

OPIOID ADDICTION AND MENTAL HEALTH

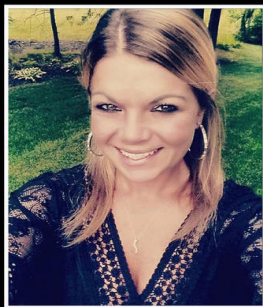
# Close to Home

Stories of addiction, recovery and hope



A Town of Ellington Youth Services publication

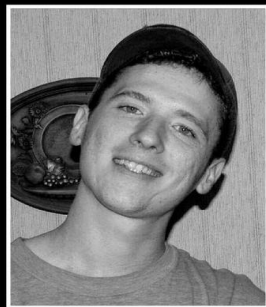




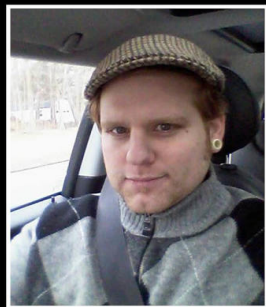
**Jenny**  
Ellington  
Infectious Smile / Hard Worker



**Alex**  
Enfield  
Funny / Kind



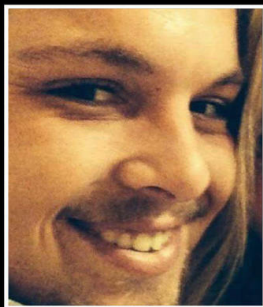
**M.J.**  
Wallingford  
Loyal / Intelligent



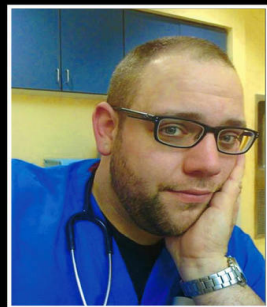
**Kyle**  
Windsor  
Artist / Father



**Luke**  
Durham  
Great Laugh / Hard Worker



**Jake**  
Colchester  
Musician / Hockey Player



**Scott**  
Branford  
Nurse / Musician



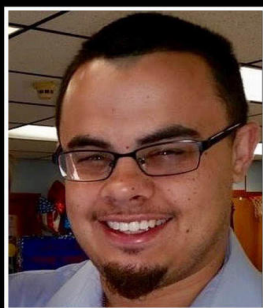
**Brett**  
West Suffield  
Selfless / Jokerster



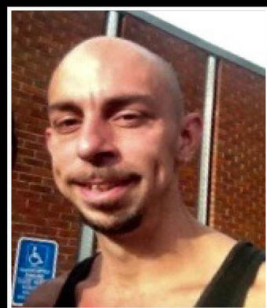
**Lukas**  
East Haddam  
Athlete / Brother



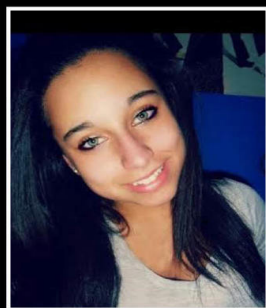
**Jessica**  
Windsor Locks  
Loving / Compassionate



**Brandon**  
Southington  
Loving / Compassionate



**Harley**  
Manchester  
Fisherman / Family Man



**Justice**  
Tolland  
Free Spirited / Artistic



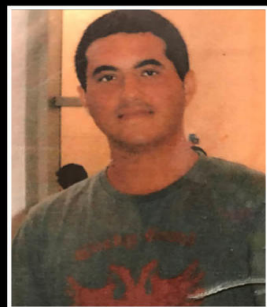
**Matthew**  
East Longmeadow  
Great Smile / Baseball



**Nick**  
West Simsbury  
Kind / Funny



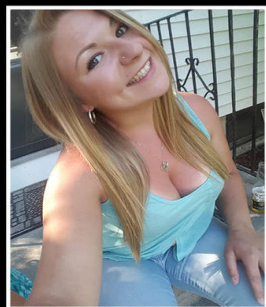
**Gregory**  
Manchester  
Artistic / Funny



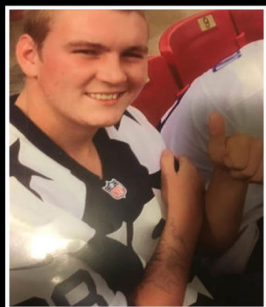
**Daniel**  
Glastonbury  
Athlete / People Person



**Jake**  
Colchester  
Kind / Loving



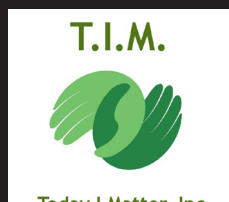
**Bethany**  
Willington  
Animal Lover / Unforgettable Laugh



**Zachary**  
Vernon  
Drummer / Adventurer

The Poster Project shown in part on this page and on the last page is a creation of Today I Matter and has become what the organization is most known for. It is comprised of 340 - 2x3 foot posters of people who have died of substance use disorder. To view the entire project and learn more about their mission visit their website.

[www.todayimatter.com](http://www.todayimatter.com)



# Some terms you might want to know

## Opioid

Opioids are a class of drug that includes prescription painkillers and heroin. Opioids are very addictive, and can be deadly. Prescription opioids are some of the most commonly prescribed drugs. They help ease short-term pain after a surgery, accident or illness. Common prescription opioids include: codeine, fentanyl, hydrocodone, morphine and oxycodone. Common brand names include: Vicodin, Demerol, OxyContin, Norco and Percocet. Other drug names are Tylox, Percodan, Lorcet, Tussionex, Darvon, Dilaudid, and Demerol.

## Heroin

Heroin is an opioid. It is processed from morphine, a naturally occurring substance extracted from the seedpod of the Asian poppy plant. Heroin usually appears as a white or brown powder. Prescription opioid addiction increases the risk of heroin use.

## Fentanyl

Fentanyl is a synthetic opioid. It is 50 to 100 times stronger than heroin or morphine. It is often mixed into street drugs. Its high potency increases the risk of an overdose.

## NARCAN

Naloxone (NARCAN) is a life-saving medication that can block the effects of an opioid overdose and reverse it. It will not reverse an overdose of another type of drug, just opioids.

## Withdrawal

The uncomfortable physical and psychological symptoms that develop when a person stops taking a drug or medication on which he or she has become dependent.

## Methadone

A long-acting opioid medication used to treat both pain and addiction to other opioid drugs. Methadone used for opioid addiction can only be dispensed by opioid treatment programs certified by SAMHSA and approved by the designated state authority.

## Relapse

in drug addiction, relapse is the return to drug use after an attempt to stop. Relapse is a common occurrence in many chronic health disorders, including addiction, which requires frequent behavioral and/or pharmacological adjustments to be treated effectively.

## QPR

QPR stands for Question, Persuade, and Refer — the three simple steps anyone can learn to help save a life from suicide. QPR Gatekeeper Training for Suicide Prevention is a two hour educational program designed to teach lay and professional “gatekeepers” the warning signs of a suicide





# An Interview with John Lally of Today I Matter

*John Lally is the Executive Director of Today I Matter (T-I-M), named after his son Timothy. He is also a nurse practitioner and has been working in psychiatry and addiction for over 36 years.*

## What have you learned from doing this project?

This is a project we describe as both heartwarming and heartbreaking. I get feedback from families who have a loved one in the project. They are so appreciative. What I have learned is how important that is. People do not want their loved ones forgotten or judged. It's a wonderful feeling.

## What advice would you give to parents?

If you have a sense that something is not right, trust your gut! Question your kids and talk to them. Don't ever have a suspicion and let it go and think "it can't be that." Because it might be! Let them know it is ok to have emotional difficulties. Talking helps and getting some professional help is important.

## What do you know today that you wish you had known when your son died?

I wish I understood the medical illness of addiction more when my son was struggling and still alive. I would have been less judgmental with him and more understanding. I wish I understood that better that once they become addicted they lose that power of choice. Once they become addicted, their brain is changed. I didn't understand that so well back then. NEVER THINK THIS CAN'T HAPPEN IN YOUR FAMILY.

## What do you think are the biggest barriers?

Along with what I have learned from experts, the biggest barrier is the shame and stigma. We still blame people for their addiction and do not understand the medical reason for it. Until we shift that attitude that it can be anybody we will not have the power we need to fight it. I hope people who read this will take the time and really think about this issue. It probably has affected someone they know. I really want people to step back and educate themselves.

## Tell us about the Poster Project. Who or what was your inspiration?

We have people representing over 34 states, about 140 of them are from Connecticut. The project has a couple of different benefits. One is it puts faces to the epidemic. On each of the posters we put the name of the town they came from and we list two attributes of that person. Tim's says "artist" and "musician." The other is that it is a tribute to these loving people we have lost and to their families. We hope by putting their faces out there we can get people to think and feel about the problem and look into their faces. It's not the picture we used to have in our minds of what a heroin addict looks like. You look at these posters of people with drug problems and you now see people like you, me, our family, our neighbors, our paper boy, our co-workers. There is no difference. So our hope is people will recognize this is all of us. It's not about us and them anymore. This is an "us" problem. We all need to be concerned.

## What is the mission of T-I-M?

Our mission is to reduce the shame and stigma of mental health and addiction. By telling Tim's story and promoting knowledge about the diseases of addiction and mental illness we want to break down the shame and stigma which leads to discrimination and a lot of misunderstanding and judgment that people have about those diseases.

## When and why did you start this organization?

We started the organization about six months after Tim passed in January of 2016 from a heroin overdose. He had been struggling for years with opiate problems after about a 10 year struggle with depression and anxiety. After his death we felt like we had to try to make something positive as a result of his struggle, so we started Today I Matter, Inc.

“It's not about us and them anymore. This is an us problem. We all need to be concerned.”

“His fourth grade friend owed him money and instead of giving him money gave him an OxyContin pill that was laced with fentanyl and he passed away from that.”

## An Interview with Kelly Fisher of The Alex Fisher Foundation

**Tell us about your son Alex. What do you want people to know about him?**

Alex was a funny, happy, friendly, kind, caring kid. He loved life to the fullest. He lived every single second of the day to the fullest. He was just a great kid and he brought sunshine to everybody.

**How did he die?**

His fourth grade friend owed him money and instead of giving him money gave him an OxyContin pill that was laced with fentanyl and he passed away from that.

**When did he die? Was he addicted at the time of his death?**

September 30, 2016 and no it was a one-time dose.

**How did it affect your family?**

Awful. It turned our world upside down. It is totally heartbreaking and shocking. Every day we just try to get through the day.

**What is the Alex Fisher Foundation?**

We started the Alex Fisher Foundation to put a positive spin on this. We could not go down the “negative rabbit hole.” We have a mock bedroom called Hidden in Plain Sight that shows parents where kids hide their drugs and alcohol. We also have other tools such as Walk the Line, and a go-kart that people either walk or drive through cones while wearing “alcohol goggles.” This shows them what it feels like to be walking and driving drunk. We also have marijuana goggles they can wear while doing activities to simulate the effects of marijuana. This is all free to towns. So of course we do fundraising to defray the costs. We don’t ever want anyone to say they cannot afford us. We also use donations to award student scholarships. This past year we gave out \$8,000 in scholarships. We also give out kindness awards to students of Riley’s dance studio in Enfield. Alex spent a lot of time there in tow with his sister.



*Kelly Fisher is the founder of The Alex Fisher Foundation, named after her son Alex who died from an overdose in 2016. Her 20 foot trailer, “Hidden in Plain Sight,” is a mock bedroom she tows to help bring awareness about drugs. We spoke with her about her organization.*

**What type of events do you attend with your trailer and how many people view the trailer each year?**

Any resource fair. We go to the schools when the resource officers call us. Anyone who wants us we will go. Last year we had over 600 people go through the trailer.

**How can people reach you? Do you have a Facebook page or website?**

There is a Facebook page. It is called Alex Fisher Foundation but it also goes by Alex’s Army so if you ever see that anywhere, that is us. Or my email is Kelly@thealex-fisherfoundation.org.

**What have you learned about addiction that you wish you knew when Alex died and what advice do you have for parents?**

I wish I knew what the signs were. I wish I knew about NARCAN. I have learned a lot about drugs but because he was a one-time episode there is no way I could have done anything. I now know way more about drugs than I care to know. My advice is talk to your kids. Don’t ever let them think you do not care or are not looking or watching. Don’t party with them! Tell us about some of your events. We have done a designer purse bingo that was very successful and our Alex’s Birthday Bash every August in Somers. We also have a 5K Race on September 22nd in Enfield. <https://runsignup.com/RACE/CT/Enfield/OutrunAddiction5K>.

**How can people donate to your organization?**

If someone wants to donate they can email me or message me on the Facebook page and I can tell them where to send it. We accept all donations. Or they can call me. My number is 860-305-3075.





# An Interview with Ellington Volunteer Ambulance Corps

*Peter Hany is the president of the Ellington Volunteer Ambulance Corps. He spoke with us on behalf of the ambulance corps.*

## What is it like to work on the ambulance?

Anytime we can save a life it gives us a feeling that we are doing something good for our community. So many times our calls seem routine and we get used to the average types of calls but occasionally a call comes to us that gives us a chance to use life-saving skills. Sometimes it is CPR, sometimes it is administering oxygen to assist breathing, some times it is extricating a patient from a wrecked car.

## Have you ever responded to someone who has overdosed on opioids?

Yes

## What can you tell us about the experience?

When we come to a scenario that involves opioid overdoses our ABC's kick in: airway, breathing and circulation. We also have NARCAN available that is in a spray form and given nasally. We have had unconscious patients who overdosed and we have administered NARCAN with amazing results.

## How often do you administer NARCAN?

We use NARCAN three to four times a year. Overdoses are not as prevalent in Ellington as it is in other areas of the state.

## How has it affected you personally?

After administering NARCAN, within less than a minute the patient starts to regain consciousness which is a major relief to us. The feeling of bringing someone back from the brink of death is extremely satisfying and rewarding. The calls where we are too late and the patient dies are discouraging but the saves are great.

## What measures do you think would help this problem?

Public education is going to be a big help in the fight against unnecessary deaths from drugs of any kind starting in the elementary schools.  
[ellingtonambulance.org](http://ellingtonambulance.org)

“ The feeling of bringing someone back from the brink of death is extremely satisfying and rewarding. ”

## How to Recognize an Overdose

### Common signs to look for

- **Breathing Slowly** - A person may have very slow, shallow breaths, make gurgling noises, or stop breathing.
- **Acting confused or lethargic** - They may be awake but unable to talk or may not respond when you try to wake them up.
- **Turning blue** - They could look very pale or have blue fingernails and lips.

### What to do next

- Call 911
- Give NARCAN
- Begin rescue breathing if the person doesn't respond

“Recovery is difficult, but sobriety has been the most beautiful gift and blessing I have ever received. Most people do not return from a place as dark as I was in, and I am grateful I have a second chance to leave my mark on the world in a positive manner.”

# An Interview with Sarah Howroyd

*Sarah Howroyd, MSW, LCSW is Director of Mental Health and Addiction Services for the iCare Health Network ([www.icarehn.com](http://www.icarehn.com)). She also co-founded the Manchester, Connecticut HOPE (Heroin/Opioid Prevention and Education) Initiative with a local police chief. She received her Master of Social Work in Administration from UConn School of Social Work. She is a licensed clinical social worker and has expertise in mental health, substance use, and other addictions. She proudly identifies as a person in long-term recovery.*



## How did you become addicted to opioids?

I was prescribed an astronomic amount of OxyContin by my primary care doctor following a car accident at 23 years old. I had aches and some muscle discomfort but no pain substantial enough to warrant the amount I was prescribed.

## How long was it before you realized you were addicted?

The first time I recognized I was addicted was when I cancelled a two week trip paid in full with no trip insurance to the Dominican Republic because I was worried I would run out of Oxy and have to withdraw there.

## Can you describe what it feels like to be addicted?

It feels like your body, mind, and spirit are hijacked at gunpoint by Satan. It hurts to breathe and it hurts to blink. You want nothing more than to stop using, but you cannot because your brain and body are working against you, sending you signals that the only thing that will make you feel better is the substance. It is torturous and I would not wish the experience on anyone.

## When did you know you needed help?

I knew I needed help when I was in the ICU and given a 20% change of living with a bacterial heart infection at 31 years old.

## Who did you turn to for help?

My mother was my biggest supporter, encourager, and cheerleader throughout the entire ordeal. Additionally, developing a large support network of others in the recovery community was quintessential to my success as well.

## How long have you been in recovery?

I have been in recovery since March 25, 2013.

## What is the process like?

The process is grueling and the most difficult thing I have ever experienced in my entire life, but so worth it. Recovery is difficult, but sobriety has been the most beautiful gift and blessing I have ever received. Most people do not return from a place as dark as I was in, and I am grateful I have a second chance to leave my mark on the world in a positive manner.

## What advice would you give someone who is prescribed opioids?

I would say it is imperative to ask a lot of questions. How long will I be on this medication? Can I just stop taking this medication with no consequence (mental and physical withdrawals) at any time? How did you choose the dose? Could we try a lower dose and go up if needed? Are there any non-narcotic alternatives for this medication? I also think it is extremely important to mention if there is any history of alcoholism or addiction on either side of your family, as it increases the likelihood you too could have the genes of becoming addicted. If opioids are in fact the only option, I would try to only have them in a controlled setting such as a hospital. If that is not possible, and you must go home with a prescription, I would put checks in balances in place, i.e. having a trusted loved one man the prescription and give it to you at the appropriate times. Taking human nature out of the equation in advance increases the likelihood of nothing going awry.

## What words would you have for someone beginning his or her recovery journey?

Recovery is difficult but the most fulfilling endeavor you will ever accomplish in life. If I can do it, so can you. Recovery is very much possible.





# Handling Prescription Medications

Prescription drug misuse can change the face of a community. Proper use, storage, and disposal of prescription medications helps keep people safe from drug misuse and also reduces the threat to the environment.

## Using Prescription Drugs

Take only what is prescribed by your doctor.

Do not share your medications with another person, not even immediate family members. Giving medications to someone else is considered a crime.

Talk openly to your children and grandchildren about the dangers of prescription drug misuse.

## Storing Prescription Drugs

Take inventory of your prescription and over-the-counter medications.

Secure your medicine cabinet or place medications in a locked box.

Dispose of all unused or expired medications. Don't let them in the wrong hands.

## Disposing of Prescription Drugs

The safest and most effective way to dispose of medications is to let a professional handle it by taking them to a prescription drug drop box or "Take Back Day."

Ellington has a Prescription Drug Drop Box in the Resident State Troopers Office at 33 Arbor Way. The hours are Monday through Thursday from 8 am to 3pm. Troop C Barracks at 1320 Tolland Stage Road in Tolland also has a drop box and is open 24/7.

When a take back day is not an option there are two ways to dispose of prescription and over-the-counter medicine, depending on the drug: Flushing and disposing in the garbage.

Because some medicines could be especially harmful to others, they have specific instructions to immediately flush them down the sink or toilet when they are no longer needed. A list of those medicines can be found on the FDA website: [https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-shouldknow#Medicines\\_recommended](https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-shouldknow#Medicines_recommended).

Flushing environmental concerns: The bigger risk to the environment than flushing according to the FDA and U.S. Environmental Protection Agency is from people taking medicines and then it naturally passing through their bodies. Many drugs are not completely absorbed or metabolized by the body and can enter the environment after passing through wastewater treatment plants. They do recommend, however, that the best way to dispose of medications is to bring them to a drop-box or take back day.

If drop box or take back day is not available, dispose of medicines in household trash in the following manner:

- Remove the drugs from their original containers and mix them with something undesirable such as coffee grounds, dirt, or cat litter.
- Put the mixture in something you can close such as a re-sealable zipper storage bag, empty can, or other container to prevent drug from leaking or spilling out.
- Throw the container in the garbage. Be sure to scratch out all your personal information on the empty medicine packaging.
- One product made to dispose of medications is called Deterra Drug Deactivation System.

# What is Addiction?

Addiction is a disease just as diabetes and cancer are diseases. It is not a weakness. People of all ages, classes, and ethnic backgrounds can get an addiction. There are three main factors of addiction that may explain why some people develop addiction and some do not:

## Genetics

Research has shown that if members of the family have dealt with addiction then there is a 50-75% likelihood a person will develop an addiction.



## Environment

Growing up in an environment with older adults who use drugs is a risk factor for addiction.

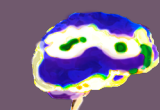


## Development

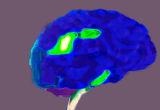
Research shows that the earlier in life a person tries drugs, the more likely that person is to develop an addiction. The adolescent brain is still developing until age 25.



Drug addiction is a brain disease because the abuse of drugs leads to changes in the structure and function of the brain.



Healthy Brain



Addicted Brain

Brain imaging has shown measurable changes in the area of the brain critical to judgment, decision making, learning and memory, and behavior control. These changes alter the way the brain functions and explains the compulsive and destructive behaviors of addiction.

Cravings take over and are constant. The person cannot stop seeking out drugs, no matter what. Without the drug, a person goes into withdrawal which is a very painful experience. Given the intensity of withdrawal symptoms, the person wants to avoid being in withdrawal at all costs.



It is true the first time a person tries a drug it is voluntary, however, at some point it is no longer voluntary and the brain becomes hijacked.



“

January of 1998, I lost my childhood best friend to suicide. She had been 21 years old for less than a week. My soul has never been the same. I have lived for 20 years with the “tyranny of hindsight,” the “what if” and “if only.” Until I started working in Suicide Prevention, I lived with this grief alone because no one around me was willing to talk about suicide.

”

## The Power of Talking About Suicide

by Sarah Gaer

*Sarah Gaer is a suicide loss survivor and a Master's Level Clinician with 20 years experience in the field of mental health care. Since 2012, she has worked as a Suicide Prevention Specialist focused on men in the middle years and first responders in trauma and suicide prevention in Massachusetts and is a QPR Master Trainer for the QPR Institute. Sarah is currently co-chair of the Pioneer Valley Coalition for Suicide Prevention and sits on the Executive Committee for the Massachusetts Coalition for Suicide Prevention and United Survivors. Sarah has recently published her first novel. Visit her website at <https://sarahaer.com>.*

### Why do we think about suicide differently than all other safety and health issues?

There are so many things that we worry about as parents. When our children are babies, we worry about Sudden Infant Death Syndrome (SIDS) and we take every precaution that we can whether it is ensuring the right bedding or which side baby is safest sleeping on.

As time moves on, the dangers change. We pass the zone where SIDS is the biggest threat and we start worrying about new things like the dangers of stairs (we put up gates) or the risk of injury on a bicycle (we buy helmets), or the danger that our pool holds (we put safety fencing around it).

We look forward to a time when we don't have to live with constant vigilance, when our children are self-sufficient and know to look both ways before crossing the street and not to get in a car with a stranger. The teen years approach and we (temporarily) sigh a breath of relief and think we are in the clear. This is not the reality though and we are disappointed to learn that with each new stage of development, our children face new threats that we feel less able to protect them from. We start to gaze back on the stages where we felt (often inaccurately) better able to protect our children.

There are reasons why infant survival rates have skyrocketed from a hundred years ago. There is no belief that says “if we talk about SIDS” it is more likely to happen. We have openly and bravely discussed child safety with the major exception being in the context of issues that make people uncomfortable. For example, we talk openly about crib safety but not the risk of sexual abuse.

We talk openly about the importance of car seats and seat belts, but not firearm safety. We talk openly about the dangers of pools and create town ordinances to protect children, but we avoid talking about opioids. *And perhaps there is no topic that people avoid more than suicide even though it is the second leading cause of death for youth ages 10-34 according to the National Institute of Health.* While suicide is the 10th leading cause for adults in the United States, it is important to understand that the majority of Americans that we lose to suicide annually are aged 25 and older. Eight out of 10 will be a male, more specifically 7 out of 10 will be a white male. In fact, for the first time in American history, my generation (early 40's) will not live as long as my parents. The three causes of death that appear to be creating this are suicide, opioids and alcohol. This is being termed “Deaths By Despair” and disproportionately impacts white, rural America. While men are at the highest risk for these deaths, women are the population showing the greatest growth in these deaths annually.



Substance Use and Suicide

It is also important to understand the role that alcohol and opioids play in suicide, both as warning signs and as risk factors. People who are self-medicating are in pain. That is the warning sign of suicide. People who are battling with substance dependence often feel out of control, have seen major economic and social consequences in their lives and are isolated in the shame of their struggle. These are all risk factors for suicide. In fact, there is recent research that indicates that a large portion of opioid overdose deaths may be suicides.

What can we do?

Imagine if we had ignored the risk of SIDS or the advice from experts about car safety. Imagine if we had believed that talking about those issues increased risk? We must take the proven approaches that we have used with every other public health problem (polio, SIDS, heart disease and so much more) and apply it to suicide prevention and all the underlying root causes of suicide. And if we are acknowledging that despair and isolation are causes of suicide deaths then we must ask ourselves how we, as a community, help to reduce these risks.

- 1. **Attend/Provide training:** Ellington has offered Question, Persuade and Refer (QPR) trainings which is a brief training that offers an overview of suicide and provides concrete steps on how to recognize suicide risk and how to intervene with a friend/family member/community member.
- 2. **Build a Coalition:** Bring together community stakeholders (board of health, school personnel, law enforcement, health and human services, youth services, library staff, parents, politicians) to work together to discuss ways to address despair in our community.
- 3. **Know your resources:** The National Suicide Prevention Lifeline: 1-800-273 TALK <https://suicidepreventionlifeline.org>, The American Foundation for Suicide Prevention <https://afsp.org>, Prevent Suicide Connecticut- [www.preventsuicidect.org](http://www.preventsuicidect.org).
- 4. **Talk about it! Talk about it! Talk about it!** Tell your friends and family that you read this “really great article” about suicide prevention and it made you wonder why we don’t talk about this issue more often. Avoid using judgmental language such as “commit,” “failed,” “successful,” as there is a chance that the very people you are talking to have lost someone they love or are thinking about suicide themselves.

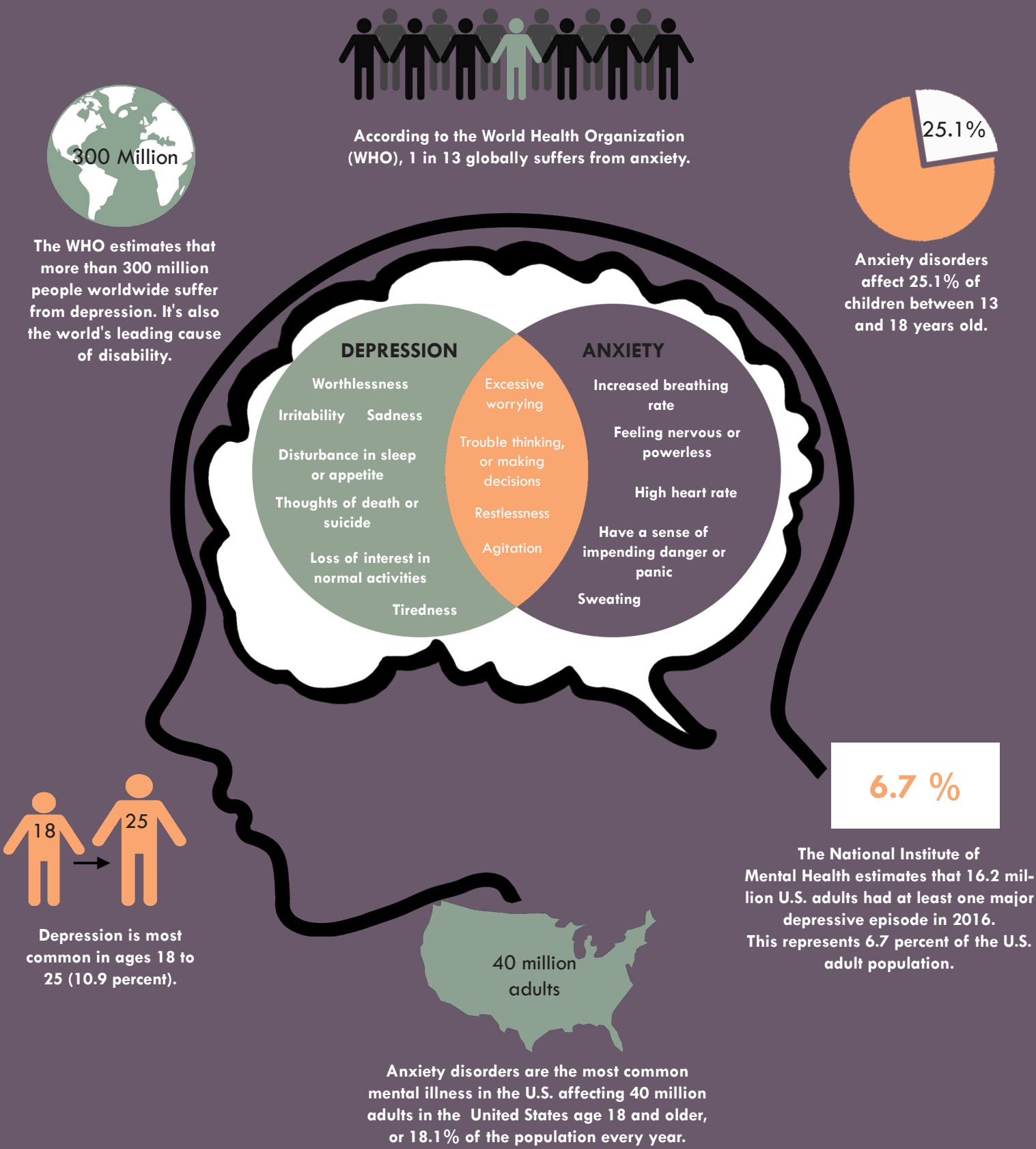
Make it known that you aren’t an expert, but you care and are willing to learn. Attempt survivors have overwhelmingly taught us that what they need is to believe they are cared about and to be allowed to talk about their experiences without fear and shame. You can be that person!

If you or someone you care about are experiencing thoughts of suicide, please know that you are not alone. According the Center for Disease Control, more than 8 million Americans think about suicide annually. Thinking about suicide does not mean that you are crazy or broken but it does mean that you are struggling and need support. Support is available to you and your loved ones 24 hours a day, 365 days a year at the National Suicide Prevention Lifeline (1-800-273-TALK).

Editor’s Note: The Town of Ellington has a coalition called DPYC (Developing Positive Youth Culture) that has been in existence for over 20 years. Please contact Diane Lasher-Penti at [dpenti@ellington-ct.gov](mailto:dpenti@ellington-ct.gov) for information on joining. Check the Youth Services website for future QPR and NARCAN Trainings. [Youth.ellington-ct.gov](http://Youth.ellington-ct.gov).

DEPRESSION AND ANXIETY

It is common for someone with an anxiety disorder to also suffer from depression or vice versa. Nearly one-half of those diagnosed with depression are also diagnosed with an anxiety disorder.



“When a person has an addiction it affects how they deal and cope with everyday life. Part of the recovery process is learning new coping skills for feeling emotions and for thoughts.”

## An Interview with Diane Lasher-Penti Director of Ellington Youth Services

### Have you seen a rise in depression and anxiety?

Yes, there has been a tremendous rise in anxiety and depression. Articles have used the word “epidemic” to describe the crisis of mental health we are facing. “Today’s adolescents are dying by suicide and experiencing mental health crises at alarming rates, in part because they don’t have the skills to handle increasing levels of stress in healthy ways. Teens show similar patterns as adults do, but they often lack the resilience and developmental abilities to cope. Instead, many teens turn to unhealthy behaviors like substance abuse or self-harm to deal with stress. They often lack the social, emotional, and life skills they need to handle change and overcome obstacles” (Jordan Porco Foundation, 4 What’s Next program).

### Why is it important to discuss mental health when talking about opioid addiction?

When people of all ages have a difficult time dealing with their mental health they seek out ways to stop the emotional pain, anger, fear, to slow the thoughts down in their heads. Someone says “hey try this, it worked for me,” and now with access to the internet and social media, youth are often encouraged to make some very unhealthy choices. When a person has an addiction it affects how he or she deals and copes with everyday life. Part of the recovery process is learning new coping skills for feeling emotions and for thoughts.

### What are some of the things you are doing at Youth Services to help with these crises?

We are educating the community on mental health, prevention and addiction. One way is through this magazine, workshops and programs. We also partner with schools to teach youth about caring for their mental health. We base our programs on building reliance and protective factors. Please check out our website and social media pages for information on our programs and services.



*Diane Lasher-Penti has been the Director of Ellington Youth Services for the last 18 years. She also is a marriage and family therapist and offers confidential counseling to Ellington's youth and families. Youth Services provides dynamic programs and community activities that develop and strengthen the essential life skills needed to face life's many challenges.*

### Do you have hope for the future in regards to addiction and mental health?

Yes, I believe if we all work together and have support for each other we can make a difference. When we show compassion and kindness to each other it makes an impact on our daily lives. The conversations have just started about addiction and mental health. It is essential to keep talking and work together to improve our prevention and recovery programs.

### What advice do you have for parents?

Start at an early age talking about mental health and how to exercise and care for our mental health. We need to know that emotions are good and we need to feel our emotions and know how to deal with them. As parents, we can't make everything perfect for our children. We as humans cannot be happy all the time. We have to accept that there are times we will be sad, mad, worried, and scared. It is ok to feel those things and how we deal and express our emotions make all the difference. We have to teach them to deal with the ups and downs of life, when we lose at a game or when someone is mean or we lose someone very close. Life is about change and people have to be flexible and learn to accept and deal with changes that are out of our control. It is a good thing to ask for help like counseling.

### What do you want community members to know?

We will need to educate ourselves on these issues. There have been many advances in understanding more about addiction and the recovery process. By caring for our mental health and teaching our youth to do the same, we can make an impact.





*Colleen Violette, MSW, CPS, is the Prevention Coordinator for the Town of Enfield Youth and Family Services. She is an active member of their coalition, Enfield Together, and has been a vital member of the task force since it's beginning.*

**Tell us about the North Central Opioid Addiction Task Force.**

The task force was formed in December of 2015 by The Enfield Town Council.

**What is the goal of the Task Force?**

The goal of the task force is to educate Enfield and our surrounding communities on the opioid epidemic. We strive towards increasing recovery supports, prevention initiatives and enforcement activities to combat the opioid epidemic.

**What specific issues are you targeting?**

We are targeting issues surrounding the opioid epidemic such as how other substances play a role in the epidemic, the need for additional treatment options and recovery supports, decrease the stigma around substance misuse and abuse, and the need to increase prevention initiatives.

**Who is on the task force?**

The towns that are represented on the task force are Enfield, Ellington, East Windsor, Somers, Suffield, Windsor and Windsor Locks. The task force is open to anyone interested in attending. Individuals who were specifically asked to be part of the task force were aligned with what we do with our current wellness coalition - The Enfield Together Coalition. Our coalition has representatives from 12 sectors on it. We targeted the 12 sectors in every town. The sectors include school, law enforcement, local & state government, parents, business, media, youth serving organizations, civic groups, faith, healthcare, substance abuse organization and youth. We really try to draw from all corners of the communities to address this community issue. We all play a role in addressing the opioid epidemic.

# An Interview with Colleen Violette of the North Central Opioid Addiction Task Force

**How often do you meet?**

The large task force meets four times a year. The meetings are for two hours which includes a presenter and discussion. The sub-committees meet more often.

**Are the goals of the task force being met?**

The goals of the task force are being met yes. We have heard very positive feedback around the presenters that we have brought in. A lot of people have learned new things about the epidemic, how to address the epidemic, new ideas to bring back to the communities, etc. Our prevention sub-committee provides networking, support, and capacity building to the participating communities. Our treatment and recovery subcommittee has worked with the surrounding hospitals such as St. Francis. We can now bring people who are struggling from Enfield directly to St. Francis to get connected with support and treatment.

**How does prevention play a role in addressing the opioid epidemic?**

Prevention is a pillar in addressing the opioid epidemic, but not many people understand or see the value. Prevention plays a significant role in preventing individuals from developing a substance use disorder. We really do need to tackle the opioid epidemic from multiple pillars, prevention being a big one. We still need to increase recovery support, access to treatment, and enforcement activities. By implementing primary prevention initiatives such as delaying the age of onset of first use of any substances including alcohol & marijuana, or screening early and often for substance use to connect a youth with services also impacts addressing the opioid epidemic.

**Anything else you would like the community to know?**

We all play a role in addressing the opioid epidemic. For more information about the North Central Opioid Addiction Task Force please contact Colleen Violette, Prevention Coordinator for the Town of Enfield at [cviolette@enfield.org](mailto:cviolette@enfield.org).

“ We all play a role in addressing the opioid epidemic. ”

# Moving Beyond the Stigma

The negative misconceptions that surround drug misuse and mental health disorders are very common. This stigma prevents those affected from getting support and help. Many are too afraid to ask for help for fear of being labeled. How do we stop this social stigma?

## What is Stigma?

Stigma is a set of negative beliefs that society tends to apply to certain subject matter or set of people. These negative stigmas are usually not based on any facts. Stigma has the potential to negatively affect a person's self-esteem, damage relationships and prevent those suffering from accessing treatment. Stigma is a public health issue – it contributes to high rates of death, incarceration, and mental health concerns.

## The Stigma of Substance Use Disorder

A 2014 National Survey on Drug Use found that 21.5 million Americans age 12 and older had a substance use disorder in the previous year and sadly only 2.5 million received the treatment they needed. Forty-four Americans die every day from opioid overdose. Researchers found that people don't generally support insurance, housing, and employment policies that benefited people who were dependent on drugs. Addiction is a chronic disease. Becoming dependent on drugs can happen to anyone. Unfortunately, people who experience stigma are less likely to seek treatment. This stigma can also carry into the medical profession. Studies have found that some healthcare providers feel uncomfortable when working with people who are dependent on drugs.

Perceived stigma can cause major harm to people in their social lives. People who use drugs can feel pushed to the outskirts of society and may lose touch with their community and family and experience profound loneliness and isolation.

## The Stigma of Mental Health

The fear of stigma and discrimination has a devastating effect on those living with mental illness and on their families. Mental health stigma can be divided into two types: Social Stigma and Perceived Stigma. Social is negative attitudes and discriminating behavior towards individuals with mental health problems. Perceived is "self-stigma" where the mental health sufferer internalizes their perceptions of discrimination which creates feelings of shame.

About one in four adults suffer from a diagnosable mental disorder. Mental disorders are the leading cause of disability in the U.S. and Canada. Examples of common mental illnesses include bipolar disorder, depression, PTSD, schizophrenia, OCD, anxiety disorders, eating disorders, ADD/ADHD, autism and Asperger's. For some people, a mental illness may be a lifelong condition, like diabetes. Mental illness affects people of all ages, genders, and religions.

## Ways you can help reduce the Stigma

- Educate yourself and others about addiction and mental health disorders.
- See the person, not the condition.
- Help by pushing for better legislation and policies to improve everyone's lives.

# Resources

## Mental Health and Substance Use Treatment Resources

Visit [youth.ellington-ct.gov](http://youth.ellington-ct.gov) to download the complete brochure or stop by Ellington Youth Services at 31 Arbor Way for a hard copy.

**211—Infoline and Suicide Hotline**  
**911—Emergency**  
**Connecticut Sexual Assault Crisis Services 1-888-999-5545**  
**Domestic Violence Crisis Services: 1-888-774-2900**

**Anxiety Treatment Center,** 860-269-7813 [ctanxiety.com](http://ctanxiety.com)

**The Bridge Family Center,** 860-870-2543  
[bridgefamilycenter.org](http://bridgefamilycenter.org)

**Child and Adolescent Behavior Health Services, ECHN**  
860-647-6827 [echn.org](http://echn.org)

**Community Child Guidance Clinic,** 860-643-2101 [ccgcinc.org](http://ccgcinc.org)

**Community Health Resources (CHR),** 1-877-844-3571  
[chrhealth.org](http://chrhealth.org)

**DMHAS (Dept. of Mental Health and Addiction Services)**  
**Treatment Center** 1-800-563-4086  
Mobile Crisis Response Team (Adult) 1-877-884-3571

**Ellington Behavioral Health,** 860-871-5402  
[www.ellingtonbehaviorhealth.com](http://www.ellingtonbehaviorhealth.com)

**Ellington Youth Services,** 860-870-3130 [youth.ellington-ct.gov](http://youth.ellington-ct.gov)

**Hockanum Valley Community Council (HVCC) Suboxone Program** 860-872-9825 [www.hvcchelps.org/suboxone](http://www.hvcchelps.org/suboxone)

**Institute of Living Anxiety Disorders Center,** 860-545-7685  
[instituteofliving.org](http://instituteofliving.org)

**Institute of Living,** 860-545-7200 [instituteofliving.org](http://instituteofliving.org)

**Intercommunity (ICRC) (Detox),** 860-714-3700

**Johnson Memorial Chemical Dependency Program,**  
860-763-8043 Detox: 860-684-8290  
[www.jmmc.com/chemical-dependency-program](http://www.jmmc.com/chemical-dependency-program)

**Joshua Center/Natchaug Hospital,** 860-749-2243;  
Fax 860-749-2613 [www.natchaug.org](http://www.natchaug.org)

**Mary's Place-A Center for Grieving Children,** 860-688-9621  
[marysplacet.org](http://marysplacet.org)

**New England Center for Cognitive Behavior Therapy,**  
860-430-5515 [necbt.com](http://necbt.com)

**Rivereast Treatment Center,** 860-870-0119  
[www.natchaug.org](http://www.natchaug.org)

**Root Center for Advanced Recovery,** 860-643-3210  
[www.rootcenter.org/manchester-clinic/](http://www.rootcenter.org/manchester-clinic/)

**Saint Francis Hospital (Detox),** 860-714-2470

**Stafford Family Services,** 860-684-4239 [staffordct.org](http://staffordct.org)

**The Village for Families and Children,** 860-236-4511  
[thevillage.org](http://thevillage.org)

**West Meadow Counseling Center,** 860-454-0520  
[westmeadowcounseling.com](http://westmeadowcounseling.com)

**Wheeler Clinic,** 860-793-3500 [www.wheelerclinic.org](http://www.wheelerclinic.org)

# Acknowledgments

[www.anxiety.org](http://www.anxiety.org)  
[www.fda.com](http://www.fda.com)  
[www.nami.org](http://www.nami.org)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)  
[www.who.int](http://www.who.int)  
[www.hhs.gov](http://www.hhs.gov)  
[www.211ct.org](http://www.211ct.org)

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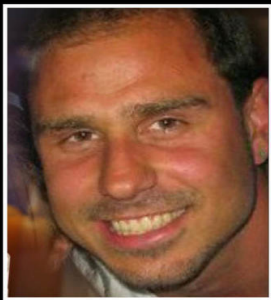
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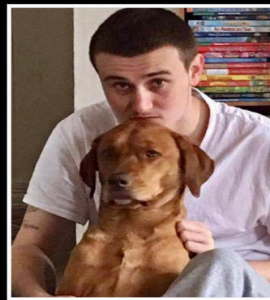
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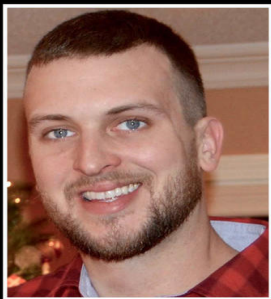
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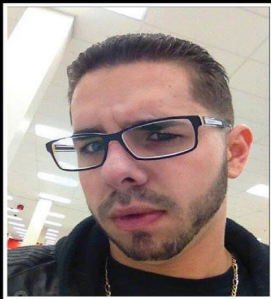
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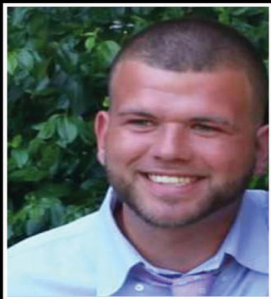
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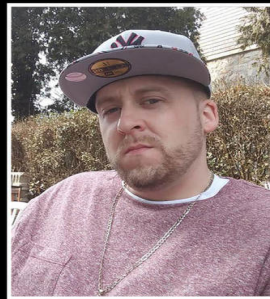
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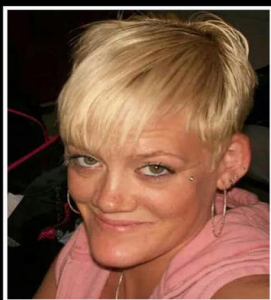
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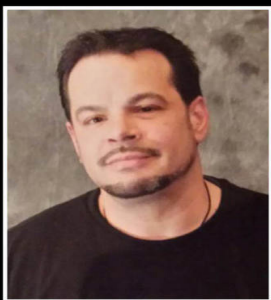
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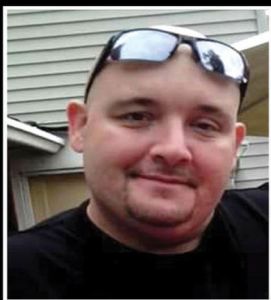
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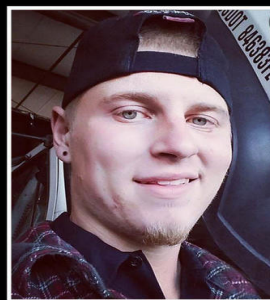
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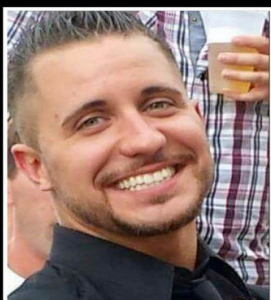
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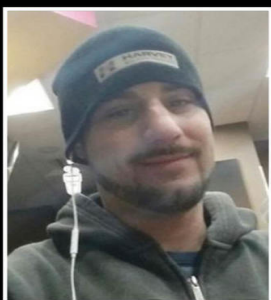
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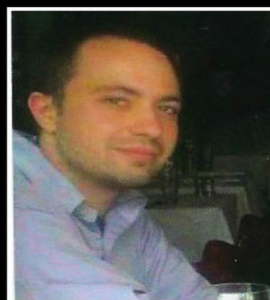
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