Plugged In



Somerset County District Attorney
Lisa Lazzari-Strasiser

SOMERSET HOSPITAL
TWIN LAKES CENTER

Somerset Single County Authority for Drug and Alcohol

Meyersdale Area School District

Fraternal Order of Eagles
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Daily American
Somerset County's Newspaper

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News, views and issues that affect our lives every day.

IF YOU SUSPECT AN OVERDOSE

An opioid overdose requires immediate medical attention. An essential first step is to get help from someone with medical expertise as soon as possible.

Call 911 immediately if you or someone you know exhibits any of the symptoms listed below. All you have to say: "Someone is unresponsive and not breathing." Give a clear address and/or description of your location.

Signs of **OVERDOSE**, which often results in death if not treated, include:

- Face is extremely pale and/or clammy to the touch
- Body is limp
- Fingernails or lips have a blue or purple cast
- The patient is vomiting or making gurgling noises
- He or she cannot be awakened from sleep or is unable to speak
- Breathing is very slow or stopped
- Heartbeat is very slow or stopped

Signs of **OVERMEDICATION**, which may progress to overdose, include:

- Unusual sleepiness or drowsiness
- Mental confusion, slurred speech, intoxicated behavior
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat, low blood pressure
- Difficulty waking the person from sleep



THE NATURE OF ADDICTION

Throughout much of the last century, scientists studying drug abuse labored in the shadows of powerful myths and misconceptions about the nature of addiction, according to the National Institute on Drug Abuse. Back in the 1930s, it was assumed that people addicted to drugs were lacking in willpower. Today, thanks to science, our views and our responses to drug abuse have changed dramatically.

Groundbreaking discoveries about the brain have revolutionized our understanding of drug addiction, enabling us to respond effectively to the problem. As a result of scientific research, we know that addiction is a disease that affects both brain and behavior.

Research has shown that people generally take drugs to feel good, feel better or cope with difficult problems or situations. You cannot turn on the television, listen to the radio or pick up a magazine without seeing an advertisement promoting some substance that will improve your life.

This Tampa Bay Times Newspaper in Education publication, created in partnership with the Drug Abuse Comprehensive Coordinating Office (DACCO), focuses on educating you about substance abuse prevention. We hope this publication will serve as a discussion tool for parents, teachers, community members and youth.

Addiction is a treatable disease

While the initial decision to use drugs is voluntary, drug addiction is a disease of the brain that compels a person to become singularly obsessed with obtaining and abusing drugs despite their many adverse health and life consequences.

Addiction is a primary, chronic illness influenced by genetic, psychosocial, environmental and lifestyle factors. Addiction is not a sign of weak morals; it is a disease. Symptoms of addiction include loss of control over drug or alcohol use, cravings, use despite consequences, distortions in thinking, the need to consume greater amounts to get high, and physical dependence and withdrawal.

Like many other diseases, substance use disorders are chronic and follow a predictable course. Long-term drug abuse results in changes in the brain that persist long after a person stops using. The good news is that addiction, like other diseases, can be successfully treated. People all around the world are recovering to live long, healthy and happy lives!

The best treatment programs are scientifically based and meet the multiple needs of the individual, not just his or her drug use. It is important to remember that no single treatment is appropriate for all individuals.

Sources: National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health, and the Department of Health & Human Services Centers for Disease Control and Prevention

DFC In Action





DUI MEMORIAL







SUMMARY:
Do's and Don'ts in Responding to Opioid Overdose

• **DO** support the person's breathing by administering oxygen or performing rescue breathing.

• **DO** administer naloxone.

• **DO** put the person in the "recovery position" on the side, if he or she is breathing independently.

• **DO** stay with the person and keep him/her warm.

• **DON'T** slap or try to forcefully stimulate the person - it will only cause further injury. If you are unable to wake the person by shouting, rubbing your knuckles on the sternum (center of the chest or rib cage), or light pinching, he or she may be unconscious.

• **DON'T** put the person into a cold bath or shower. This increases the risk of falling, drowning or going into shock.

• **DON'T** inject the person with any substance (salt water, milk, "speed," heroin, etc.). The only safe and appropriate treatment is naloxone.

• **DON'T** try to make the person vomit drugs that he or she may have swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.

NOTE: All naloxone products have an expiration date, so it is important to check the expiration date and obtain replacement naloxone as needed.

LIVE UNITED™

United Way

United Way of the Laurel Highlands
Serving Cambria and Somerset Counties
www.uwlaurel.org

For more information, use your phone to scan the code below.
(or visit www.youthbooth.org)

United Way Youth Booth Campaign

"Where do I fit in?"

"Will the others like me?"

"Will I have friends?"

"I'm scared but I don't want anyone to know"

These may be some of the things that are going through your mind. Almost everyone, even adults, have these very same thoughts sometimes.

You are not alone and you don't have to handle these issues alone.

There are people and resources available to you.

• Bullying • Mental Abuse • Sexual Harassment • Addictions
• Physical Abuse • Depression • Internet Smarts



Good Samaritan Act

Sometimes all it takes to save a life is to make a call to 9-1-1.

The 911 Good Samaritan Act provides that:

A person making a good faith effort to obtain or provide medical assistance for an individual experience a drug-related overdose may not be charged, prosecuted or penalized for possession of a controlled substance if the evidence for possession was obtained as a result of the person's seeking medical assistance.

A person who experiences a drug-related overdose and is in need of medical assistance may not be charged, prosecuted or penalized for possession of a controlled substance if the evidence for possession was obtained as a result of the overdose and the need for medical assistance.

Source: PA House of Representatives

8 Reasons to Participate in Prescription Take-Back Events / Sites

✔ Some prescriptions may be especially harmful, and, in some cases, fatal with just one dose if they are used by someone other than the person for whom the medicine was prescribed.

✔ Medications can be accidentally ingested by both children and pets, in turn, causing them to become sick or even die.



✔ Some medications will contaminate and pollute our ground water and cause devastating environmental effects if not disposed of properly.

✔ Most teens who abuse prescription drugs get them from the medicine cabinet of a family member or friend.

✔ Narcotic medications come from the opiate family and are essentially just as addictive and dangerous as using heroin if taken other than prescribed.

✔ Having prescription medications in your home can make you a target for would be theft and burglary attempts.

✔ **Throwing medicines in the garbage is not safe** - especially for controlled substances like OxyContin, narcotics, and other highly addictive and dangerous drugs - because the drugs can be found and used by others, even if they are mixed with undesirable materials like coffee grounds or kitty litter.

Adults: Be The Wall

We know you would never host a party with alcohol for teens, but do you know how to keep teens from trying to sneak it through the front door? Brush up on your chaperone skills – Be The Wall!

- Utilize a location that has clear entrances and exits. If there are multiple exits, block off all exits you do not want used or utilize other chaperones to block the exits.
- Work with your teen to decide on a guest list ahead of time. Set a limit to the number of people and make a contingency plan for politely turning away party-crashers.
- On the event invitation, clearly state the beginning and ending time, what to bring and what not to bring.
- Ask teens to leave purses or backpacks in their locked cars or at the front door. Discourage teens from going back and forth from your home to their cars.
- Lock up any alcohol in your home before the party. Ask adults that may be attending the party to leave their alcohol at home for the event.
- Utilize the television, swimming pool, video games or karaoke machine to entertain teens.
- Provide plenty of space for teens to just hang out comfortably where you can see them but not hover over them.
- Utilize single-serve cans instead of disposable cups. Do not use a punch bowl or pitchers.
- Monitor behavior by circulating around the home and interacting with teens.

Never let a teen that you believe to be impaired leave your home.

For more information, go to bethewall.org.



These students participated in "Project Sticker Shock" on May 12, 2014, where they placed 4,000 stickers on cases of alcoholic beverages in 4 of Somerset County's beer distributors. "Project Sticker Shock" is a public information campaign to enforce Pennsylvania's underage drinking laws. One of the campaigns main objectives is to educate the public and change attitudes about selling and serving alcohol to anyone under 21.

Pennsylvania Youth Survey - 2013 Results Overview

The top three substances of choice for students in Somerset County have been consistently been alcohol, tobacco and marijuana. The rates for lifetime use (having tried the substance once in your life) for students in Somerset County are significantly lower for alcohol, cigarettes and smokeless tobacco. The lifetime use rate for marijuana increased from 2011 to 2013.

In regards to the rates for 30-day use (having used the substance within the last 30 days) for students in Somerset County, alcohol and smokeless tobacco have significantly declined since 2009. The rates for cigarettes and marijuana have increased slightly since 2009.

Prescription drug usage rates for both Lifetime and 30-day use have either declined or remained the same. These drugs include steroids, painkillers, tranquilizers, and stimulants. The 30-day usage for narcotic prescription drugs (such as Vicodin, OxyContin, Percocet) for students in Somerset County decreased nearly 4% since 2009.

Risk and Protective Factors

The risk and protective factors for Somerset County refer to the negative and positive influences in the lives of our youth. The most influential protective factors for youth in Somerset County (a positive influence) are family attachment, family rewards for pro-social involvement, and belief in the moral order. The domains that pose the least risk for youth behaviors in Somerset County are Interaction with anti-social peers, rebelliousness, and friends' use of drugs.

Overall prevention efforts for Somerset County have been effective for our youth. The lifetime and 30 day use rates have declined in several key areas and with many substances. Protective factors in the family domain have improved since 2009. The information contained in this report will assist the Somerset County Human Services delivery system identify and focus prevention efforts on key identified areas.

BINGE DRINKING FACTS

About 90% of the alcohol consumed by youth under the age of 21 in the United States is in the form of binge drinks.

Binge drinking is associated with many health problems, including:

- Unintentional injuries (e.g. car crashes, falls, burns, drowning)
- Intentional injuries (e.g. firearm injuries, sexual assault, domestic violence)
- Alcohol poisoning
- Sexually transmitted diseases
- Unintended pregnancy
- Children born with Fetal Alcohol Spectrum Disorders
- High blood pressure, stroke, and other cardiovascular diseases
- Liver disease
- Neurological damage
- Sexual dysfunction, and
- Poor control of diabetes.

Binge drinking costs everyone.

- Drinking too much, including binge drinking, cost the United States $223.5 billion in 2006, or $1.90 a drink, from losses in productivity, health care, crime, and other expenses.
- Binge drinking cost federal, state, and local governments about 62 cents per drink in 2006, while federal and state income from taxes on alcohol totaled only about 12 cents per drink.

ALCOHOL. THE NO. 1 OFFENDER

Drinking: a risky behavior

It's no secret that society provides mixed messages about alcohol. You should know that drinking, especially underage drinking, can have serious consequences. The teenage brain is still developing and alcohol can impair the areas of the brain that control the following:

- **Motor coordination**
- **Impulse control**
- **Memory**
- **Judgment and decision-making capacity**



General Impairment penalties (Undetermined BAC, .08 to .099% BAC)

No prior DUI offenses
* ungraded misdemeanor
* up to 6 months probation
* $300 fine
* alcohol highway safety school
* treatment when ordered

1 prior DUI offense
* ungraded misdemeanor
* 12 month license suspension
* 5 days to 6 months jail time
* $300 to $2,500 fine
* alcohol highway safety school
* treatment when ordered
* 1 year ignition interlock

2 or more prior DUI offenses
* 2nd degree misdemeanor
* 12 month license suspension
* 10 days to 2 years prison
* $500 to $5,000 fine
* treatment when ordered
* 1 year ignition interlock

The new law creates a higher set of penalities for those having higher BAC levels. It allows for treatment at all levels, and requires alcohol highway safety school for all first and second time offenders.

High BAC penalties (.10 to .159% BAC)

No prior DUI offenses
* ungraded misdemeanor
* 12 month license suspension
* 48 hours to 6 months prison
* $500 to $5,000 fine
* alcohol highway safety school
* treatment when ordered

1 prior DUI offense
* ungraded misdemeanor
* 12 month license suspension
* 30 days to 6 months prison
* $750 to $5,000 fine
* alcohol highway safety school
* treatment when order
* 1 year ignition interlock

2 or more prior DUI offenses
* 1st degree misdemeanor
* 18 month license suspension
* 90 days to 5 years prison
* $1,500 to $10,000 fine
* treatment when ordered
* 1 year ignition interlock

3 or more prior DUI offenses
* 1st degree misdemeanor
* 18 month license suspension
* 1 to 5 years prison
* $1,500 to $10,000 fine
* treatment when ordered
* 1 year ignition interlock

For those at the highest BAC levels, the new law has strict penalties, but also alows for treatment. This even-handed approach allows for individuals to receive counseling for their alcohol problem, while still penalizing those who choose to continue the dangerous practice of drinking and driving.

In addition, drivers under the influence of controlled substances and those who refuse breath or chemical testing are subject to the highest BAC category penalities.

Highest BAC penalties (.16% and higher) or Controlled Substance

No prior DUI offenses
* ungraded misdemeanor
* 12 month license suspension
* 72 hours to 6 months prison
* $1,000 to $5,000 fine
* alcohol highway safety school
* treatment when ordered

1 prior DUI offense
* 1st degree misdeanor
* 18 month license suspension
* 90 days to 5 years prison
* $1,500 to $10,000 fine
* alcohol highway safety school
* treratment when ordered
* 1 year ignition interlock

2 or more prior DUI offenses
* 1st degree misdemeanor
* 18 month license suspension
* 1 to 5 years prison
* $2,500 to $10,000
* treartment when ordered
* 1 year ignition interlock

http://www.dmv.state.pa.us/legislation/dui.shtml

Common Signs and Symptoms of Alcohol Abuse include:

* Repeatedly Neglecting Responsibilities
* Alcohol Use in Dangerous Situations
* Legal Problems Due to Drinking
* Continued Drinking Despite Relationship Problems
* Drinking to De-Stress

vs.

Signs and Symptoms of Alcoholism Dependency:

* Tolerance
* Withdrawal
* Loss of Control
* Desire to Stop - But Can't
* Neglecting Other Activities
* Alcohol Takes Up Greater Time, Energy and Focus
* Continued Use Despite Negative Consequences

Combining Energy Drinks with Alcohol More Dangerous Than Drinking Alcohol Alone

By Join Together Staff | April 18, 2011 | Leave a comment | Filed in Alcohol,Prevention, Young Adults & Youth

A new study finds that consuming a caffeine-infused energy drink combined with alcohol is more dangerous than drinking alcohol alone. The researchers say the findings suggest it may be appropriate to put warning labels on energy drinks saying they should not be mixed with alcohol, HealthDay reports.

The researchers studied 56 college students, splitting them into four groups. They drank either an alcoholic beverage, an energy drink, a drink that combined both alcohol and an energy drink, or a drink that did not include either one. According to a press release from the journal Alcoholism: Clinical & Experimental Research, they report that all the students who drank alcohol showed impaired impulse control. Those who drank the alcoholic energy drink, however, thought of themselves as less impaired than those who drank the same amount of alcohol alone. The researchers say this could make people who drink alcohol and energy drinks together more likely to do something risky like driving while drunk.

According to HealthDay, study co-author Cecile Marczinksi, Ph.D., of Northern Kentucky University, said what makes the combination of energy drinks and alcohol especially dangerous is that energy drinks have about three times as much caffeine as cola, making them extremely stimulating. She noted that the danger in combining caffeine and alcohol is that caffeine may make a person less aware of alcohol's effect. The energy drinks do not change the level of a person's impairment from alcohol, just their perception of it, the article notes.

In November, the U.S. Food and Drug Administration warned four companies that the caffeine added to their malt alcoholic beverages is an "unsafe food additive" and said that further action, including seizure of their products, is possible under federal law.



Which 5 Contain Alcohol??

Did you know?

People who reported starting to drink before the age of 15 were four times more likely to develop serious drinking problems later in life.

More than 67 percent of young people who start drinking before the age of 15 will try an illicit drug, according to the Substance Abuse & Mental Health Services Administration.

Local Alcohol Meetings

MONDAY

+ MONDAY NIGHT SALVATION ..... 8:00 PM
OPEN DISCUSSION
ST. PAUL'S UNITED CHURCH OF CHRIST
202 WEST UNION STREET,
SOMERSET

TUESDAY

GRATITUDE GROUP..... 7:00 PM
OPEN DISCUSSION *(WOMEN ONLY)*
TWIN LAKES CENTER, **SOMERSET**

YOUNG PERSONS IN A.A. GROUP..... 7:30 PM
OPEN DISCUSSION
TWIN LAKES CENTER, **SOMERSET**

MOSTOLLER MEETING..... 7:00 PM
OPEN DISCUSSION
MOSTOLLER'S UNITED METHODIST CHURCH,
KIMMELTON

WEDNESDAY

+ OLD TIMER'S MEETING ..... 8:00 PM
OPEN DISCUSSION
ST. FRANCIS IN THE FIELDS CHURCH,
HUSBAND RD., **SOMERSET**

(WEDNESDAY continued)

SALISBURY GROUP..... 8:00 PM
OPEN DISCUSSION
OAKDALE CHURCH (MASON/DIXON HIGHWAY),
SALISBURY

THURSDAY

+ SERENITY GROUP..... 8:00 PM
OPEN BIG BOOK DISCUSSION
ST. PAUL UNITED CHURCH OF CHRIST
202 WEST UNION STREET, **SOMERSET**

FRIDAY

HOPE GROUP ..... 8:00 PM
CLOSED DISCUSSION
BLOUGH MENNONITE CHURCH,
794 WOODSTOWN HIGHWAY
(OFF #601 LEFT AT JEROME EXIT FROM
JOHNSTOWN) **HOLLSOPPLE**

SATURDAY

SATURDAY NIGHT FAITH GROUP ..... 6:00 PM
OPEN DISCUSSION
FRIEDENS LUTHERAN CHURCH, **FRIEDENS**

These 5 contain alcohol



Sparks Plus: "7.0% ALCOHOL BY VOLUME and "CONTAINS ALCOHOL"

Rize Up!: "7.0% ALC/VOL"

Sparks: "6.0% ALCOHOL BY VOLUME" and "CONTAINS ALCOHOL"

Jackhammer: "5.9% ALC./VOL."

Tilt: "8.0% ALC./VOL."

By the way, beer typically contains five percent alcohol.



Alcohol facts

- Alcohol reduces alertness, interferes with judgment and impairs vision.
- It takes about one hour to cancel the effects of one drink.
- The probability of an accident increases with each drink.
- The amount of blood alcohol in a 1.5-ounce shot of whiskey, five-ounce glass of wine and 12-ounce beer is the same.
- The significance of .10 percent BAC in relation to driving impairment is that the probability of having an accident is 7.5 times greater than when sober – increasing to 25 times at .15 percent BAC.
- Alcohol is medically termed a drug and a depressant.

Source: Hillsborough County Sheriff's Office

Watch your BAC

Blood alcohol concentration (BAC) is a formula that is used to determine how much alcohol is in the bloodstream.

BAC is personalized and is based on four factors:

- Gender
- Weight
- Number of standard drinks that have been consumed
- Number of hours (or length of time) in which you've been drinking

Also, it is important to note other influences on BAC, such as:

- Whether or not you are drinking on a full stomach vs. an empty stomach
- How hydrated your body is
- Other substances, such as medication or caffeine present in the body

Think About It

"So what if I got drunk last night? I am okay now!" Are you? You are out partying with your friends: good friends, good times and a 12-pack of beer. You go to bed intoxicated with a blood alcohol content (BAC) of .18. Alcohol leaves the bloodstream at .015 percent per hour.

Time	Action	BAL
Midnight	Go to bed	.180
1 a.m.	Sleep	.165
2 a.m.	Stumble to the bathroom	.150
3 a.m.	Sleep	.135
4 a.m.	Sleep	.120
5 a.m.	Sleep (still intoxicated)	.105
6 a.m.	Wake for work	.090
7 a.m.	Drive to work	.075
8 a.m.	At work – still impaired	.050
9 a.m.	Difficulty staying awake	.035
10 a.m.	Sleep at desk	.020 (Driver's license suspension for minors)
Noon	**Time for lunch**	**No longer impaired**

Source: Suncoast Safety Council

MARIJUANA 101



According to the National Survey on Drug Use and Health, 95 million Americans age 12 and older have tried marijuana at least once, and three out of every four illicit drug users reported using marijuana within the previous 30 days.

According to the Office of National Drug Control Policy, use of marijuana has adverse health, safety, social, academic, economic and behavioral consequences. Although marijuana became popular in the 1960s, the drug people use today is not the same. Today's weed is 77 percent more potent than the weed of the Woodstock era.

MARIJUANA AND YOUR BRAIN

THC, the main ingredient in marijuana, affects the brain by acting upon specific sensory neurons, known as cannabinoid receptors. According to an article published by the Proceedings of the National Academy of Sciences, "The highest density of cannabinoid receptors is found in parts of the brain that influence pleasure, memory, thinking, concentrating, sensory and time perception and coordinated movement."

Marijuana intoxication can result in distorted perceptions, impaired coordination, difficulty with thinking and problem solving, and memory problems. Long-term marijuana abuse can lead to addiction.

Some heavy users of marijuana show signs of dependence, developing withdrawal symptoms when they have not used the drug for a period of time. Subjects in an experiment on marijuana withdrawal experienced symptoms such as restlessness, loss of appetite, trouble with sleeping, weight loss and shaky hands.

Source: National Institutes of Health, National Institute on Drug Abuse

THE LINK BETWEEN HEALTH AND SUBSTANCE ABUSE

It is well known that substance abuse is a factor of health. According to the National Institute on Drug Abuse, America's major medical problems – cancer and cardiovascular disease – are both linked with drug abuse. There also is an established connection between drug abuse and mental illness. People addicted to or dependent on drugs are roughly twice as likely as the general population to suffer from mood and anxiety disorders. On a societal level, there are considerable financial costs to the individual as well as to society. These bottom-line costs are important to consider in the context of health reform. **The National Institute on Drug Abuse reports that the public health costs associated with substance abuse exceed the costs for both cancer and diabetes.**

Source: "The role for substance abuse prevention, The Power of Prevention"



Marijuana deposits four times more tar in the lungs than tobacco

The Truth is in the Numbers

7/1/12 to 6/30/13

Ratio of Patients Admitted for Alcohol vs. Admitted for Drugs:

22% - Alcohol

68% - Opiate Based

10% - Other (Meth, Cocaine, Crack, Marijuana, etc.)

Source: Twin Lakes Center for Drug and Alcohol Rehabilitation

Marijuana & Tobacco

Are e-cigarettes safer than tobacco cigarettes?

Across the country, only a handful of police departments have confiscated the vaporizers in connection to drug investigation, though none, reportedly, have arrested anyone.

The trend to convert e-cigarettes into a pipe of sorts, however, has registered with substance abuse prevention officials.

"It didn't seem widespread, at least not at this point," said Fiona Williston, a prevention program supervisor for the Cumberland Perry County Drug & Alcohol Commission, who last year had a couple of reports of students using the vaporizers to smoke hash oil.

Williston is concerned that mere reports such as this one would give young people ideas and encourage them to try.

Social media websites such as YouTube already has the upper hand. The site offers a slew of videos on ways to adapt vaporizers for smoking cannabis.

"These kids are so focused on using these products they have multiple ways of delivering the drugs," said Linda Doty, a prevention specialist who works with Williston. "The truth is that the kid needs help. He needs treatment."

Based on their annual reports from Cumberland Perry counties schools, Doty and Williston confirmed what the latest reports show: that use of e-cigarettes among minors has more than doubled in the last two years. Many of those users do not smoke cigarettes but prevention officials are concerned the device will be used as a gateway to smoking - or a means to use drugs.

Adding to their concern is the fact that e-cigarettes are currently not regulated by any state or federal law. Most shop owners will not sell to someone under 18, but there are no penalties under the law for either shopkeeper or minor if the sales transaction was completed.

"These are easy things for kids to get a hold of," Doty said. "They seem to get ahold of whatever they need."

Sen. Timothy Solaby, (D-Allegheny) has authored a bill that would make it an offense to sell e-cigarettes to minors. The proposed bill is pending a vote in the chamber before it goes to the state House.

Doty said prevention specialists are aware minors are using e-cigarettes -- in one form or another -- and even though it may not be at a tremendous rate, it is nonetheless, troubling.

"That doesn't mean it's not happening - just because we haven't heard about it," she said.

John Goshert, Chief County Detective for Dauphin County Criminal Investigation Division, certainly has had calls from area district superintendents inquiring whether e-cigarettes - their use and possession of among minors - fell under schools no-smoking policies.

The fact is that no clear cut policy on e-cigarettes has been adopted by the state - nor individual districts.

"Right now I don't know if it's an urban legend or not," Goshert said. "I haven't seen anything in the police bulletin that would say here is a concealment method."

For now, Dave Norris, proprietor of Blue Door Vaping in Mechanicsburg and e-cigarette convert, abides by a strict self-imposed policy of refusing to sell e-cigarettes to minors. Norris posts notices throughout his shop that he will card anyone who looks underage and supports legislative calls to regulate the sale of the devices to minors.

As far as pointing a finger at the industry as being an accomplice to drug use? Norris isn't buying that.

"Is there any product out there can't be adopted for illegal purposes?" he said. "You have tin cans, apples, really anything. Kids have historically used these to smoke weed out of. That's not the intention of the product we sell."

New Research Links Long-term Marijuana Use to Schizophrenia

Jan 02, 2014
Drug type: *Marijuana*

Those who smoked marijuana regularly in their teen years may be at increased risk for schizophrenia, according to new research. A study conducted by investigators at Northwestern University Feinberg School of Medicine in Chicago, Illinois, showed that teens who smoked marijuana daily for about 3 years performed poorly on tests of working memory and had abnormal changes in brain structures akin to those seen in patients with schizophrenia. The study was reported by MedScape.

This study links the long-term use of marijuana to "concerning brain abnormalities that appear to last for at least a few years after people stop using it," lead investigator Matthew Smith, PhD, assistant research professor in psychiatry and behavioral sciences, said in a statement.

"With the movement to decriminalize marijuana, we need more research to understand its effect on the brain," he added.

In addition, memory problems and brain changes were observed two years after the teens stopped smoking marijuana, suggesting long-term use has long-term, negative effects.

The study was published online December 15 in Schizophrenia Bulletin.

A total of 97 young people participated, including 44 healthy individuals who had no history of substance use disorder, 10 healthy individuals with cannabis-use disorder (CUD), 28 individuals with schizophrenia with no history of substance use disorder, and 15 individuals with schizophrenia and a CUD history.

Marijuana users started smoking daily between the ages of 16 and 17 years and continued for about 3 years. At the time of the study, they had been marijuana-free for approximately 2 years. The marijuana users did not abuse any other drugs.

Structural magnetic resonance imaging (MRI) studies revealed "shape differences" in the striatum, globus pallidus, and thalamus in the healthy and schizophrenic participants with CUD. These memory-related brain structures appeared to shrink or collapse inward in the CUD groups, possibly suggesting a decline in neurons, the researchers note.

Marijuana-related striatal and thalamic shape differences correlated with poorer working memory on standard tests and younger age at onset of CUD in both healthy participants and schizophrenic marijuana users.

The researchers point out that most of the schizophrenic users met diagnostic criteria for CUD prior to the onset of schizophrenia, suggesting that long-term marijuana use might contribute to the underlying disease process.

"If someone has a family history of schizophrenia, they are increasing their risk of developing schizophrenia if they abuse marijuana," said Dr. Smith.

Heavy marijuana use "may have dangerous implications for young people who are developing or have developed mental disorders," added co–senior author John Csernansky, MD, chair of psychiatry and behavioral sciences at Northwestern University Feinberg School of Medicine and Northwestern Memorial Hospital.

"This paper is among the first to reveal that the use of marijuana may contribute to the changes in brain structure that have been associated with having schizophrenia," he said.

CADCA - Community Anti-Drug Coalitions of America



Protecting Pennsylvania Families

January 27, 2014

Attorney General Kane releases statement on Western Pa. heroin overdoses

Pennsylvania Attorney General Kathleen G. Kane released the following statement today regarding the recent rash of heroin overdoses in Western Pa.:

"There have been 22 deaths in Western Pennsylvania believed to be caused by a deadly mix of heroin and the narcotic Fentanyl. Together, these drugs are creating an extremely dangerous and potentially lethal combination for users. The heroin is believed to be in bags stamped with the words Theraflu, Bud Ice, and Income Tax.

"Heroin with these specific stamps has been identified by narcotics agents not only in Allegheny County, but also in Westmoreland, Armstrong, Butler, Lawrence and Beaver counties. However, these stamped bags could already or eventually be available in other counties across Pennsylvania.

"We are working with the Pennsylvania State Police, Allegheny County Police Department, the Pittsburgh Police, and their counterparts in the region to get this deadly mix of heroin off the streets of Western Pennsylvania, and to arrest and prosecute anyone caught selling, distributing, and producing these drugs. We are contacting hospitals, medical examiners, and police departments in surrounding areas to be on the lookout for these specific stamps of heroin.

"I urge the public to avoid this already dangerous drug, and to assist law enforcement in their investigations. Anyone with tips should call our Local Drug Task Force - Lisa Lazzari-Strasiser hotline 866-609-9989.

WHAT IS HEROIN EXACTLY?

Heroin is a highly addictive illegal drug that produces an intense, euphoric high when smoked, snorted or injected. It's made from morphine, and feels a lot like taking oxycodone—but street heroin is much more dangerous.

In its purest form, heroin (also called boy, white, cheeva, brown sugar, H, Juan and tar) is a fine white powder. But street heroin looks grey, tan, brown or black. That's because dealers "cut" the drug with other substances, from sugar and caffeine to Benadryl and quinine.

These additives make it impossible to know a dose's strength or purity. And that makes every hit an enormous risk.



Single doses of heroin.



The typical contents of a heroin addict's kit.

HOW ADDICTIVE IS "HIGHLY ADDICTIVE"?

More than 75% of those who try heroin once will use again. And it doesn't matter if you snort it, smoke it or shoot up.

Because the brain builds up a natural tolerance to the drug's effects over time, users must take more heroin more frequently to feel the same high. Eventually, addicts find themselves taking the drug just to feel normal—and to avoid the tortures of withdrawal. Muscle and bone pain, fever, diarrhea and vomiting: these symptoms can last for days, even weeks. And the longer you use heroin, the worse they can be.

CAN IT KILL YOU?

Every time a person uses heroin, he or she risks dying. Overdosing is easy when you don't know how strong a dose is or what's really in it. The danger's even greater when heroin is combined with other drugs or alcohol. But there are other risks too.

Coma
Convulsions
Skin abscesses
Brain damage
Liver disease
Heart and lung infections
Hepatitis
HIV/AIDS
Jail time
Violence
Sexual assault

Look For These Warning Signs:

- New friendships suddenly replace their old ones.
- They ditch work or school and miss curfews.
- Small possessions get lost or go missing, including money.
- They're (more) secretive (than usual).
- Favorite hobbies and entertainments don't interest them.
- They lose weight, look ill and stop eating often or well.
- You find cigarette filters, syringe caps or burnt pieces of foil.
- They try to hide their eyes, along with bruises, "insect bites," etc.

Russell Brand: my life without drugs



Russell Brand wants to help other addicts, but first he wants us to feel compassion for those affected

The last time I thought about taking heroin was yesterday. I had received "an inconvenient truth" from a beautiful woman.

The part of me that experienced the negative data, the self, is becoming overwhelmed, I can no longer see where I end and the pain begins. So now I have a choice.

I cannot accurately convey to you the efficiency of heroin in neutralizing pain. It transforms a tight, white fist into a gentle, brown wave. From my first inhalation 15 years ago, it fumigated my private hell and lay me down in its hazy pastures and a bathroom floor in Hackney embraced me like a womb.

It is 10 years since I used drugs or drank alcohol and my life has improved immeasurably. I have a job, a house, a cat, good friendships and generally a bright outlook.

The price of this is constant vigilance because the disease of addiction is not rational.

The mentality and behavior of drug addicts and alcoholics is wholly irrational until you understand that they are completely powerless over their addiction and unless they have structured help they have no hope.

This is the reason I have started a fund within Comic Relief, Give It Up. I want to raise awareness of, and money for, abstinence-based recovery.

There are support fellowships that are easy to find and open to anyone who needs them but they eschew promotion of any kind in order to preserve the purity of their purpose, which is for people with alcoholism and addiction to help one another stay clean and sober.

Without these fellowships I would take drugs. Because, even now, the condition persists. Drugs and alcohol are not my problem, reality is my problem, drugs and alcohol are my solution.

If this seems odd to you it is because you are not an alcoholic or a drug addict. You are likely one of the 90% of people who can drink and use drugs safely. I look to drugs and booze to fill up a hole in me; unchecked, the call of the wild is too strong. I still survey streets for signs of the subterranean escapes that used to provide my sanctuary. I still eye the shuffling subclass of junkies and dealers, invisibly gliding between doorways through the gutters.

It is difficult to feel sympathy for these people. It is difficult to regard some bawdy drunk and see them as sick and powerless. It is difficult to suffer the selfishness of a drug addict who will lie to you and steal from you and forgive them and offer them help. Can there be any other disease that renders its victims so unappealing?

Guided by principles and traditions a program has been founded that has worked miracles in millions of lives. Not just the alcoholics and addicts themselves but their families, their friends and of course society as a whole.

What we want to do with Give It Up is popularize a compassionate perception of drunks and addicts, and provide funding for places at treatment centers where they can get clean using these principles. Then, once they are drug-and-alcohol-free, to make sure they retain contact with the support that is available to keep them clean. I know that as you read this you either identify with it yourself or are reminded of someone who you love who cannot exercise control over substances. I want you to know that the help that was available to me, the help upon which my recovery still depends is available.

I call someone: not a doctor or a sage, not a mystic or a physician, just a bloke like me, another alcoholic, who I know knows how I feel. The phone rings and I half hope he'll just let it ring out. It's 4am in London. He's asleep, he can't hear the phone, he won't pick up. I indicate left, heading to Santa Monica. The ringing stops, then the dry mouthed nocturnal mumble: "Hello. You all right mate?"

He picks up.

And for another day, thank God, I don't have to.

http://www.theguardian.com/culture/2013/mar/09/russell-brand-life-without-drugs

Addiction, Mental Health and a Society That Fails to Understand Either

MONDAY, FEB. 3, 2014

Philip Seymour Hoffman died yesterday. He was found with a needle still wedged into his arm, heroin believed to be the culprit.

Whenever someone famous dies, there seems to be this immediate attempt by far too many people to make their life and death insignificant, as though the death of a celebrity somehow negates the death of all the other people who died on that given day. People attempt to place more value on the lives of some people, less on others, claiming that the celebration of the death of a celebrity is a misplaced outlaying of our efforts. I argue the opposite, obviously, particularly in situations like this one where there is so much opportunity for us to learn about addiction, about mental illness, about why lives end this tragic way.

The opportunity is there, without question. The issue is whether we, as a society choose to seize it, or whether we chalk this loss up to drug use and wave it off indifferently as another selfish life wasted.

It seems we do the latter.

Plenty of opportunities have been presented to us in the past, of lives abruptly ended by addiction. Of people who happen to be famous, but also struggle with the same demons that many of us ordinary folks do, meeting sudden death in this way.

Philip became addicted to heroin after struggling with abusing prescription pain medications, an all too familiar and increasingly common path to this addiction. Heroin doesn't discriminate. Its use is up 75% in the past few years, and the demographics of the users have shifted.

Chances are that someone you know is addicted to drugs right now, you just may not realize it.

Or you do know, but you hide their addiction because of the social stigma.

Or you don't hide it, but you shame them instead.

Or you don't shame them, but you slowly phase them out of your life because you don't want to be around them anymore or because you just can't do it anymore.

Or you keep them around, but talk about them behind their backs, discuss how sad it is that they refuse to get help, vow to be better than they are.

Or they do try to get help and sometimes they get better for a while.

Or they relapse and die just like he did yesterday.

Most drug use is self medication for the things that people either can't or won't cope with in real life.



Addicts don't want to be addicts.

Addicts don't want to die.

Addicts don't want to throw their lives away.

Addicts don't want their children to grow up without parents.

They just want to feel better. They just want to feel normal. They just want to stop feeling everything else for a little while.

Addicts are people, just like you and me.

Addicts come in all forms, dependent on many different things, drugs just being one version of dependence.

The problem is that our system is limited, laboring under the illusion that drug addiction is a criminal issue, a medical issue on the fringes that can be fixed with proper rehab. That all ignores the fact that drugs aren't the problem...what led that person to drugs in the first place is the problem. The drugs are just a means to an end.

Our society says treatment failed because the addict didn't try hard enough, because they were selfish, because they were stupid.

How exactly is saying things like this going to help anyone?

The short answer - it isn't. It just allows us to believe that if we try hard enough, if we care about other people enough, if we are smart enough, we can avoid addiction. Our false sense of security hurts those who need help the most.

To those who claim Philip's death isn't tragic, I ask you to think about his children. I'm sure they would disagree with you.

Until you've been there, you can't know what it is like.

Until you've watched someone you love try and claw their way out only to be dragged back in again, you can't know what it is like.

Until you've seen someone throw everything away just to feel better for a moment, you can't know what it is like.

We all have our demons. We all have our issues.

Many of us are closer to being addicts than we would ever admit out loud.

Some of us know how easy it would be to turn.

Some of us are addicts already.

Some of us already walk the line.

http://debiehive.blogspot.com/2014/02/addiction-mental-health-and-society.html



Prescription Drugs

Medications can be effective when they are used properly, but some can be addictive and dangerous when abused. In 2010, approximately 16 million Americans reported using a prescription drug for nonmedical reasons in the past year and 7 million in the past month. Always remember to never take a prescription that is not yours.

The following Prescription Medicines have a high potential for addiction and abuse and should never be used in any other way than what they were prescribed.

Depressants

Name Examples of commercial and street names
Barbituates: Amytal, Nembutal, Seconal, Phenobarbital; barbs, reds, redbirds, phennies, tooies, yellows, yellow jackets
Benzodiazapines: Ativan, Halcion, Librium, Valium, Xanax; candy, downers, sleeping pills, tranks
Sleep Medications: Ambien (zolpidem), Sonata, Lunesta(eszopiclone); forget-me-pill, Mexican Valium, R2, Roche, roofies, roofinal, rope, rophies

Effects / Health Consequences:

- Sedation/drowsiness,
- reduced anxiety,
- lowered inhibitions,
- slurred speech,
- poor concentration,
- confusion,
- dizziness,
- impaired coordination/ memory,
- slowed breathing
- lowered blood pressure,
- increased risk of respiratory distress and death when combined with alcohol
- irritability
- tolerance
- LIFE THREATENING WITHDRAWAL.

Opioids and Morphine Derivatives

Name Examples of commercial and street names
Codeine: Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine; Captian Cody, Cody, schoolboy
Morphine: Roxanal, Duramorph; M, Miss Emma, monkey, White Stuff
Methadone: Methadose, Dolophine; fizzies, amidone, (with MDMA: chocolate chip cookies)
Fetanyl & analogs: Actiq, Duragesic, Sublimaze; Apache, China girl, China White, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash
Other opiod Pain Relievers: OxycodoneHCL, Hydrocodone Bitartrate Hydromorphone, Meperidine, Propoxyphene
Tylox, Oxycontin, Percodan, Percocet: Oxy, O.C. , Oxycotton, oxycet, hillbilly heroin, percs. Vicodin, Lortab, Lorcet: Vike, Watson-387. Opana, Numporphan, Numorphone: biscuits, blue heaven, blues, Mrs. O, octagons, stop signs, Obombs. Demerol, meperdinehydrochloride; demmies, pain killer. Darvon, Darvocet

Effects/Health consequences:

- Pain relief
- Euphoria
- Drowsiness/ sedation
- Weakness/ dizziness
- Nausea/ vomiting
- Dry mouth
- Itching/ sweating
- Constipation
- Arrested breathing
- Lowered pulse
- ADDICTION
- Coma/death
- Unconsciousness
- HIGH Abuse potential
- Tolerance
- Significant Overdose risk
- Risk of death increased when combined with alcohol or other CNS depressants

Stimulants

Name Examples of commercial and street names
Amphetamines: Biphetamine, Dexedrine, Adderall; bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers
Methyphenidate: Concerta, Ritalin; JIF, MPH, R-ball, Skippy, The smart drug, vitamin R

Effects/ Health Consequences:

- Feelings of exhilaration
- Increased energy
- Mental alertness
- Reduced appetite
- Increased heart rate, blood pressure, and metabolism
- Weight loss
- Nervousness
- Insomnia
- Seizures
- Heart attack/ stroke
- Rapid breathing
- Tremors/ loss of coordination
- Paranoia/ hallucinations
- Aggressiveness
- Tolerance/ addiction
- Irritability
- Panic

Other compounds

Name Examples of commercial and street names
Dextromethorphan (DXM): found in some cough and cold medicines; Robotripping, Robo, Triple C

Effects/ Health Consequences

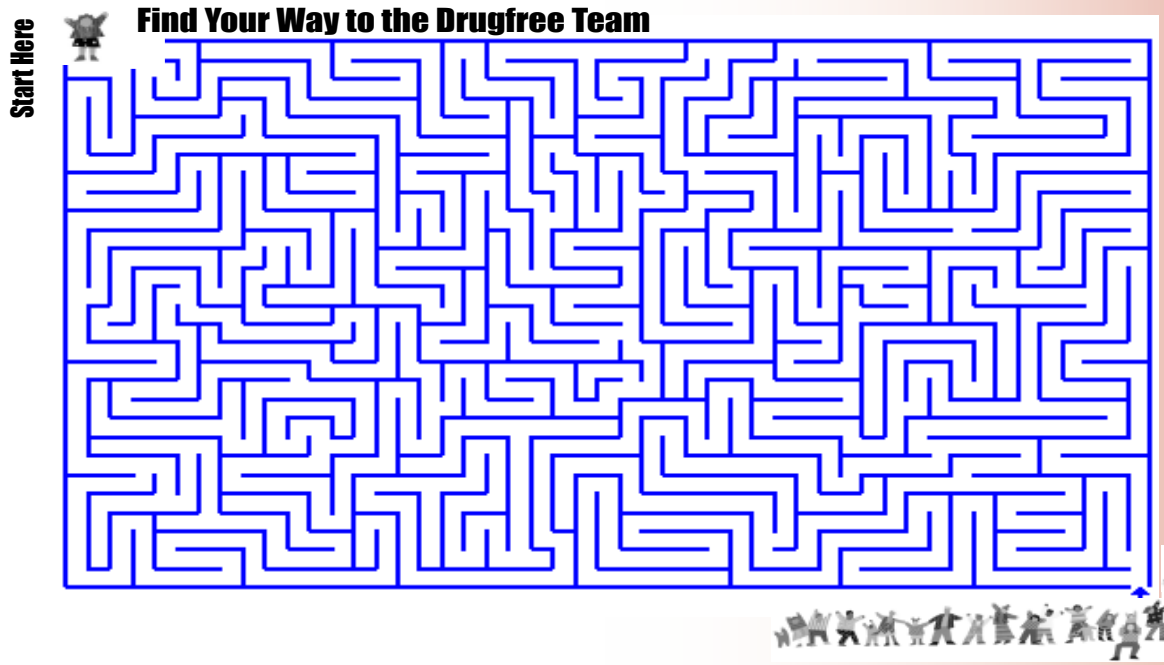
- Euphoria
- Slurred Speech
- Increased heart rate and blood pressure
- dizziness
- nausea
- vomiting
- Confusion/ Paranoia
- Distorted visual perceptions
- Impaired motor function

Profile of an Inhalant Abuser

A recent Department of Health and Human Services study showed that, beginning in fifth grade, one in five students at each grade level has tried inhalants at least once in his or her lifetime. The study further showed:

- The average age of inhalant abusers is 14 years old, but can begin even younger.
- Inhalant abuse is the highest among eighth graders and many of these students started before they were 10 years old.
- Inhalant abusers generally have close friends who use alcohol or other drugs.
- One in four inhalant abusers have quit or been permanently suspended from school.
- Two out of three inhalant abusers had at least one failing grade on their last report card.
- Inhalant abusers almost always move on to other drugs as they become older.
- Nearly one out of three inhalant abusers has been arrested for a substance abuse related offense.
- Some inhalant abusers never used drugs before, are active in sports, earn good grades and have no criminal involvement.
- Most inhalant abusers are very young, often beginning inhalant abuse without knowing about the consequences.
- Most inhalant abusers use inhalants with others as a group activity.

Find Your Way to the Drugfree Team



NIDA NATIONAL INSTITUTE ON DRUG ABUSE
U.S. Department of Health and Human Services
National Institutes of Health
NIH... Turning Discovery Into Health®

DrugFacts

www.drugabuse.gov

Methamphetamine

Methamphetamine (also called meth, crystal, chalk, and ice, among other terms) is an extremely addictive stimulant drug that is chemically similar to amphetamine. It takes the form of a white, odorless, bitter-tasting crystalline powder.

How Is Methamphetamine Used?

Methamphetamine is taken orally, smoked, snorted, or dissolved in water or alcohol and injected. Smoking or injecting the drug delivers it very quickly to the brain, where it produces an immediate, intense euphoria. Because the pleasure also fades quickly, users often take repeated doses, in a "binge and crash" pattern.

How Does Methamphetamine Affect the Brain?

Methamphetamine increases the amount of the neurotransmitter dopamine, leading to high levels of that chemical in the brain. Dopamine is involved in reward, motivation, the experience of pleasure, and motor function Methamphetamine's ability to release dopamine rapidly in reward regions of the brain produces the euphoric "rush" or "flash" that many users experience. Repeated methamphetamine use can easily lead to addiction - a chronic, relapsing disease charaterized by compulsive drug seeking and use.

People who use methamphetamine long-term may experience anxiety, confusion, insomnia, and mood disturbances and display violent behavior. They may also show symptoms of psychosis, such as paranoia, visual and auditory hallucinations, and delusions (for example, the sensation of insects crawling under the skin).

Is Meth a Prescription Drug?

Methamphetamine can be prescribed by a doctor to treat attention deficit hyperactivity disorder and other conditions, although it is rarely used medically, and only at doses much lower than those typically abused. It is classified as a Schedule II drug, meaning it has high potential for abuse and is available only through a prescription that cannot be refilled.

Chronic methamphetamine use is accompanied by chemical and molecular changes in the brain. Imaging studies have shown changes in the activity of the dopamine system that are associated with reduced motor skills and impaired verbal learning. In studies of chronic Methamphetamine users, severe structural and functional changes have been found in areas of the brain associated with emotion and memory, which may account for many of the emotional and cognitive problems observed in these individuals.

Some of these brain changes persist long after methamphetamine use is stopped, although some may reverse after being off the drug for a sustained period (e.g., more than 1 year).

How Is Meth Made?

Most of the methamphatamine abused in the United States is manufactured in "superlabs" here or, more often, in Mexico. But the drug is also easily made in small clandestine laboratories, with relatively inexpensive over-the-counter ingredients such as pseudoephedrine, a common ingredient in cold medicines. To curb production of methamphatamine, pharmacies and other retail stores are required by law to keep logs of purchases of products containing pseudoephedrine; individuals may only purchase a limited amount of those products on a single day.

Methamphetamine production also involves a number of other, very hazardous chemicals. Tosicity from these chemicals can remain in the environment around a methamphetamine production lab long after the lab has been shut down, causing a wide range of health problems for people living in the area.

What Are Other Health Effects of Methamphetamine?

Taking even small amounts of methamphetamine can result in many of the same physical effects as those of other stimulants, such as cocaine or amphetamines. These include including increased wakefulness, increased physical activity, decreased appetive, increased respiration, rapid heart rate, irregular heartbeat, increased blood pressure, and increased body temperature.

Long-term methamphetamine use has many negative consequences for physical health, including extreme weight loss, severe dental problems ("meth mouth"), and skin sores caused by scratching.

Methamphetamine use also raises the risk of contracting infectious diseases like HIV and hepatitis B and C. These can be contracted both by sharing contaminated drug injection equipment and through unsafe sex. Regardless of how it is taken, methamphetamine alters judgment and inhibition and can lead people to engage in these and other types of risky behavior.

Methamphetamine use may also worsen the progression of HIV/AIDS and its consequences. Studies indicate that HIV causes more injury to neurons and greater cognitive impairment in individuals who are HIV-positive and use methamphetamine than it does in HIV-positive people who do not use the drug.

Learn More

For additional information on methamphetamine, please see http://www.drugabuse.gov/publications/research-reports/methamphetamine-abuse-addiction



Drug and Alcohol Resource Guide

If you are in need of Inpatient/Residential Detoxification Services Contact:

Twin Lakes Center
224 Twin Lakes Rd
Somerset, PA 15501
800-452-0218

Cove Forge
202 Cove Forge Rd.
Williamsburg, PA 16693
800-873-2131

Roxbury
601 Roxbury Rd.
Shippensburg, PA 17257
800-648-4673

Ridgeview
(Adolescent)
4447 Gibsonia Rd.
Gibsonia, PA 15004
888-694-9996

Pyramid Health Care
1894 Plank Rd.
Duncansville, PA 16635
888-694-9996

Gaudenzia Fountain Springs
(Specific for Women & Children)
95 Broad Street
Ashland, PA 17921
570-875-4700

Greenbriar
800 Manor Drive
Washington, PA 15301
800-637-4673

Butler Hospital
One Hospital Way
Butler, PA 16001
724-284-4355

White Deer Run
360 White Deer Rd.
Allenwood, PA 17810
800-255-2335

Gateway
100 Moffett Run Rd.
Aliquippa, PA 15001
800-472-1177

St. Joseph's Institute
134 Jacob's Way
Port Matilda, PA 16870
814-692-4954 x113

Gaudenzia Chambers Hill
(Specific for Adolescents)
3740 Chambers Hill Road
Harrisburg, PA 17110
717-561-0400

Other Human Service Agencies

Women's Help Center
814-536-5361 - Cambria County
814-443-2824 - Somerset County

Crisis Line
814-535-8531 - Cambria County
814-443-4891 - Somerset County

MHMR
814-534-2800 - Cambria County
814-443-4891 - Somerset County

Alcoholics Anonymous (AA) / Narcotics Anonymous (NA)
814-533-5907 - Cambria County
800-227-2421 - Somerset County

AIDS/HIV Services
State Health Center
814-445-7981

Outpatient Counseling Services

Twin Lakes Center
814-443-3639 - Somerset
814-535-8830 - Johnstown/Ebensburg
814-623-7658 - Bedford

Beal Counseling and Consulting
445 Westridge Building, Suite 103
Somerset, PA 15501
814-444-9696

If you have no insurance and are unable to pay for treatment please contact your local Drug and Alcohol Commission Specified by County

Cambria
814-536-5388

Somerset
814-445-1523

Blair
814-693-3023

Westmoreland
724-684-9000

Armstrong-Indiana-Clairton
724-354-2746

Clearfield-Jefferson
814-371-9002

Bedford
814-623-5009

Allegheny
412-350-3857

Alternative Medication Management Services

Alliance: 814-269-4700 (Methadone) Johnstown, PA

SKS: 814-266-1106 (Suboxone) Johnstown, PA

Suboxone Services of Cambria County: 814-241-3649 Johnstown, PA

Dr. Joseph Sabo: 814-674-6050 (Suboxone) Patton, PA

Accessible Recovery Services: 888-309-4738 (Suboxone) Greensburg, PA

When You Don't Use Drugs You Are...

A	L	U	F	W	I	N	N	E	R	S	Z	Q
D	T	H	I	N	K	C	L	E	A	R	L	Y
C	R	N	E	P	U	A	Z	S	F	E	B	P
S	T	U	E	A	I	O	L	H	R	U	M	P
M	V	G	E	Y	L	R	C	I	T	R	L	A
A	Z	C	R	N	J	T	N	G	V	T	K	H
R	S	N	F	O	H	I	H	E	J	E	Z	V
T	T	S	E	B	W	C	S	Y	A	M	N	D
S	W	O	M	T	J	I	S	R	W	O	B	G
Z	B	R	I	G	H	T	N	O	E	C	S	H
P	R	A	R	S	R	U	B	G	S	S	J	I
J	A	H	C	O	O	L	Z	A	O	M	I	T
B	I	W	N	Q	U	T	R	E	M	A	S	W
E	N	G	J	V	H	P	U	T	E	E	D	O
Q	S	D	N	E	I	R	F	E	U	R	T	I
M	Z	O	E	E	R	F	G	U	R	D	G	P

Find These Fun Activities: The words and phrases below are in the puzzle, but they are written up, down, sideways, backwards, and diagonally! Can you find them?

ALIVE
AWESOME
(your) BEST
(using your) BRAIN
BRIGHT
COOL
CRIME-FREE
(able to make your) DREAMS COME TRUE
DRUG-FREE
GROWING
HAPPY
HEALTHY
SMART
STRONG
(able to) THINK CLEARLY
TRUE FRIENDS
(a) WINNER
WISE

Team Up Against Drugs
www.attorneygeneral.gov

Somerset County District Attorney
Lisa Lazzari-Strasiser

SOMERSET HOSPITAL
TWIN LAKES CENTER

Somerset Single County Authority for Drug and Alcohol

Meyersdale Area School District

Fraternal Order of Eagles
Aerie #1801

BHS SBC

Somerset Trust COMPANY
Member FDIC

N.I.E.
Newspapers In Education

Daily American
Somerset County's Newspaper

Somerset County DIRECT
Daily American
Somerset, PA
814-444-5900

www.dailyamerican.com
SOMERSET

Our Town
It's All About You
Our Town
Johnstown, PA
814-269-9704