No Client will be required to participate in spiritual activities they do not want to. i.e. Long House, church, etc.

Adventure/Outdoor Activities and Recreation:

1. Adventure outings and outdoor activities and recreation are developed and implemented as a normal part of the services of Ionkwanonhsassetsi. Participation is required.

Visiting Hours:

1. Visiting hours: Saturday from 1:00 p.m. to 4:00 p.m.
2. Visits will be conducted in specified areas; family access to bedrooms is prohibited.
3. Visits during unscheduled times must be approved by the case consultation team.
4. Visits from the referral agency/program are unrestricted and encouraged.

Program Length:

1. Each Client must be prepared to spend a minimum of one (1) month at Ionkwanonhsassetsi. After the assessment phase and a Care Plan is established. Further services are determined by this plan.

Family Participation:

1. Family members are expected to participate in the client's program.
2. Family members are expected to participate in scheduled Positive Parenting Skills Training. (When available)
3. The family is required to provide financial assistance when they can. (i.e. Client's Comfort Allowance and Per Diem)

Continuing Care:

1. Continuum of care services are continued for about one (1) year after discharge.
 - a) A Continuing Care Plan is developed before discharge and is a part of the Care Plan.
 - b) Each Client is expected to participate in the Continuing Care Plan in their local community.
 - c) Continuing Care Plans are developed with the Client, program staff, and the referral agency/program.

Follow-up Services:

1. Follow-up Services are conducted to follow the progress of the Client. These services are used mainly for program improvements but also help discharged Clients to keep on track. The Follow-up Plan is part of the Care Plan.

I HAVE READ, OR BEEN READ, THE ABOVE. I UNDERSTAND AND I WILL COMPLY WITH THESE PROGRAM GUIDELINES.

Client Signature

Date

Parent/Guardian or Representative Signature

Date

Case Supervisor Signature

Date

IONKWANONHSASETSI
Client Clothing List

The following is a list of items suggested to help you prepare for your stay at Ionkwanonhsassetsi. Personal belongings will be kept to a minimum as client storage space is limited. So, it is suggested that the potential client bring only one suitcase or bag upon arrival:

ONE PIECE bathing suit	Toothbrush and toothpaste
Solid or stick deodorant	Hand soap
Shampoo and creme rinse	Sanitary napkins / products
Sport shoes	Shoes or boots
Outer wear appropriate for season	
Appropriate under garments (no thongs or see through garments)	
Socks	
Pajamas	

Clients who are on prescribed medication are encouraged to bring them, however, they will be locked in the medication container and dosage will be monitored.

You may find some pocket-money desirable. Laundry facilities are provided.

The following is a list of items that Ionkwanonhsassetsi **WILL NOT ALLOW** you to have in your possession during your stay:

Jewelry and make-up will NOT be allowed (Including tongue and nose piercings)	
Anything that contains alcohol	No aerosol sprays
Knives, guns, scissors	Fingernail polish/remover
Radio, TV, tape player	Large amounts of cash
Drug or Satanic symbols	Non-prescription/over the counter medication
Clothing with drug or Satanic symbols	No CD's, Movies, iPod's or Mp3 players
Pornographic reading material or clothing	Cell Phones
Hair Dryer, Hair Straightener, Hair Product	Perfume, Cologne, Heavily scented
Other than shampoo/conditioner	lotions

**** NOTE: Items brought in to the facility which are not permitted will be sent home with the Parent / Guardian or Referral Agent upon entry into the facility.**

How you can use the Medicine Cabinet Inventory

- List all prescriptions, including over-the-counter medications.
- Include the date of purchase and quantity.
- Include recommended dosage. Never increase or decrease doses without talking to your doctor.
- Keep all medications out of reach of all young children and adolescents.
- To properly dispose of unused or expired medications, dispose of medications in a community drop box site or mix them with used cat litter, coffee grounds or sawdust to make them less appealing, before throwing them in the garbage.

The following organizations offer information and resources that can help you and your family.



1-877-8-HOPENY

Find Help for **1-877-846-7369**
Alcoholism, Drug Abuse, Problem Gambling



OASAS
Improving Lives.

New York State Office of Alcoholism and Substance Abuse Services
www.oasas.ny.gov



NEW YORK
State Department of
HEALTH

New York State Department of Health
www.health.ny.gov



COMBAT
HEROIN

www.combatheroin.ny.gov

Medicine Cabinet Inventory

Use the following chart to help keep track of the medications in your medicine cabinet.

List the name and strength of the prescription and nonprescription medications. Include the date filled, the expiration date, and the original quantity. Once a week, count the pills remaining and mark the date.

Medication Name and Strength	Date Filled	Expiration Date	Original Quantity	Quantity Remaining			
				Date	Date	Date	Date



Facts on Heroin and Prescription Opioids

A Serious Problem that can Lead to Heroin Addiction

Prescription drug misuse occurs when a person takes a prescription medication that is not prescribed for him/her, or takes it for reasons or in dosages other than as prescribed. The nonmedical use of prescription medications has increased in the past decade and has surpassed all illicit drug usage except marijuana in the United States. Misuse of prescription drugs can produce serious health effects, including addiction. One of the most striking aspects of the misuse of prescription medications has been the increase in painkiller abuse, which can lead to heroin use.

- Prescription analgesic overdoses killed nearly 15,000 people in the US in 2008, more than three times the 4,000 killed by these medications in 1999. (*CDC Vital Signs 11/2011*)
- Young adults ages 18 - 24 are particularly at risk, with increases in heroin/opioid admissions for treatment throughout the state. In particular, upstate New York (222% increase in admissions) and Long Island (242% increase) have been hard hit by this problem. (*NYS Client Data System*)
- In 2011, nonmedical use of prescription drugs among youth ages 12 - 17 and young adults ages 18 - 25 was the second most prevalent illicit drug use category, with marijuana being first. (*NSDUH 2011*)
- Between 2007 and 2012, the number of individuals using heroin during the past 30 days more than doubled nationwide (161,000 to 335,000). (*NSDUH 2012*)
- The percentage of New York State high school students who reported using heroin more than doubled between 2005 and 2011 (1.8 % to 4%). (*Youth Risk Behavior Survey (YRBS)*)

Heroin and Prescription Drug Abuse Can Be Addictive and Deadly

Loss of tolerance

Regular use of opioids leads to greater tolerance. For example, more is needed to achieve the same effect (high). Overdoses occur when people begin to use again. This is usually following a period of not using (abstinence) such as after coming out of treatment.

Mixing drugs

Mixing heroin or prescription opioids with other drugs, especially depressants such as benzodiazepines (Xanax, Klonopin, etc.) or alcohol, can lead to an accidental overdose, respiratory problems and death. The effect of mixing drugs is greater than the effect one would expect if taking the drugs separately.

Variation in strength of heroin

Heroin may vary in strength and effect based on the purity.

Serious illness

Users with serious illness such as HIV/AIDS, hepatitis B and C, heart disease, and endocarditis are at greater risk for overdose.

Prevent Prescription Drug Misuse

Lock Your Meds

Prevent your children from using your medication by securing it in a place your child cannot access.

Take Inventory

Download the Medicine Cabinet Inventory sheet; write down the name and amount of medications you currently have; and check regularly to ensure that nothing is missing. www.combatheroin.ny.gov



Proper Disposal

To properly dispose of unused or expired medications, dispose of medications in a community drop box site or mix them with used cat litter, coffee grounds or sawdust to make them less appealing before throwing them in the garbage.

Educate Yourself & Your Child

Learn about the most commonly misused types of prescription medications (pain relievers, sedatives, stimulants and tranquilizers), then communicate the dangers to your child. Once is not enough.

Set Clear Rules & Monitor Behavior

Express your disapproval regarding the inappropriate and dangerous use of medications without a prescription. Monitor your child's behavior to ensure that the rules are being followed.

Pass It On

Share your knowledge, experience and support with the parents of your child's friends. Together, you can create a tipping point for change and raise safe, healthy and drug-free children.

Classification of Commonly Abused Prescription Drugs

OPIOIDS <i>indicated for pain include:</i>	DEPRESSANTS <i>indicated for anxiety and sleep disorders include:</i>	STIMULANTS <i>indicated for ADHD include:</i>
Hydrocodone (Vicodin)	Barbiturates	Dextroamphetamine (Dexedrine)
Oxycodone (Oxycontin)	Pentobarbital sodium (Nembutal)	Methylphenidate (Ritalin and Concerta)
Oxymorphone (Opana)	Benzodiazepines	Amphetamines (Adderall)
Hydromorphone (Dilaudid)	Diazepam (Valium)	
Meperidine (Demerol)	Alprazolam (Xanax)	
Diphenoxylate	Clonazepam (Klonopin)	
Codeine		
Fentanyl		
Morphine		
Opium and any other drug with morphine-like effects		

Properly Dispose of Old and Unused Medications

The following organizations offer information and resources that can help you and your family.



1-877-8-HOPENY

Find Help for **1-877-846-7369**
Alcoholism, Drug Abuse, Problem Gambling



New York State Office of Alcoholism and Substance Abuse Services
www.oasas.ny.gov



New York State Department of Health
www.health.ny.gov



www.combatheroin.ny.gov

Students Should Know the Facts

Heroin and Prescription Opioids are a Serious Problem

Prescription drug misuse occurs when a person takes a prescription medication that is not prescribed for him/her, or takes it for reasons or in dosages other than as prescribed. The nonmedical use of prescription medications has increased in the past decade and has surpassed all illicit drug usage except marijuana in the United States. Misuse of prescription drugs can produce serious health effects, including addiction. One of the most striking aspects of the misuse of prescription medications has been the increase in painkiller abuse, which can lead to heroin use.

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Heroin may vary in strength and effect based on the purity.

Serious illness

Users with serious illness such as HIV/AIDS, hepatitis B and C, heart disease, and endocarditis are at greater risk for overdose.

Prevent Prescription Drug Misuse

Despite what some people may assume, abusing prescription drugs is not safe.

Safeguard Your Meds by placing your prescribed medication in a secure location and tracking the number of pills at all times

- Routine tracking of your prescribed medication is smart, especially when others live with you or visit your dorm room/apartment.
- Never share medication that is prescribed for you.
- Never take medication that was prescribed for someone else.
- Don't mix medications. Speak to your health care provider about all medications you are taking, including over-the-counter medications.

Pass It On

Share your knowledge, experience and support with your friends and family.



Ask for Help

There are many confidential resources available for students – if you ask! Ask your health care professional or seek assistance from a mental health or substance abuse counselor.

Signs and Symptoms

Change in behavior is key when one suspects there is substance abuse. The key is to get the person assistance as soon as possible.

Physical Signs

- Loss or increase in appetite; unexplained weight loss or gain
- Small pupils, decreased respiratory rate and a non-responsive state are all signs of opioid intoxication.
- Nausea, vomiting, sweating, shaky hands, feet or head, and large pupils are all signs of opioid withdrawal.

Behavioral Signs

- Change in attitude/personality
- Change in friends; new hangouts
- Avoiding contact with family or sports
- Change in activities, hobbies or sports
- Drop in grades or work performance
- Isolation and secretive behavior
- Moodiness, irritability, nervousness, giddiness, nodding off
- Wearing long-sleeved shirts or layers of clothing out of season
- Stealing

Advanced Warning Signs

- Missing medications
- Burnt or missing spoons/ bottle caps
- Missing shoelaces/belts
- Small bags with powder residue
- Syringes

Good Samaritan Law

Some individuals may fear that police will respond to a 911 call and there will be criminal charges for themselves or for the person who overdosed. Those fears should NEVER keep anyone from calling 911 immediately. It may be a matter of life or death.

In September 2011, the 911 Good Samaritan Law went into effect to address fears about a police response to an overdose. This law provides significant legal protection against criminal charges and prosecution for possession of controlled substances, as well as possession of marijuana and drug paraphernalia. This protection applies to both the person seeking assistance in good faith, as well as to the person who has overdosed. Class A-1 drug felonies, as well as sale or intent to sell controlled substances, are not covered by the law.

Properly Dispose of Old and Unused Medications

The following organizations offer information and resources that can help you and your family.



1-877-8-HOPENY

Find Help for **1-877-846-7369**
Alcoholism, Drug Abuse, Problem Gambling



New York State Office of Alcoholism and Substance Abuse Services
www.oasas.ny.gov



New York State Department of Health
www.health.ny.gov



www.combatheroin.ny.gov

Is Your Medicine Cabinet Safe?

Prescription Painkillers, Medications and Over-the-Counter Medicine Abuse

Why you should be concerned

FACT: Among persons ages 12 or older who used pain relievers nonmedically in the past year, an estimated 70% obtained them from a friend or relative. (NSDUH 2011)

FACT: In 2011, nonmedical use of prescription drugs among youth and young adults ages 12 - 25 was the second most prevalent illicit drug use category, with marijuana being first. (NSDUH 2011)

FACT: According to the Federal Drug Abuse Warning Network, emergency room visits due to abuse of prescription drugs are greater than the number of visits due to abuse of marijuana and heroin combined.

FACT: Young adults ages 18-24 are particularly at risk, with increases in heroin/opioid treatment admissions throughout the state. In particular, upstate New York (222% increase in admissions) and Long Island (242% increase) have been hard hit by this problem. (NYS Client Data System)

FACT: Between 2007 and 2012, the number of individuals using heroin during the past 30 days more than doubled nationwide (161,000 to 335,000). (NSDUH 2012)

FACT: The percentage of New York State high school students who reported using heroin more than doubled between 2005 and 2011 (1.8 % to 4%). Youth Risk Behavior Survey (YRBS)

One of the most striking aspects of the misuse of prescription medications has been the increase in painkiller abuse, which can lead to heroin use. Prescription drug abuse is the use of prescription medication in a manner that is not prescribed by a health care practitioner. This includes using someone else's prescription or using your own prescription in a way not directed by your doctor.

Most people take prescription medication responsibly under a doctor's care. However, there has been a steady increase in the nonmedical use of these medications, especially by teenagers. Part of the problem is the availability of medications (over-the-counter and prescription) in the family medicine cabinet, which can provide easy access for children, adults, elderly and visitors. People often mistakenly believe these medications are safe because they are approved by the FDA and prescribed by a physician. Nonmedical use of certain prescription drugs can lead to addiction.

What you can do

Educate Yourself

- Be aware of the medications in your home. Have open conversations about appropriate versus inappropriate use of medication. Inform your friends and family that abusing medications can be just as dangerous as using illegal drugs.
- Ask your health care provider if any medications prescribed for your family have a potential for abuse.
- Be familiar with the warning signs of prescription and over-the-counter drug abuse. Warning signs can be both behavioral and physical, and may include withdrawal from normal activities, irritability, unusual requests for money, unexplained changes in friends, and frequent nasal or sinus infections.

Communicate with Your Family

- Remind family members in your home that many medications do not mix well with alcohol or other medications, including herbal remedies.
- Teach your teens and younger children to respect medicines. Medicines are important tools in health care but they must be used according to directions.
- Set clear expectations with your teenagers and let them know that under no circumstances should they ever take medications without your knowledge.



Important Information for Parents

Regarding Prescription Pain Medication and Heroin

Facts

There is no greater influence on a young person's decisions about drug use than his/her own parents or guardians. To successfully keep kids drug-free, parents must provide active support and positive role-modeling.

Parents are key in preventing drug use. Be a parent, not a friend. Establish boundaries that take a clear stand against drug use.

Nationally, one in five teens has taken prescription drugs without a doctor's prescription one or more times in their life. (*MMWR June 8, 2012*)

Between 2007 and 2012, the number of individuals using heroin during the past 30 days more than doubled nationwide (161,000 to 335,000). (*NSDUH 2012*)

Current brain research shows that the brain is not fully developed until the mid-20s. Adding chemicals to a developing brain is a very risky endeavor—and one that can lead to health problems and places kids at high risk for addiction, even death.

The percentage of New York State high school students who reported using heroin more than doubled between 2005 and 2011 (1.8 % to 4%). (*Youth Risk Behavior Survey (YRBS)*)

You Should Know

- The majority of both teens and young adults obtain prescription drugs they abuse from friends and relatives, sometimes without their knowledge.
- Despite what many teens think, abusing prescription drugs is not safer than misusing illicit drugs.
- Prescription drugs can be addictive and lethal when misused.
- Prescription painkillers can lead to heroin use.
- Combining prescription drugs/over-the-counter medications and alcohol can cause respiratory failure and death.
- In 2011, nonmedical use of prescription drugs among youth ages 12 - 17 and young adults ages 18 - 25 was the second most prevalent illicit drug use category, with marijuana being first. (*NSDUH 2011*)

Why Teens Use

Acceptance

Teens use to fit in with friends, to become popular, or to be where the action is.

Curiosity

Youth hear about "highs" and want to find out for themselves.

Easy Access

If pills are easy to obtain, available within a household and not monitored, they are more likely to be used inappropriately.

Modeling

When parents or older siblings use alcohol, drugs and/or tobacco, youth are more likely to try.

Self-medication

To cope with pressures or problems or as an antidote to deal with issues. Medication is intended only for the person for whom it was prescribed. Never share medications. Misuse can lead to addiction and death.



Take Action

When you suspect your child may be using heroin or inappropriately using prescription painkillers, it is important to take action.

Prepare Yourself

Work with what happened rather than why it happened. Don't blame someone else, yourself or your child. Don't be shocked or judgmental, because there are many innovative ways to conceal use. Don't be afraid and/or hesitate to investigate your son/daughter's belongings such as cell phones, computers, etc.

Confront the Issue

Don't let anger or fear overwhelm your effectiveness in dealing with your child. Cool down or take a walk before you begin the conversation.

Have a Conversation

Putting your head in the sand is counterproductive. Accept that your son/daughter may be using so you can begin the conversation.

Set Standards

Take a stand. Say "NO" clearly and firmly. Carry through on consequences.

Ask For Help

There are many confidential resources available for parents—if you ask! Ask your school health professional for help, or seek assistance from a mental health or substance abuse counselor.

Signs and Symptoms

Any one of the following behaviors can be a symptom of normal adolescence. However, keep in mind that the key is change. It is important to note any significant changes in a child's physical appearance, personality, attitude or behavior.

Physical Signs

- Loss or increase in appetite; unexplained weight loss or gain
- Small pupils, decreased respiratory rate and a non-responsive state are all signs of opioid intoxication.
- Nausea, vomiting, sweating, shaky hands, feet or head, and large pupils are all signs of opioid withdrawal.

Behavioral Signs

- Change in attitude/personality
- Change in friends; new hangouts
- Avoiding contact with family
- Change in activities, hobbies or sports
- Drop in grades or work performance
- Isolation and secretive behavior
- Moodiness, irritability, nervousness, giddiness, nodding off
- Wearing long-sleeved shirts or layers of clothing out of season
- Stealing

Advanced Warning Signs

- Missing medications
- Burnt or missing spoons/ bottle caps
- Missing shoelaces/belts
- Small bags with powder residue
- Syringes

The following organizations offer information and resources that can help you and your family.



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New York State Office of Alcoholism and Substance Abuse Services
www.oasas.ny.gov



New York State Department of Health
www.health.ny.gov



www.combatheroin.ny.gov

Prescription Safety

The abuse and misuse of prescription pain medication is very dangerous

Prescription Drug Misuse

Most people take prescriptions responsibly under a doctor's care. However, there has been a steady increase in the nonmedical use of medications, especially by adolescents and young adults.

Prescription drug misuse occurs when a person takes a prescription medication that is not prescribed for him/her, or takes it for reasons or in dosages other than prescribed. The nonmedical use of prescription medications has increased in the past decade and has surpassed all illicit drugs except marijuana in the United States. Misuse of prescription drugs can produce serious health effects, including addiction.

Commonly misused prescription medications include those that are intended to relieve pain, anxiety and sleep disorders.

Why should you be concerned?

- Despite what many teens and adults think, abusing prescription drugs is not safer than misusing illicit drugs.
- Prescription drug misuse may begin with inappropriate prescribing or lack of patient compliance with medication regimens. Continued misuse may lead to abuse and dependence.
- Prescription painkillers can lead to addiction and heroin use.
- Federal Drug Abuse Warning Network data consistently shows the increasing involvement of prescription drugs in emergency department visits related to both drug misuse or abuse and adverse reactions.
- The percentage of New York State high school students who reported using heroin more than doubled between 2005 and 2011 (1.8 % to 4%). (*Youth Risk Behavior Survey (YRBS)*)
- Nationwide, the number of individuals using heroin during the past 30 days more than doubled between 2007 and 2012 (161,000 to 335,000). (*NSDUH 2012*)

Remember

- Prescription drug misuse is on the rise and has resulted in unintended drug addiction and death.
- Ask your provider if any of the medications prescribed for your family have a potential for abuse.
- Medication is intended only for the person for whom it was prescribed.
- Never share medications.
- Don't mix medications. Speak to your health care provider about all medications you are taking, including over-the-counter medications.
- Medications are unsafe when not taken as prescribed.
- Store all medications in one designated location, in a dry and cool place. The kitchen and bathroom are bad places to store medication because of heat and moisture.
- Be sure the medication location is safe and secure, away from children, adolescents and others.
- Routine tracking of all medication is a good idea, especially when others live with or visit you.
- Discuss the importance of safely using medications with family and friends.



Prescription and Over-the-Counter Medicine Misuse

To download a useful tracking tool for your own medicine cabinet, visit www.combatheroin.ny.gov.

With this tool, you can list your prescriptions, the date filled, the expiration date, and original quantity. Once a week, count the pills remaining and mark the date.

The following organizations offer information and resources that can help you and your family.



1-877-8-HOPENY

Find Help for **1-877-846-7369**
Alcoholism, Drug Abuse, Problem Gambling



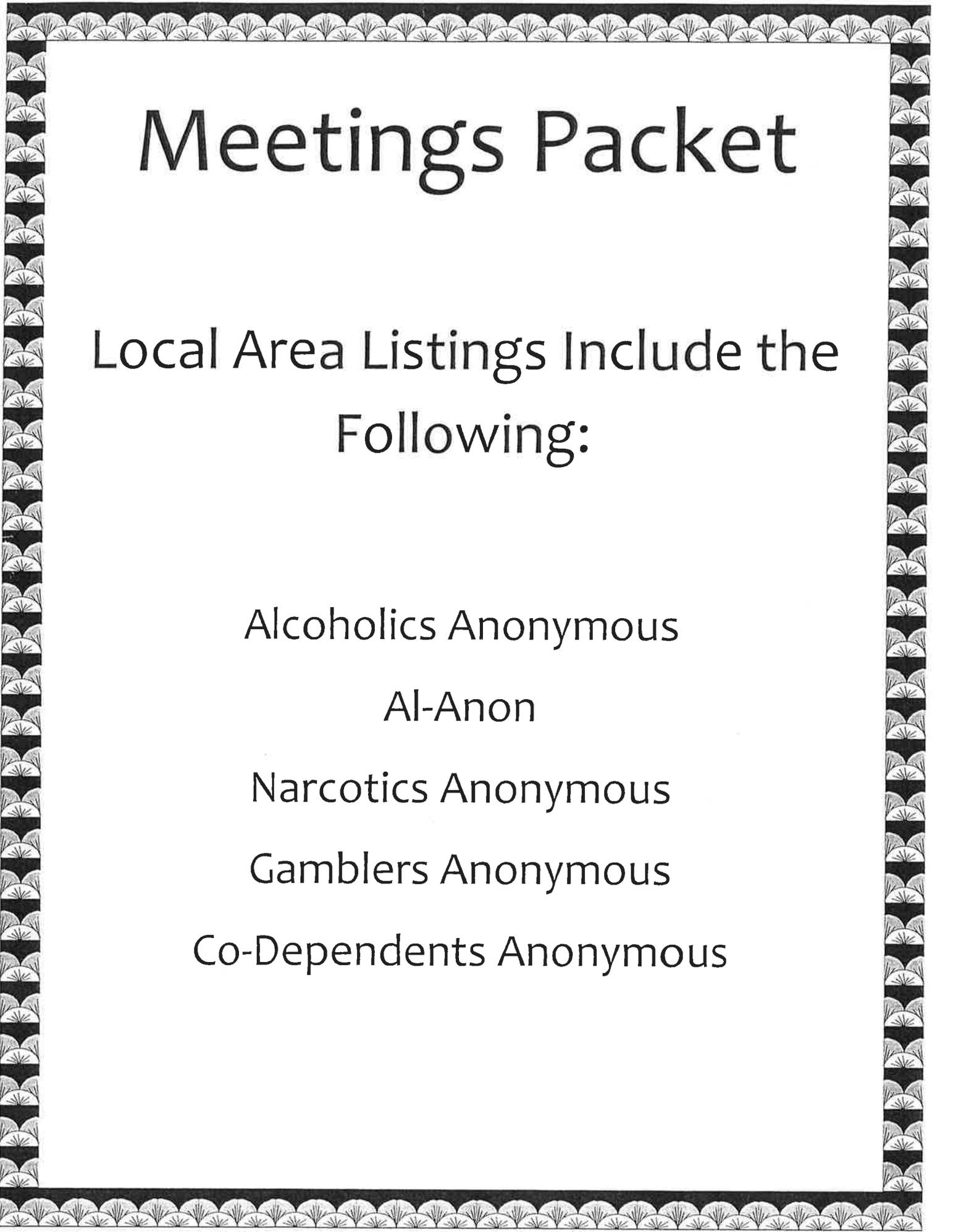
New York State Office of Alcoholism and Substance Abuse Services
www.oasas.ny.gov



New York State Department of Health
www.health.ny.gov



www.combatheroin.ny.gov



Meetings Packet

Local Area Listings Include the
Following:

Alcoholics Anonymous

Al-Anon

Narcotics Anonymous

Gamblers Anonymous

Co-Dependents Anonymous

Sewakwatho

"A place for continued sobriety"

281 State Rt 37, Arkwesasne N.Y. 13655

- Monday: AA meeting @ Noon
AA Big Book @ 8pm
- Tuesday: AA meeting @ Noon
- Wednesday: AA meeting @ Noon
Men's Talking Circle @ 6:30pm
- Thursday: AA meeting @ 12 noon
Meditation @ 6:30 pm
Ala-non meeting @ 7:30pm
- Friday: AA meeting @ Noon
AA meeting @ 8 pm
- Saturday: Women's AA meeting @ 10 am
NA meeting @ 2pm
AA NOON

Local AA, NA & Co-Dependency Meetings

<u>DAY</u>	<u>LOCATION</u>	<u>TIME</u>
SUNDAY (AA)	Mohawk Indian Housing McGee Road	10am
MONDAY (AA)	Sewakwatho	8pm
TUESDAY (NA)	Partridge House	8pm
WEDNESDAY (AA)	Mohawk Indian Housing McGee Road	8pm
WEDNESDAY (CD)	Senior's Center	7:30pm
Thursday (NA)	Saint Regis Rec. Center	7pm
Thursday (Al-Anon)	Sewakwatho	7:30pm
FRIDAY (AA)	Sewakwatho	8pm

39 Serenity Place

39 EAST ORVIS ST. MASSENA

Stop by for some recovery Fellowship

Open 7 days a week

Meetings

SUNDAY	1:00 PM	AA Open Discussion (O)
MONDAY	7:00 PM	Women's Meeting (O)
TUESDAY	7:30 PM	AA Open Discussion (O)
WEDNESDAY	7:00 PM	AA Big Book Study (O)
SATURDAY	6:00 PM	Alateen Meeting
	7:00 PM	Al-Anon Beginners Meeting (O)

Game Night - Fridays at 7pm
Other activities

Book Club - Fridays at 7pm

Join us on Saturday Mornings for a dynamic breakfast 9 to 11 am

Back to Basics - Saturdays at 11am

Or come for our Sunday Dinners at 5 pm

ON 1st AND 3rd weekends

Sunday Football 4-7 pm

**VOLUNTEERS ARE STILL NEEDED TO STAFF THE
CLUBHOUSE...FEEL FREE TO STOP BY FOR A CUP OF COFFEE
AND SOME FELLOWSHIP!!!**

We now have two flat screen TVs and cable

QUESTIONS?

CALL: 315-250-7410

Like us on Facebook: <https://www.facebook.com/39serenityplace>

Visit our website: <https://sites.google.com/site/39serenityplace>

NA Meeting List

Monday 7:30pm Newman Center "In the Hood Group"
33 Court St. (OD)
Canton, NY

Tuesday 8:00pm Partridge House (OD)
25 St. Regis Rd.
Hogansburg, NY

7:30pm First Congressional Church (step)
300 New York Ave.
Ogdensburg, NY

8:00pm Rehab Group (OD)
Canton/Potsdam Hospital
Potsdam, NY

Wednesday 7:30pm Grace Episcopal Church (OD)
3 East Main St.
Canton, NY

Thursday 7:30pm St. Mary's Church (OD)
Massena Group
Massena, NY

Friday 7:30pm Newman Center "In the Hood Group" (OD)
33 Court St
Canton, NY

Saturday 7:30pm First Congressional Church "Last Chance for Hope"
300 New York Ave.
Ogdensburg, NY

7:00pm Massena Hospital
Massena, NY

Sunday 7:00pm Rehab Group
Canton/Potsdam Hospital
Potsdam, NY

2pm NA →
@ Sewickweh

District 42 St. Lawrence International

A.A. ... it works.

Alcoholics Anonymous
 District 42
 (primarily St. Lawrence County of Northern New York)

Home

12 Steps

12 Traditions

A.A. Meetings by day (both Districts 42 & 19)

Meetings - Calendar View +

General Service Meetings

Changes since previous list

Download free Adobe (r) Reader

AA Links +

Al-Anon Links +

Contact Us

Printable meeting list

Home **North Country Al-Anon Meetings**

North Country Al-Anon / Alateen Meetings (St. Lawrence & Franklin Counties) District 26 Meeting List (revised May 2014)

AL-ANON

Return to AA Listing

Day	Time	City/Town	Type	Location	Address
Monday	8:00 pm	Ogdensburg	Al-Anon	St. John's Episcopal Church (3rd floor)	500 Caroline St. (use Knox St. entrance)
Monday	8:00 pm	Brushton	Al-Anon	Hope Community Center	State Hwy 11 (next door to Stewart's)
Tuesday	noon	Massena	Al-Anon	St. John's Episcopal Church (no July/August meetings)	139 Main St. (use back entrance)
Tuesday	8:00 pm	Canton	Al-Anon	Unitarian Church (back entrance, main floor)	3 1/2 E. Main St.
				Congregational Church UCC (use side door at rear)	39 W. Orvis St.
Wednesday	8:00 pm	Potsdam	Al-Anon	Canton-Potsdam Hospital, 2nd floor, conference room A	near the corner of Leroy & Cottage
Thursday	7:00 pm	Potsdam	Al-Anon	Van Housen Hall (3rd floor Conference Room), Gouverneur St., SUNY Potsdam Campus	Off Pierrepont Ave., then Barrington to Gouverneur, then right (look for "Campus Security" sign)
Thursday	7:30 pm	Hogansburg	Al-Anon	Methodist Church	St. Regis Road
Friday	6:00 pm	Heuvelton	Al-Anon	Wesleyan Church	18 York St.
Friday	8:00 pm	Waddington	Al-Anon	Municipal Building	Lincoln Avenue
Saturday	6:00 pm	Massena	Alateen	"39 Serenity Place"	39 East Orvis Street
Saturday	7:00 pm	Massena	Al-Anon Newcomer Meeting	"39 Serenity Place"	39 East Orvis Street

The A.A. Preamble

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may

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only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions.

A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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updated 5/12/14 } 315-268-0120 St. Lawrence Co
 518-481-4606 Franklin Co

→ To arrange to speak with an A.A. member or get more information on local A.A. meetings call

AL-ANON GROUP MEETING LIST

CORNWALL AREA

NEWCOMMERS WELCOME !

AL-ANON TELEPHONE SERVICE (613) 937-4880

**Sunday at 11:00 am, Flight to Freedom AFG
The Hut in Parking St. Francis De Sales
434 Second St. W. Cornwall, ON.**

**Monday at 7:30 pm, Helping Hands
Starbright Centre
343 Pitt St. Cornwall**

**Tuesday at 8:00pm, Lancaster Friendship AFG
St. Andrews Presbyterian Church Hall
Church St. Williamstown, ON.**

**Tuesday at Praying Hands AFG
St. Lawrence St.
Winchester, On.**

**Thursday at 10:30 am, New Lease On Life
The Hut, St. Francis de Dales Parking Lot
434 2nd St. Cornwall, ON**

**Thursday at 8:00 pm, New hope AFG
Lakeshore Drive United Church
Lakeshore Drive
Morrisburg, On**

District 42 St. Lawrence International

A.A. ... it works.

- [Home](#)
- [12 Steps](#)
- [12 Traditions](#)
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- [Calendar](#)
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- [Contact Us](#)

- [A.A. Area 83](#)
- [A.A. General Service Office](#)
- [AA Grapevine](#)
- [North Country Al-Anon Meetings](#)
- [Al-Anon Service Office](#)

Alcoholics Anonymous

District 42

(primarily St. Lawrence County of Northern New York)

[Home](#) ▢ [A.A. Meetings by day \(both Districts 42 & 19\)](#)



New York "North Country" Alcoholics Anonymous

Click below to select meetings by day of the week

[Home](#)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>Meeting Key: BB = Big Book S = Speaker D = Discussion C = Closed (Alcoholics only) O = Open (all interested) All Meetings are Non Smoking</p> <p>Click on underlined street addresses to open Google Maps with that location. (A.A. is not affiliated with Google in any way. these links are provided as a courtesy to help the user find an A.A. meeting location.)</p>						
Sunday		back to top				
Sunday	9:00 am	Gouverneur	OD	St. James Church (basement)	5 Gordon St.	
Sunday	9:00 am	Malone	OD	Alice Hyde Hospital Conference Room	133 Park St.	
Sunday	10:00 am	Akwesasne	OD	Sunrise Apartments Community Room	378 SR 37 (east of Bear's Den, behind Tribal Police Station)	
Sunday	10:00 am	Ogdensburg	CD	Dobisky Community Center	100 Riverside Ave.	
Sunday	10:00 am	Potsdam	OD	Canton-Potsdam Hospital Chemical Dependency Unit (separate bldg behind Canton-Potsdam Hospital)	20 Cottage St. (1/2 block west of Leroy St.)	
Sunday	10:30 am	South Colton	OD	Community Center	9 Sugar Bush Lane (west off Route 56)	
Sunday	7:00 pm	Canton	OD, Candlelight	First Presbyterian Church	17 Park Street	
Sunday	7:00 pm	Potsdam	C, BB	Trinity Episcopal Church (wheelchair accessible)	8 Maple St. (on Fall Island)	
Sunday	7:30 pm	Ogdensburg	O, Speaker	Unity Center	St. Lawrence Psychiatric Center Campus	
Sunday	8:00 pm	Massena	OD	Congregational Church UCC	39 West Orvis St.	

The A.A. Preamble

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problems and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions.

AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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<i>Monday</i>		back to top	Meeting Key: BB = Big Book S = Speaker D = Discussion C = Closed (Alcoholics only) O = Open (all interested) All Meetings are Non Smoking Click on underlined street addresses to open Google Maps with that location. (A.A. is not affiliated with Google in any way. these links are provided as a courtesy to help the user find an A.A. meeting location.)		
Monday	7:00 am	Potsdam	Sunrise Group, Daily Reflections / meditation	Trinity Episcopal Church (mtg is wheelchair accessible)	8 Maple St. (on Fall Island)
Monday	noon	Massena	O, BB	St. Mary's Church (not wheelchair accessible - down one flight of stairs)	105 Cornell
Monday	noon	Potsdam	C, Came to Believe	Trinity Episcopal Church (mtg is wheelchair accessible)	8 Maple St. (on Fall Island)
Monday	7:00 pm	Akwesasne	OD	Sunrise Apartments Community Room	378 SR 37 (east of Bear's Den, behind Tribal Police Station)
Monday	7:30 pm	Ogdensburg	OD	Presbyterian Church	423 Ford St. (Franklin St. entrance)
Monday	8:00 pm	Brushton	OD	Hope Community Center	Washington St. (aka Main St.)
Monday	8:00 pm	Colton	OD	St. Patrick's Catholic Church (wheelchair accessible)	4897 Route 56 (Main St., just south of the High School)
Monday	8:00 pm	Massena	OD	Rose Hill Treatment Center	100 County Rte 43
Monday	8:00 pm	Potsdam	OD	Canton-Potsdam Hospital Chemical Dependency Unit (separate bldg behind Canton-Potsdam Hospital)	20 Cottage St. (1/2 block west of Leroy St.)
<i>Tuesday</i>		back to top	Meeting Key: BB = Big Book S = Speaker D = Discussion C = Closed (Alcoholics only) O = Open (all interested) All Meetings are Non Smoking Click on underlined street addresses to open Google Maps with that location. (A.A. is not affiliated with Google in any way. these links are provided as a courtesy to help the user find an A.A. meeting location.)		
Tuesday	noon	Massena	OD	St. Mary's Church (not wheelchair accessible - down one flight of stairs)	105 Cornell
Tuesday	noon	Potsdam	OD, 11th Step Meditation Meeting	Trinity Episcopal Church (mtg is wheelchair accessible)	8 Maple St. (on Fall Island)
Tuesday	5:00 pm	Canton	Women's	Torrey Health Center St. Lawrence University	76 Park Street
Tuesday	7:30 pm	Heuvelton	OD	Methodist Church	31 Lisbon St.
Tuesday	7:30 pm	Potsdam	CD (Speaker 1st Tues.)	Presbyterian Community Center	42 Elm St. (Lawrence & Elm, enter from Lawrence)
Tuesday	8:00 pm	Canton	OD	E.J. Noble Medical Bldg	80 E. Main St. (go to right around behind bldg to lower floor entrance)

Tuesday	8:00 pm	Fort Covington	O, 12 & 12	St. Mary's Church (this meeting used to meet summer only - now meets year around)	3 Burns Holden Road (at Main St.)
Tuesday	8:00 pm	Massena	OD	Church of Christ	16 Stephenville St. (at Urban Street)
Tuesday	8:00 pm	Norwood	OD	St. Philip's Episcopal Church	42 S. Main St. (at Bicknell)
<i>Wednesday</i>		back to top		<p>Meeting Key: BB = Big Book S = Speaker D = Discussion C = Closed (Alcoholics only) O = Open (all interested) All Meetings are Non Smoking</p> <p>Click on underlined street addresses to open Google Maps with that location. (A.A. is not affiliated with Google in any way. these links are provided as a courtesy to help the user find an A.A. meeting location.)</p>	
Wednesday	noon	Massena	O, 12 & 12	St. Mary's Church (not wheelchair accessible - down one flight of stairs)	105 Cornell
Wednesday	noon	Ogdensburg	CD	Dobisky Community Center	100 Riverside Ave. (west side entrance)
Wednesday	noon	Potsdam	C, BB	Trinity Episcopal Church (mtg is wheelchair accessible)	8 Maple St. (on Fall Island)
Wednesday	7:30 pm	Canton	O, 12 & 12	Unitarian Universalist Church	3 1/2 E. Main St.
Wednesday	7:30 pm	Potsdam	OD, ODAAT	New Hope Church	33 Grant St. (at Chestnut St.)
Wednesday	8:00 pm	Hogansburg - Akwesasne	OD	St. Regis Clinic	420 Rte 37
Wednesday	8:00 pm	Malone	OD	Centenary Methodist Church	345 W. Main St.
<i>Thursday</i>		back to top		<p>Meeting Key: BB = Big Book S = Speaker D = Discussion C = Closed (Alcoholics only) O = Open (all interested) All Meetings are Non Smoking</p> <p>Click on underlined street addresses to open Google Maps with that location. (A.A. is not affiliated with Google in any way. these links are provided as a courtesy to help the user find an A.A. meeting location.)</p>	
Thursday	noon	Massena	OD	St. Mary's Church (not wheelchair accessible - down one flight of stairs)	105 Cornell
Thursday	noon	Potsdam	OD	Trinity Episcopal Church (mtg is wheelchair accessible, but bathrooms are not)	8 Maple St. (on Fall Island)
Thursday	4:00 pm	Malone		St. Joseph's Outpatient.	3878 Route 11
Thursday	7:00 pm	Massena	OD	St. John's Episcopal Church	139 Main St.
Thursday	7:30 pm	Gouverneur	OD	Trinity Church (use front entrance of church and go to basement)	30 Park St. (park at Green's Funeral Home lot opposite the church)
Thursday	7:30 pm	Lisbon	CD	Wesleyan Church	

					48 Church St. (back door)
Thursday	7:30 pm	Madrid	OD	Madrid Public Library	11 Church St.
Thursday	7:30 pm	Potsdam	C, Big Book Study	United Methodist Church	26 Main St. (back corner door, then upstairs to 2nd floor)
Thursday	8:00 pm	Canton	O, Big Book Study	Knights of Columbus	30 Miner St.
Thursday	8:00 pm	Parishville	OD	Town Hall	1172 Route 72
<p>Meeting Key: BB = Big Book S = Speaker D = Discussion C = Closed (Alcoholics only) O = Open (all interested) All Meetings are Non Smoking</p> <p>Click on underlined street addresses to open Google Maps with that location. (A.A. is not affiliated with Google in any way. these links are provided as a courtesy to help the user find an A.A. meeting location.)</p>					
Friday		back to top			
Friday	noon	Canton	O, Daily Reflections	Unitarian Universalist Church	3 1/2 E. Main St.
Friday	noon	Massena	OD, As Bill Sees It	St. Mary's Church (not wheelchair accessible - down one flight of stairs)	105 Cornell
Friday	noon	Potsdam	O, 12 & 12	Trinity Episcopal Church (mtg is wheelchair accessible)	8 Maple St. (on Fall Island)
Friday	7:30 pm	Ogdensburg	OD	Hepburn Medical Center Auditorium	503 Mansion (at Rensselaer Ave.)
Friday	7:30 pm	Star Lake	OD	St. Hubert's Church, parish hall	1046 Oswegatchie Trail (From Route 3, turn south at the school, on the lake)
Friday	8:00 pm	Akwesasne	OD	Senior Center (behind Tribal Police Building)	Rte 37
Friday	8:00 pm	Knapps Station	CD	Community Church	3035 County Route 47
Friday	8:00 pm	Malone	O, BB	Centenary Methodist Church	345 W. Main St.
Friday	8:00 pm	Massena	OD	St. Mary's Church (not wheelchair accessible - down one flight of stairs)	105 Cornell
Friday	8:00 pm	Waddington	OD	Hepburn (Waddington Public) Library	30 Main St. (at LaGrasse St.)
Friday	8:30 pm	Potsdam	OD	Presbyterian Church Center	42 Elm St. (Lawrence & Elm, enter from Lawrence)
<p>Meeting Key: BB = Big Book S = Speaker D = Discussion C = Closed (Alcoholics only) O = Open (all interested) All Meetings are Non Smoking</p> <p>Click on underlined street addresses to open Google Maps with that location. (A.A. is not affiliated with Google in any way. these links are provided as a courtesy to help the user find an A.A. meeting location.)</p>					
Saturday		back to top			

Saturday	10:00 am	Ogdensburg	O, BB	Dobisky Community Center	<u>100 Riverside Ave.</u>
Saturday	noon	Canton	O, As Bill Sees It	Unitarian Universalist Church	<u>3 1/2 E. Main St.</u>
Saturday	noon	Massena	O	St. Mary's Church (not wheelchair accessible - down one flight of stairs)	<u>105 Cornell</u>
Saturday	noon	Potsdam	OD, Living Sober	Trinity Episcopal Church (mtg is wheelchair accessible)	<u>8 Maple St.</u> (on Fall Island)
Saturday	7:30 pm	Potsdam	O, Speaker	Canton-Potsdam Hospital Chemical Dependency Unit (separate bldg behind Canton-Potsdam Hospital)	<u>20 Cottage St.</u> (1/2 block west of Leroy St.)
Saturday	8:00 pm	Canton	OD	Unitarian Universalist Church	<u>3 1/2 E. Main St.</u>
Saturday	8:00 pm	Malone	Step of the Month (Big Book, 12 x 12, Promises, Concepts)	Centenary Methodist Church	<u>345 W. Main St.</u>
Saturday	8:00 pm	Massena	OD	St. Mary's Church (not wheelchair accessible - down one flight of stairs)	<u>105 Cornell</u>
Saturday	8:00 pm	St. Regis Falls	OD	St. Anne's Church	<u>N. Main St.</u>

updated 10/11/11

To arrange to speak with an A.A. member or get more information on local A.A. meetings call

315-268-0120.

The Akwesasne Suicide Prevention Coalition and Saint Regis Mohawk Mental Health Services are sponsoring the



**2nd Annual
Suicide Prevention
Walk for Help,
Hope and Healing**

**Wednesday, Onerahtohkó:wa/May 25, 2016
Tewathahita Walking Trail, Generations Park**

6:30 p.m. - Information Booths

7:00 p.m. - Opening

7:30 p.m. - Walk begins

8:00 p.m. - Remembrance Activities

8:30 p.m. - Closing

**The first 100 participants will receive t-shirts or
remember to wear your t-shirt from last year.**

Snacks and refreshments will be available.

**Concession to benefit *Akwesasne for
Attawapiskat***

**For more information
Saint Regis Mohawk Mental Health
(518) 358-3145**



Beading for Healing

With Nio Perkins

Healing through Art & Expression



SUNDAY

MAY 29TH 2016

2PM-7PM

SEVEN DANCERS COALITION

352 State Route 37 Akwesasne, NY

Free Women's Only Event

Space is limited * Please call to register & for more information 518-358-2916*

This free event is being provided in collaboration with Three Sisters Program

This project was sponsored by Grant 2015-IV-AX-0005, awarded by the Office on Violence Against Women, U.S. Dept. of Justice.
The opinions, and recommendations expressed in this publication are those of the author and do not necessarily reflect the views of the
Department of Justice, Office on Violence Against Women





Me and My Guy

Berry Sweet

Dance

June 18, 2016

2:00 to 4:00 p.m.

St. Regis Recreation

Semi Formal Attire required

*Come spend a fun filled afternoon with your little
girl ~ DJ, Photographs and snacks
will be provided*

*Sponsored by the Akwesasne Coalition
for Community Empowerment*

"Acknowledging The Man's Journey"

Sweatlodge Ceremony for Men

Everyone will meet at Tsionkwanatiio!

**They will start the teachings and
constructing the lodge @**

9:00 am –

Sweat will be ready for 12:00pm

With light lunch to follow

**Please make sure to bring tobacco,
towel, shorts, 3 pieces of wood to
contribute to the fire and a folding chair
if needed! Niawen**



Seven Dancers Coalition

"Creating Harmony within Indigenous communities"

THIS PROJECT WAS SPONSORED BY GRANT 2013-IW-AX-0005, AWARDED BY THE OFFICE ON VIOLENCE AGAINST WOMEN, US DEPT. OF JUSTICE. THE OPINIONS, CONCLUSIONS, AND RECOMMENDATIONS EXPRESSED IN THIS PUBLICATION ARE THOSE OF THE AUTHOR AND DO NOT NECESSARILY REFLECT THE VIEWS OF THE DEPARTMENT OF JUSTICE, OFFICE OF VIOLENCE AGAINST WOMEN.

Support a Drug Free Community!

SUBSTANCE ABUSE EMERGENCY NUMBERS



An initiative of the Mohawk Council of Akwesasne's Substance Abuse Strategy.

<p>Wholistic Health & Wellness <i>(Addictions & Counseling)</i> (613) 575-2341 ext. 3100</p>	 <p>Mohawk Police & Ambulance (613) 575-2000</p>	<p><u>CRIMESTOPPERS</u> (613)575-2255</p>	 <p>ONEN'TO:KON TREATMENT SERVICES (450) 479-8353</p>
 <p>Ionkwanonhsasetsi Adolescent Treatment Center (613) 932-5050</p>	<p>MENTAL HEALTH CRISIS LINE 1-866-996-0991</p>	<p>Cornwall Hospital Withdrawal Management Services (613) 938-8506</p>	<p>Grandparent's Support Group (613) 575-2341 ext.3100</p> 
<p>Iethinesten:ha Family Violence Program (613) 937-4322</p>	<p>Akwesasne Eagle Watch <i>Promoting a Safe and Drug free Akwesasne</i></p>  <p>facebook</p>	<p>Akwesasne Child & Family Services (613) 575-2341 ext. 3139 (613) 575-2000 (After Hours)</p>	<p>ASEO-STE0 <small>ADDICTION SERVICES OF EASTERN ONTARIO</small></p> <p>(613) 938-9236 (800) 272-1937</p>

SEXUAL ASSAULT



What is
Sexual Assault?

Other
Examples

What is
Consent?

Don't Be
a Perpetrator

Sexual Assault
and Alcohol

Ways to
Protect Yourself

Protecting Yourself
Away from Home



Seven Dancers Coalition
*"Restoring Harmony Within
Indigenous Communities"*

518-358-2916

www.sevendancerscoalition.com

Sexual Assault
Front Panel - Item#1130N

Avoid walking or jogging alone, especially at night. Vary your route and stay in well-traveled, well-lit areas. • Walk with confidence. The more confident you look, the stronger you appear. Carry a whistle with you in case you need to call for help. • Be wary of isolated spots, like underground garages, stairwells, offices after business hours, and apartment laundry rooms.

Travel with a buddy or stay in groups. • Always tell someone where you are at all times. • Be aware of your surroundings - who's out there and what's going on. • Lock your car and home at all times and don't prop open self-locking doors. • Watch out for unexpected or unwanted visitors. Know who's on the other side of the door before you open it. • Don't dress in view of a window.

Studies show that half of all U.S. sexual assaults involve the use of alcohol by the offender, the victim, or both. Remember, alcohol can also be used by offenders to incapacitate a potential victim. Avoid using drugs or excessive alcohol. People under the influence of alcohol or drugs often have different memories of how an event occurred.

Communicate your expectations to a potential partner. Misunderstandings can lead to dangerous situations and damage your reputation. Confirm your partner is of legal age; ignorance will not hold up in a court of law. The "age of consent," or the age at which someone can legally give consent for sexual activity, varies by state and is as high as 18 years of age in some states.

Your partner must say "Yes," before you can legally engage in sexual activity. If someone is passed out, unconscious, or asleep from alcohol, drugs, or fatigue, they are legally unable to give their consent. No means No, even if the other person says "yes" at first, has been "making out" with you, has had sex with you before, has been drinking alcohol, or is wearing provocative clothing.

Other examples of sexual assault are voyeurism (watching private sexual acts), exhibitionism (exposing oneself in public), incest (sexual contact between family members), and sexual harassment. These violations can occur without regard to gender, spousal relationship, or age of victim.

Sexual assault is a crime. It is any unwanted verbal, nonverbal or physical sexual contact, and is characterized by use of force, physical threat or abuse of authority, or when the victim does not or cannot consent. Sexual assault includes inappropriate touching, rape, nonconsensual sodomy (oral or anal sex), or attempts to commit these acts.

PULL

Safety in a Parking Lot

What to Do if You Are Sexually Assaulted

Find a safe place. Get away from the attacker to a safe location as fast as you can. Then call 911 or the police.

Do not clean up! It's important to preserve the evidence of the attack. Do not shower, bathe, brush your teeth, or clean any part of your body. Also, do not comb your hair, put on make-up, eat, drink, or change your clothes until advised to do so. Do not touch or change anything at the scene of the assault. As soon as you can, write down, tape or record by any means all the details you can recall about the assault and your assailant.

Seek medical attention. Go to your nearest hospital emergency room as soon as possible. You need to be examined, treated for any injuries, and screened for possible sexually transmitted diseases (STDs) or pregnancy. The doctor will collect evidence using a rape kit for fibers, hairs, saliva, semen, or clothing that the attacker may have left behind. If you suspect you have been drugged, request that a urine sample be collected or a blood test administered.

Get emotional support. Feelings of shame, guilt, fear, and shock are normal. Call a friend or family member you trust to be with you. It is important to get counseling from a trusted professional as well. Ask the hospital staff to connect you with the local rape crisis center that can help you make choices about reporting the attack and provide help through counseling and support groups.

Address the long-term effects. The impact of sexual assault doesn't end with the attack. Talk with a counselor who is trained to assist you with the emotional and physical effects that may continue to affect your life and even the lives of your friends and family.

Sexual Assault Back Panel - Item# 1130N

Be wary if your date: ignores, interrupts, or makes fun of you • Sits or stands too close to you or stares at you • Drinks too much or uses drugs; tries to get you to use drugs or alcohol • Wants to be alone with you before getting to know you • Does what he or she wants without asking what you want • Pressures you to have sex, or makes you feel guilty for saying "no."

You can be more confident by making choices ahead of time: be prepared, be alert, be assertive! If you do not want to be intimate with another person, tell him or her clearly. **Match your body language to your words** - don't laugh and smile while saying "No." **If you feel you are in danger, get to a safe place and attract help any way you can.**

Never leave your drink unattended and don't share drinks. • Don't accept drinks from other people unless they're trusted friends. • Open containers yourself. • Keep your drink with you at all times. • Don't drink from punch bowls or large containers as they may already have drugs in them. • If you feel drunk and haven't been drinking, or you feel the effects of alcohol are stronger than usual - get help right away.

Date rape drugs are meant to leave the victim helpless to stop a sexual assault. Victims may be physically incapacitated, unable to refuse sex or defend themselves, and are frequently unable to remember what happened. These drugs often have no smell, color or taste, and are therefore easily added to the victim's drink.

"Acquaintance rape" is defined as a rape that occurs between people who know one another. "Date rape" is a specific kind of acquaintance rape that refers to rape that occurs between two people who are current dating partners. A recent survey revealed over half of young women raped (68%) knew their attacker either as a boyfriend, friend or casual acquaintance.

Trust your instincts. If you feel uncomfortable in your surroundings, leave. • Watch your keys. Don't lend them. Don't leave them. Don't lose them. • Never put your name and/or address on your key ring. • Keep your phone with you or know where a phone is located. • Never go anywhere alone with someone unless you know and trust him/her well.

Have your key ready to use before you reach the door - home, car, or work. Park in well-lit areas and lock the car, even if you'll only be gone a few minutes. Look under the car and in the back seat before getting into your car. Avoid parking next to a van and if a van has parked next to you, enter on the passenger side of your vehicle. Lock your car as soon as you get in.

Directions to Use This Guide:

Pull tab until dot lines up with the desired topic, then read related information in window.

SEXUAL ASSAULT

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Item 1130N

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Staying Safe with Friends

Acquaintance Rape and Date Rape

Date Rape Drugs

Protecting Yourself from Date Rape Drugs

Confident Behavior

Warning Signs of Sexual Assault

STALKING



What is Stalking?

Stalking is a Crime!

Who is a Stalker?

Stalking Statistics

Is Stalking Serious?

Forms of Stalking

CyberStalking

Stalking

Front Panel - Item#2108N

Cyberstalking comprises nearly a quarter of all stalking. Perpetrators can use the internet, e-mail, Facebook, Twitter, global positioning systems, spyware, and hand-held video devices, just to name a few. This insidious form of stalking can harass, embarrass, and humiliate the victim or the victim's family members with anonymity that can be untraceable.

Domestic violence-related stalking is the most common and dangerous form of this crime, but there are other, less violent types. Text messages, phone calls, and voice messages are the most common; however, sending unwanted gifts, letters, or flowers, watching a person from a distance, approaching them at work or home, and sending unwanted emails and social media messages are also forms of stalking.

Yes! In the past decade, stalking has been recognized as a growing national problem for good reason. Research shows that 76% of women murdered in the U.S. by their current or former intimate partner were stalked within 12 months of the murder, and 2/3 of female stalking victims were stalked by intimate partners.

According to a 2010 survey, approximately one in six women and one in 19 men in the U.S. have experienced stalking at some point in her or his lifetime. Over 3.4 million people over 18 are stalked each year, with the highest rate being college-age persons (18-24). A majority of all stalking is done by someone the victim knows; only 10% is done by a stranger.

A majority of stalking is done by men who stalk women, especially men who either are in or were in an intimate relationship with the victim. Studies have shown that men stalk women approximately 80% of the time, and women are three times more likely to be stalked than men; however, women do stalk men, women stalk women, and men will stalk other men.

All 50 states, including the District of Columbia, the U.S. Territories, and the federal government have laws regarding stalking. Although the laws vary by state, 1/3 of them view a first-time stalking offense as a felony. Over 50% of states view it as a felony upon the second offense or when the crime involves factors such as use or display of a weapon or violation of a court order.

Stalking is unwanted, repeated or persistent harassing and/or threatening behavior that intimidates and arouses anxiety or fear. Stalking can be directly or indirectly communicated. It is not a crime of passion, but rather a crime of power and control over another individual. Stalking can be dangerous and even life-threatening, so take all threats seriously.



Seven Dancers Coalition

"Restoring Harmony Within Indigenous Communities"

518-358-2916

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Stalking Intimate Partners

The Impact of Stalking

Characteristics of a Stalker

Early Warning Signs

What Can You Do?

Other Things You Can Do

Where to Get Help

Stalking Among Native Americans

Stalking is an issue across the United States, but a particularly prevalent one for Native Americans. A recent study shows that 17% of American Indian and Alaska Native women are stalked at some point in their lives, which is more than double the amount for Caucasian or African-American women, and more than four times more often than Asian/Pacific Islander women.

The problem is compounded by the varied abilities of victim response programs for Native Americans. The complex relationships that exist between tribes and governments have created bureaucratic complications that can impede the effectiveness of these programs.

Other Resources

For more information on stalking, domestic violence, and other related issues, visit these sources.

Safe Horizon
www.safehorizon.org

Stalking Resource Center
www.ncvc.org/src

Centers for Disease Control and Prevention
www.cdc.gov/violenceprevention/nisvs/

The National Center for Victims of Crime
www.victimsofcrime.org

Stalking

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Stalking is not your fault and you should not feel ashamed or embarrassed to report it. The perpetrator is the criminal, not you. If you or someone you know is being stalked, contact the Safe Horizon Crime Victim's hotline at 1-866-689-HELP. You can also find resources and information by visiting the Stalking Resource Center at www.ncvc.org/src, or emailing src@ncvc.org. Get the help you need and deserve.

Make sure your friends, family and even employer know that you are being stalked. Change your email address, obtain an unlisted number, remove your number from reverse directories, and sign up for your state's address confidentiality program. Your children's cell phones should be protected as well. Make sure you file a complaint with local authorities and above all, NEVER confront your stalker!

If you are in immediate danger, call 911! Otherwise, don't respond to phone calls, texts, emails, letters or other forms of communication. Keep a log of all contact, including the date, time, and what happened. Save all messages, packages, letters, and gifts from the stalker, and screen all your phone calls. Get a restraining order if possible, and NEVER go home if you are being followed...drive to a police station.

Understanding the early warning signs of stalking can help you determine and potentially prevent a dangerous threat. If you are harassed repeatedly by the same person at work or in a social setting, this is a red flag. If the person's behavior is annoying or offensive, and is impacting your work or social life, this is another warning sign. If someone is aggravating you in multiple ways, trust your instincts and get help!

Although the psychological characteristics and profile of a stalker varies with the person and the circumstances, most stalkers fit one or more of the following characteristics: low self esteem, intense jealousy, mood and/or anxiety disorders, insecurity, substance abuse, narcissism, and a morbid fascination with the victim. Many have a prior arrest record and some suffer from serious physiological disorders.

Stalking victims report a number of health and social issues. Victims commonly report headaches, chronic pain, difficulty sleeping, anxiety and/or depression, post-traumatic stress, and overall poor health. One in eight stalking victims will miss work, and one in seven will relocate as a result of their victimization. The situation becomes all-consuming for the victim, and their personal and social life suffers.

Last year in the U.S., over 500,000 people were stalked by an intimate partner. A majority of all stalking is done by an intimate partner (66%) or an acquaintance (24%). Only 10% of stalkers are strangers to their victim! Stalking isn't a short-term ordeal, either; 11% of victims have been stalked for five years or more.

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