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**

A place for continued sobriety

281 State Route 37
Akwesasne, NY 13655
(518) 333-0067
Email: sewakwatho281@gmail.com

**HOURS**

Open Monday to Sunday
9:00 a.m. to 9:00 p.m.

Based on volunteers.
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) 296-2192

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.
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 smokable 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-everything—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!
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 illegal 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.

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.

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.

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.

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.
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 Dancers Coalition
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

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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.
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
Alcoholism/Chemical Dependency Program

A/CDP consists of two components:
- The Outpatient Clinic
- The Prevention Program

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

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

Community/School Drug/Alcohol Prevention Program

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)
An estimated 1.3 million women are victims of domestic violence each year, and 92% of women in a recent survey named 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 (65%) 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 prosecute 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.
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 spousal, 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 strange 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 traumatization, and perpetuating the cycle of violence in their own lives.
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

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
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 Akwesasne, 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.

MENTAL HEALTH SCREENINGS

Take an Anonymous Online Screening at

www.mentalhealthscreening.org/screenings/STREGIS

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

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
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

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

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.
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.
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.
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 it's legal, it's safe. Legal doesn't cancel LETHAL!
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.

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 are 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 (DMX). DMX 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, Tassin.

OTC- The Long and Short
OTC drug abuse can lead to serious short and long term side effects:

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

**Long term effects**
- Liver complications
- Ruptured blood vessels
- Death
- Heart palpitations and failure
- Stroke
- Harm to the brain
- Depression
- Seizures
- High blood pressure

Is a fleeting period of feeling "good" really worth all of this—your whole life?

Teens and OTC... 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 to. 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!
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 Ionkwanonhsasetsi 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 Ionkwanonhsasetsi 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 Ionkwanonhsasetsi, 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 by 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 Ionkwanonhsasetsi 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.

Revised 12/11/09
Introduction:

Ionkwanonhsasetsi 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.

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

Policy:

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

PRIMARY CRITERIA
Clients admitted to Ionkwanonhsasetsi 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 Ionkwanonhsasetsi and willing to participate in the program of Ionkwanonhsasetsi. 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.
1. Ionkwanonhsaseitsi 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 Ionkwanonhsaseitsi.

3. The **referral agency/program** is the First Nation agency/program requesting that their adolescent be admitted to Ionkwanonhsaseitsi.

4. The policy of Ionkwanonhsaseitsi is the written procedure that facilitates the referral process of prospective adolescent clients. It has provisions for consultation between Ionkwanonhsaseitsi 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 Ionkwanonhsaseitsi as a possible resource, that First Nation agency/program will call Ionkwanonhsaseitsi 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 Ionkwanonhsaseitsi.
   d) The Admission Intake Packet contains instructions and information to be completed before the packet is returned to Ionkwanonhsaseitsi.
   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

Revision 12/11/09
• 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 Ionkwanonhsasetsi.

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) Ionkwanonhsasetsi will not accept incomplete Admission Packets.
   b) Ionkwanonhsasetsi 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 Ionkwanonhsasetsi; however upon arrival at IATC they must deliver the original copy.

10. When the Admission Intake arrives at Ionkwanonhsasetsi:
   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).
**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 ________________

Revised 12/11/09
NAME:

PERSON COMPLETING FORM:

NAME AND PHONE # OF AGENCY:

IDENTIFYING DATA:
CURRENT ADDRESS:

PHONE NUMBER:

RESERVATION/COMMUNITY:

BAND #:

MARITAL STATUS: SINGLE  MARRIED  DIVORCED  SEPARATED  LIVE-IN MATE  LIST ALL
PERSONS LIVING IN YOUR HOUSEHOLD:

NAME:

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?

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<tr>
<th></th>
<th>Depression</th>
<th>Psychosis</th>
<th>Psych. Hosp.</th>
<th>Disorder</th>
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<td>Either parent</td>
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<tr>
<td>Siblings</td>
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<tr>
<td>Others</td>
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</table>

Please give details for each item checked:

Comments:

Signature & Title ___________________________ Date ___________________________

15 Revised 12/11/09
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:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Scores</th>
<th>Date</th>
<th>Comments</th>
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List individually administered test data:

<table>
<thead>
<tr>
<th>Test</th>
<th>Scores</th>
<th>Date</th>
<th>Comments</th>
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</table>

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 ________________________________

Revised 12/11/09
**NOTE: Referral Agency / Parent(s) / Guardian(s)**

Based on the cumulative information gathered and behavioral issues not mentioned in the above screening, Please give a complete description of all possible areas of concern. The purpose for this section is to make ITAC aware of all presenting problems and to give the prospective client a better chance of success while participating in the IATC Program. (i.e. FAS symptoms, extensive trauma experienced by the client, bed wetting, allergies, phobias, authority issues, sexual orientation, Obsessive Compulsive Disorder traits, etc) Explain:

________________________________________

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**If more space is required please add an additional sheet of paper with signature attached.**

______________________________  ______________________________
Signature & Title                        Date
IONKWANONHSASETSI
Consent for the Release of Confidential Information

I, ________________________________ , authorize

IONKWANONHSASETSI to disclose to: ________________________________

the following information: ________________________________

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 ________________

Revised 12/11/09
IONKWANONHSASETSI
Participation Agreement

Name: ____________________________

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

Each incoming Client, during the admission process signs a Participation Agreement. Ionkwanonhsasetsi 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:**
am) Ionkwanonhsasetsi requires each admission intake to contain a signed and dated Participation Agreement.
b) Ionkwanonhsasetsi 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 Ionkwanonhsasetsi is subject to severe consequences.

4. Medication shall not be ingested by Clients without the authorization of Ionkwanonhsasetsi 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 devise 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 Ionkwanonhsasetsi 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. Ionkwanonhsasetsi 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 Ionkwanonhsasetsi. 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
   Ionkwanonhsasetsi. 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 ____________
The following is a list of items suggested to help you prepare for your stay at Ionkwanonhsasetsi. 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
- Solid or stick deodorant
- Shampoo and creme rinse
- Sport shoes
- 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 Ionkwanonhsasetsi **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
- Knives, guns, scissors
- Radio, TV, tape player
- Drug or Satanic symbols
- Clothing with drug or Satanic symbols
- Pornographic reading material or clothing
- Hair Dryer, Hair Straightener, Hair Product
- Other than shampoo/conditioner
  - No aerosol sprays
  - Fingernail polish/remover
  - Large amounts of cash
  - Non-prescription/over the counter medication
  - No CD’s, Movies, IPod’s or Mp3 players
  - Cell Phones
  - Perfume, Cologne, Heavily scented 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
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
**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.

<table>
<thead>
<tr>
<th>Medication Name and Strength</th>
<th>Date Filled</th>
<th>Expiration Date</th>
<th>Original Quantity</th>
<th>Date</th>
<th>Quantity Remaining</th>
<th>Date</th>
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</table>

**COMBAT HEROIN**

A Prescription Drug Abuse

[www.combatheroin.ny.gov](http://www.combatheroin.ny.gov)
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.

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

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

1-877-8-HOPENY  
Find Help for Alcoholism, Drug Abuse, Problem Gambling

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

NEW YORK DEPARTMENT OF HEALTH  
New York State Department of Health  
www.health.ny.gov

www.combatheroin.ny.gov
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)
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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**

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
- 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.

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

  1-877-8-HOPENY
  Find Help for 1-877-8-HOPONY
  Alcoholism, Drug Abuse, Problem Gambling

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

  NEW YORK HEALTH
  New York State Department of Health
  www.health.ny.gov

  www.combatheroin.ny.gov
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.
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.

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.

<table>
<thead>
<tr>
<th>Medication Name and Strength</th>
<th>Date Filled</th>
<th>Expiration Date</th>
<th>Original Quantity</th>
<th>Quantity Remaining</th>
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</table>

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
www.health.ny.gov

www.combatheroin.ny.gov
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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www.oasas.ny.gov

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

www.combatheroin.ny.gov
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

OASAS
Improve Lives.
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, Akwesasne 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
<table>
<thead>
<tr>
<th>DAY</th>
<th>LOCATION</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUNDAY (AA)</td>
<td>Mohawk Indian Housing McGee Road</td>
<td>10am</td>
</tr>
<tr>
<td>MONDAY (AA)</td>
<td>Sewakwatho</td>
<td>8pm</td>
</tr>
<tr>
<td>TUESDAY (NA)</td>
<td>Partridge House</td>
<td>8pm</td>
</tr>
<tr>
<td>WEDNESDAY (AA)</td>
<td>Mohawk Indian Housing McGee Road</td>
<td>8pm</td>
</tr>
<tr>
<td>WEDNESDAY (CD)</td>
<td>Senior’s Center</td>
<td>7:30pm</td>
</tr>
<tr>
<td>Thursday (NA)</td>
<td>Saint Regis Rec. Center</td>
<td>7pm</td>
</tr>
<tr>
<td>Thursday (Al-Anon)</td>
<td>Sewakwatho</td>
<td>7:30pm</td>
</tr>
<tr>
<td>FRIDAY (AA)</td>
<td>Sewakwatho</td>
<td>8pm</td>
</tr>
</tbody>
</table>
# 39 Serenity Place

39 EAST ORVIS ST. MASSENA

Stop by for some recovery Fellowship

*Open 7 days a week*

## Meetings

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>1:00 PM</td>
<td>AA Open Discussion (O)</td>
</tr>
<tr>
<td>Monday</td>
<td>7:00 PM</td>
<td>Women’s Meeting (O)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7:30 PM</td>
<td>AA Open Discussion (O)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>7:00 PM</td>
<td>AA Big Book Study (O)</td>
</tr>
<tr>
<td>Saturday</td>
<td>6:00 PM</td>
<td>Alateen Meeting</td>
</tr>
<tr>
<td></td>
<td>7:00 PM</td>
<td>Al-Anon Beginners Meeting (O)</td>
</tr>
</tbody>
</table>

**Game Night** - Fridays at 7 pm

**Other activities**

- **Book Club** - Fridays at 7 pm
- **Join us on Saturday Mornings for a dynamic breakfast 9 to 11 am**
- **Back to Basics - Saturdays at 11 am**
- **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
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
</table>
| Monday    | 7:30pm | Newman Center "In the Hood Group"  
33 Court St.  
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)  
Massenan Group  
Massenan, 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 |
**Alcoholics Anonymous**

District 42 St. Lawrence International
A.A. ... it works.

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

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>City/Town</th>
<th>Type</th>
<th>Location</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>8:00 pm</td>
<td>Ogdensburg</td>
<td>Al-Anon</td>
<td>St. John's Episcopal Church (3rd floor)</td>
<td>500 Caroline St. (use Knox St. entrance)</td>
</tr>
<tr>
<td>Monday</td>
<td>8:00 pm</td>
<td>Brushton</td>
<td>Al-Anon</td>
<td>Hope Community Center</td>
<td>State Hwy 11 (next door to Stewart's)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>noon</td>
<td>Massena</td>
<td>Al-Anon</td>
<td>St. John's Episcopal Church (no July/August meetings)</td>
<td>139 Main St. (use back entrance)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>8:00 pm</td>
<td>Canton</td>
<td>Al-Anon</td>
<td>Unitarian Church (back entrance, main floor)</td>
<td>3 1/2 E. Main St.</td>
</tr>
<tr>
<td>Wednesday</td>
<td>8:00 pm</td>
<td>Potsdam</td>
<td>Al-Anon</td>
<td>Canton-Potsdam Hospital, 2nd floor, conference room A</td>
<td>near the corner of Leroy &amp; Cottage</td>
</tr>
<tr>
<td>Thursday</td>
<td>7:00 pm</td>
<td>Potsdam</td>
<td>Al-Anon</td>
<td>Van Hauzen Hall (3rd floor Conference Room), Gouverneur St., SUNY Potsdam Campus</td>
<td>Off Piersmont Ave., then Barrington to Gouverneur, then right (look for &quot;Campus Security&quot; sign)</td>
</tr>
<tr>
<td>Thursday</td>
<td>7:30 pm</td>
<td>Hogansburg</td>
<td>Al-Anon</td>
<td>Methodist Church</td>
<td>St. Regis Road</td>
</tr>
<tr>
<td>Friday</td>
<td>6:00 pm</td>
<td>Heuvelton</td>
<td>Al-Anon</td>
<td>Wesleyan Church</td>
<td>18 York St.</td>
</tr>
<tr>
<td>Friday</td>
<td>8:00 pm</td>
<td>Waddington</td>
<td>Al-Anon</td>
<td>Municipal Building</td>
<td>Lincoln Avenue</td>
</tr>
<tr>
<td>Saturday</td>
<td>5:00 pm</td>
<td>Massena</td>
<td>Aateen</td>
<td>&quot;39 Serenity Place&quot;</td>
<td>39 East Orvis Street</td>
</tr>
<tr>
<td>Saturday</td>
<td>7:00 pm</td>
<td>Massena</td>
<td>Al-Anon Newcomer Meeting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This website has stored cookies to help the work better. If you're not familiar with Cookies, please check more details in the link.

Any requirement to 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 achieve sobriety.

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**Al-Anon Meetings**

Congregational Church UCC
40 side door at rear
39 W. Orvis St.

Canton-Potsdam Hospital, 2nd floor, conference room A
near the corner of Leroy & Cottage

Van Hauzen Hall (3rd floor Conference Room), Gouverneur St., SUNY Potsdam Campus

Off Piersmont Ave., then Barrington to Gouverneur, then right (look for "Campus Security" sign)

Methodist Church
St. Regis Road

Wesleyan Church
18 York St.

Municipal Building
Lincoln Avenue

"39 Serenity Place"
39 East Orvis Street

Updated 5/12/14

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


NATIONAL ALANON/ALATEEN INFO 1-888-425-2666
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 8:00 pm, 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 Sales Parking Lot
434 2nd St. Cornwall, ON

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

## District 42

(primarily St. Lawrence County of Northern New York)

### New York "North Country" Alcoholics Anonymous

Click below to select meetings by day of the week

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9:00 am</td>
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</tr>
</tbody>
</table>

Meeting Key: 37 = Big Book 5 = 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.)

---

### 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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<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Address</th>
<th>Meeting Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>7:00 am</td>
<td>Potsdam</td>
<td>Sunrise Group, Daily Reflections / meditation</td>
<td>Trinity Episcopal Church (mtg is wheelchair accessible)</td>
</tr>
<tr>
<td>Monday</td>
<td>noon</td>
<td>Massena</td>
<td>O, BB</td>
<td>St. Mary's Church (not wheelchair accessible - down one flight of stairs)</td>
</tr>
<tr>
<td>Monday</td>
<td>noon</td>
<td>Potsdam</td>
<td>C, Came to Believe</td>
<td>Trinity Episcopal Church (mtg is wheelchair accessible)</td>
</tr>
<tr>
<td>Monday</td>
<td>7:00 pm</td>
<td>Akwesasne</td>
<td>OD</td>
<td>Sunrise Apartments Community Room</td>
</tr>
<tr>
<td>Monday</td>
<td>7:30 pm</td>
<td>Ogdensburg</td>
<td>OD</td>
<td>Presbyterian Church</td>
</tr>
<tr>
<td>Monday</td>
<td>8:00 pm</td>
<td>Brushton</td>
<td>OD</td>
<td>Hope Community Center</td>
</tr>
<tr>
<td>Monday</td>
<td>8:00 pm</td>
<td>Canton</td>
<td>OD</td>
<td>St. Patrick's Catholic Church (wheelchair accessible)</td>
</tr>
<tr>
<td>Monday</td>
<td>8:00 pm</td>
<td>Massena</td>
<td>OD</td>
<td>Rose Hill Treatment Center</td>
</tr>
<tr>
<td>Monday</td>
<td>8:00 pm</td>
<td>Potsdam</td>
<td>OD</td>
<td>Canton-Potsdam Hospital Chemical Dependency Unit (separate bldg behind Canton-Potsdam Hospital)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>noon</td>
<td>Massena</td>
<td>OD</td>
<td>St. Mary's Church (not wheelchair accessible - down one flight of stairs)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>noon</td>
<td>Potsdam</td>
<td>OD, 11th Step Meditation Meeting</td>
<td>Trinity Episcopal Church (mtg is wheelchair accessible)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>5:00 pm</td>
<td>Canton</td>
<td>Women's</td>
<td>Torrey Health Center St. Lawrence University</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7:30 pm</td>
<td>Heuvelton</td>
<td>OD</td>
<td>Methodist Church</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7:30 pm</td>
<td>Potsdam</td>
<td>OD (Speaker 1st Tues.)</td>
<td>Presbyterian Community Center</td>
</tr>
<tr>
<td>Tuesday</td>
<td>8:00 pm</td>
<td>Canton</td>
<td>OD</td>
<td>E.J. Noble Medical Bldg</td>
</tr>
<tr>
<td>Day</td>
<td>Time</td>
<td>Location</td>
<td>Notes</td>
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</tr>
<tr>
<td>Tuesday</td>
<td>8:00 pm</td>
<td>Fort Covington</td>
<td>D, 12 &amp; 12; St. Mary's Church (this meeting used to meet summer only - now meets year around)</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>6:00 pm</td>
<td>Massena</td>
<td>OD; Church of Christ</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>6:00 pm</td>
<td>Norwood</td>
<td>OD; St. Philip's Episcopal Church</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>noon</td>
<td>Massena</td>
<td>0, 12 &amp; 12; St. Mary's Church (not wheelchair accessible - down one flight of stairs)</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>noon</td>
<td>Ogdensburg</td>
<td>CD; Dobisky Community Center</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>noon</td>
<td>Potsdam</td>
<td>C, BB; Trinity Episcopal Church (mtg is wheelchair accessible)</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>7:30 pm</td>
<td>Canton</td>
<td>0, 12 &amp; 12; Unitarian Universalist Church</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>7:30 pm</td>
<td>Potsdam</td>
<td>OD, ODAA; New Hope Church</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>8:00 pm</td>
<td>Hogansburg</td>
<td>OD, ODAA; St. Regis Clinic</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>8:00 pm</td>
<td>Malone</td>
<td>OD; Centenary Methodist Church</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>noon</td>
<td>Massena</td>
<td>OD; St. Mary's Church (not wheelchair accessible - down one flight of stairs)</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>noon</td>
<td>Potsdam</td>
<td>OD; Trinity Episcopal Church (mtg is wheelchair accessible, but bathrooms are not)</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>4:00 pm</td>
<td>Malone</td>
<td>St. Joseph's Outpatient</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>7:00 pm</td>
<td>Massena</td>
<td>OD; St. John's Episcopal Church</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>7:30 pm</td>
<td>Gouverneur</td>
<td>OD; Trinity Church (use front entrance of church and go to basement)</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>7:30 pm</td>
<td>Lisbon</td>
<td>CD; Wesleyan Church</td>
<td></td>
</tr>
</tbody>
</table>

Meeting Key: BB = Big Book  S = Speaker  D = Discussion  C = Closed (Alcoholics only)  O = Open (all interested) All Meetings are Non Smoking

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<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday</td>
<td>7:30 pm</td>
<td>Madrid</td>
<td>OD</td>
</tr>
<tr>
<td>Thursday</td>
<td>7:30 pm</td>
<td>Potsdam</td>
<td>C, Big Book Study</td>
</tr>
<tr>
<td>Thursday</td>
<td>8:00 pm</td>
<td>Canton</td>
<td>0, Big Book Study</td>
</tr>
<tr>
<td>Thursday</td>
<td>8:00 pm</td>
<td>Parishville</td>
<td>OD</td>
</tr>
</tbody>
</table>

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Friday

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>noon</td>
<td>Canton</td>
<td>OD, Daily Reflections</td>
</tr>
<tr>
<td>noon</td>
<td>Massena</td>
<td>OD, As Bill Sees It</td>
</tr>
<tr>
<td>noon</td>
<td>Potsdam</td>
<td>0, 12 B &amp; 12</td>
</tr>
<tr>
<td>7:30 pm</td>
<td>Ogdensburg</td>
<td>OD</td>
</tr>
<tr>
<td>7:30 pm</td>
<td>Star Lake</td>
<td>OD</td>
</tr>
<tr>
<td>8:00 pm</td>
<td>Akwesasne</td>
<td>OD</td>
</tr>
<tr>
<td>8:00 pm</td>
<td>Knapps Station</td>
<td>CD</td>
</tr>
<tr>
<td>8:00 pm</td>
<td>Malone</td>
<td>0, BB</td>
</tr>
<tr>
<td>8:00 pm</td>
<td>Massena</td>
<td>OD</td>
</tr>
<tr>
<td>8:00 pm</td>
<td>Waddington</td>
<td>OD</td>
</tr>
<tr>
<td>8:30 pm</td>
<td>Potsdam</td>
<td>OD</td>
</tr>
</tbody>
</table>

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Saturday
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Type</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday</td>
<td>10:00 am</td>
<td>Ogdensburg</td>
<td>0, 88</td>
<td>Dobisky Community Center</td>
</tr>
<tr>
<td>Saturday</td>
<td>noon</td>
<td>Canton</td>
<td>0, As Bill Sees It</td>
<td>Unitarian Universalist Church</td>
</tr>
<tr>
<td>Saturday</td>
<td>noon</td>
<td>Massena</td>
<td>0</td>
<td>St. Mary's Church (not wheelchair accessible - down one flight of stairs)</td>
</tr>
<tr>
<td>Saturday</td>
<td>noon</td>
<td>Potsdam</td>
<td>OD, Living Sober</td>
<td>Trinity Episcopal Church (mtg is wheelchair accessible)</td>
</tr>
<tr>
<td>Saturday</td>
<td>7:30 pm</td>
<td>Potsdam</td>
<td>0, Speaker</td>
<td>Canton-Potsdam Hospital Chemical Dependency Unit (separate bldg behind Canton-Potsdam Hospital)</td>
</tr>
<tr>
<td>Saturday</td>
<td>8:00 pm</td>
<td>Canton</td>
<td>OD</td>
<td>Unitarian Universalist Church</td>
</tr>
<tr>
<td>Saturday</td>
<td>8:00 pm</td>
<td>Malone</td>
<td>Step of the Month (Big Book, 12 x 12, Promises, Concepts)</td>
<td>Centenary Methodist Church</td>
</tr>
<tr>
<td>Saturday</td>
<td>8:00 pm</td>
<td>Massena</td>
<td>0</td>
<td>St. Mary's Church (not wheelchair accessible - down one flight of stairs)</td>
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<tr>
<td>Saturday</td>
<td>8:00 pm</td>
<td>St. Regis Falls</td>
<td>0</td>
<td>St. Anne's Church</td>
</tr>
</tbody>
</table>

*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.**

http://www.aa-stlawrenceny.org/A-A--Meetings-by-day.php

5/5/2014
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
Free Women's Only Event

375 State Route 37 Accord, NY

Seven Dancers Coalition

2pm-7pm

May 29th 2016 Sunday

Healing Through Art & Expression

With Nicole Perkins

Beadings for Healing
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 Tsionkwanatiiio!
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-JW-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

Wholistic Health & Wellness
(Addictions & Counseling)
(613) 575-2341 ext. 3100

Mohawk Police
& Ambulance
(613) 575-2000

CRIMESTOPPERS
(613) 575-2255

ONEN'TO:KON
TREATMENT
SERVICES
(450) 479-8353

Ionkwanonhsasetsi
Adolescent
Treatment Center
(613) 932-5050

MENTAL HEALTH
CRISIS LINE
1-866-996-0991

Cornwall Hospital
Withdrawal
Management Services
(613) 938-8506

Grandparent's
Support Group
(613) 575-2341 ext. 3100

Iethinesten:ha Family
Violence Program
(613) 937-4322

Akwesasne Eagle Watch
Promoting a Safe and
Drug free Akwesasne
facebook

Akwesasne Child &
Family Services
(613) 575-2341 ext. 3139
(613) 575-2000 (After Hours)

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

Seven Dancers Coalition
"Restoring Harmony Within Indigenous Communities"
518-358-2916
www.sevendancerscoalition.com
Sexual Assault

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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 things he or she won't explain; asks what you want;-pressure; touches 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 in 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. Don't contain your own. 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 two people who are current dating partners. A recent survey revealed over half of young women raped (50%) 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.
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 video 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.
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 1-866-666-HELP (4357). You can also find resources and information by visiting the Stalking Resource Center at www.novc.org/resource, or emailing src@novc.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 impeding 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 psychological 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.