

2022

NORTH SHORE CARES SUBSTANCE USE RESOURCE GUIDE



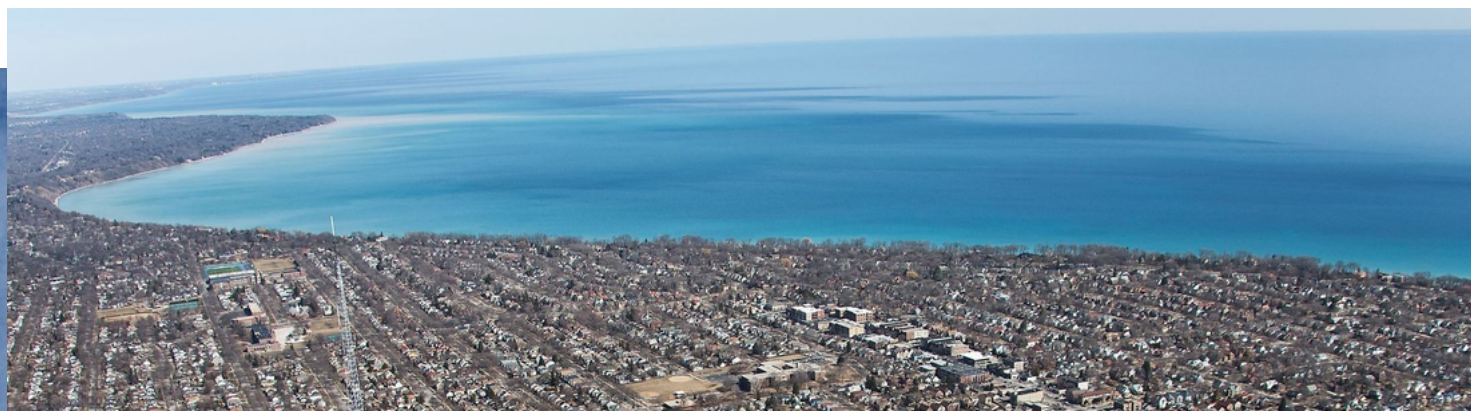
NORTH SHORE
HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.

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NORTH SHORE HEALTH DEPARTMENT

POPULATION HEALTH: Health outcomes for a group of individuals, including the distribution of health outcomes within the group

NORTH SHORE CARES:

Community Action to Reduce and Prevent Existing and Future Substance Use

In partnership with the communities we serve, the North Shore Health Department assures, promotes, and protects the health and safety of the people in the North Shore.

Given the alarming increase in overdoses, including non-fatal substance misuse and substance use disorder due to opioids, abuse of prescription medications and illicit substances (drugs), community agencies, including the North Shore Health Department, saw a need to collect information and resources for our communities.

The North Shore Health Department serves approximately 68,000 residents, who live and work in seven Milwaukee County communities:

- Bayside
- Brown Deer
- Fox Point
- Glendale
- River Hills
- Shorewood
- Whitefish Bay

DEFINITIONS

SUBSTANCE MISUSE: the use of any substance (drug, over-the-counter, prescription, legal or illicit) or use other than directed by a doctor, in a manner, situation, amount, or frequency that can cause harm to users or those around them.

OVERDOSE: the term overdose can be misleading, indicating there is a safe level of misuse. An overdose can be fatal or nonfatal and causes injury to the body (poisoning), resulting in adverse health outcomes or death.

SUBSTANCE TOLERANCE: occurs when a person using substances begins to experience a reduced response to the substance, chemicals, drugs or medication, requiring more to experience the same effect.

SUBSTANCE DEPENDENCE: occurs when the body adjusts its normal functioning around regular opioid use. Unpleasant physical symptoms occur when the substance, chemicals, drugs or medication is stopped.

SUBSTANCE USE DISORDER: occurs when attempts to cut down or control use are unsuccessful or when use results in social problems or failure to fulfill obligations at work, school, and home. Substance use disorder often comes after the person has developed substance tolerance and dependence, making it physically challenging to stop substance misuse and increasing the risk of withdrawal.

ILLICIT SUBSTANCES (DRUGS): nonmedical use of substances prohibited by law.

SCOPE OF THE PROBLEM

SUBSTANCE MISUSE: USE OF ANY SUBSTANCE OR USE OTHER THAN DIRECTED BY A DOCTOR, IN A MANNER, SITUATION, AMOUNT OR FREQUENCY THAT CAN CAUSE HARM TO USERS OR THOSE AROUND THEM.

Substance misuse can be far reaching and impact many, including families, friendships, and communities. In the same respect, the solution is not-one-size-fits-all and requires a multi-level approach. It impacts on a local, county, and state level. It impacts people from all backgrounds and experiences. Substance misuse includes:

- non-fatal substance misuse,
- substance use disorder, and
- as an immediate cause of death or contributing cause of death.

Substances that can be misused include both legal and illicit substances:

- Caffeine,
- Tobacco,
- Alcohol,
- Street-substances (also known as illicit drugs),
- Prescription medications, including opioids,
- Synthetic opioids, and
- Heroin.

(Please see pages 7 – 9 for common types of substances.)

WHAT'S THE DIFFERENCE BETWEEN OPIOIDS AND OPIATES?

Opioids and opiates are similar in that they both bind to the body's opioid receptors to produce powerful pain-killing, sedating, and euphoric effects.

- **OPIOID:** refers to both the natural and synthetic forms of these chemicals.
- **OPIATE:** refers to natural opioids specifically (Heroin, Morphine, Codeine).

HEROIN: a very addictive drug made from morphine, a psychoactive (mind-altering) substance taken from the resin of the seed pod of the opium poppy plant. Heroin's color and look depend on how it is made and what else it may be mixed with. It can be white or brown powder, or a black, sticky substance called "black tar heroin." Heroin is part of a class of drugs called opioids.

PRESCRIPTION OPIOIDS: powerful pain-reducing medications that include oxycodone, hydrocodone, and morphine, among others, and have benefits as well as potentially serious risks.

SYNTHETIC OPIOIDS: synthesized laboratory substances that act on the same targets in the brain as natural opioids (e.g., morphine and codeine) to produce analgesic (pain relief) effects.



SCOPE OF THE PROBLEM

SUBSTANCE MISUSE, INCLUDING SUBSTANCE USE DISORDER, IS A GROWING PROBLEM IN OUR COMMUNITY.

The Milwaukee County Overdose Dashboard reports, among North Shore communities:

- **3,218 non-fatal substance misuse events (overdoses)** (January 2018 to May 2022).
- **423 drug related deaths (overdoses)** (January 2015 to June 2022).

COMMUNITY TRENDS

DOSE OF REALITY: OPIOID USE			
		PRESCRIPTION MISUSE	OPIOID MISUSE
WISCONSIN	YOUTH	3.2% in past year, 2017-2018	3.5% in past year, 2017-2018
UNITED STATES	YOUTH	2.9% in past year, 2017-2018	3.0% in past year, 2017-2018
WISCONSIN	ADULTS	4.3% in past year, 2017-2018	4.7% in past year, 2017-2018
UNITED STATES	ADULTS	3.9% in past year, 2017-2018	4.1% in past year, 2017-2018

Source: Wisconsin Department of Health Services: Dose of Reality, 2020

DEATHS

44.6

Milwaukee County Rate per 100,000 of Deaths for All Opioids

21.1

Wisconsin Rate per 100,000 of Deaths for All Opioids

Source: Wisconsin Department of Health Services: Dose of Reality, 2020

HOSPITALIZATIONS

91.8

Milwaukee County Rate per 100,000 of Emergency Room Hospitalizations for All Opioid Overdoses

51.9

Wisconsin Rate per 100,000 of Emergency Room Hospitalizations for All Opioid Overdoses

Source: Wisconsin Department of Health Services: Dose of Reality, 2020

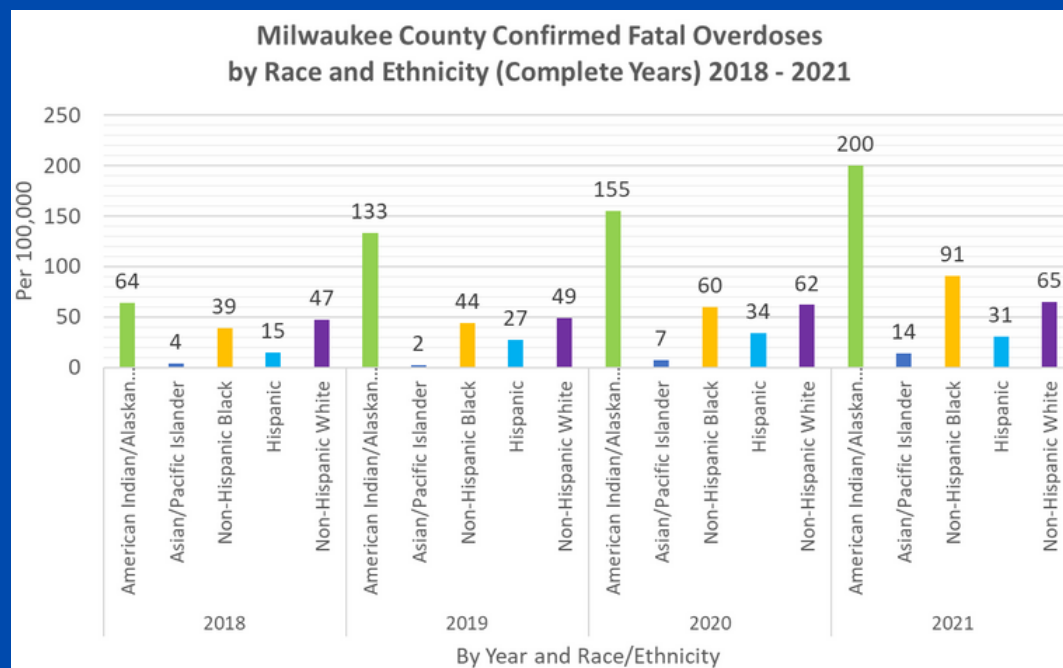
HEALTH DISPARITIES AND INEQUITIES

PEOPLE LIVING WITH SUBSTANCE MISUSE OR SUBSTANCE USE DISORDER EXPERIENCE NEGATIVE BIAS FROM SOCIETY AND DISCRIMINATION.

including people who provide healthcare or other services in the community. Stereotypes that generate prejudice, and discrimination, stem from misinformed beliefs about substance use fueled by systemic racism.

BEHAVIORAL HEALTH EQUITY

the right to access quality health care for all populations regardless of individual race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location, including access to prevention, treatment, and recovery services for mental and substance use disorders.



PERSONAL STORIES FROM THE COMMUNITY

Perhaps the only way to grasp the true effects of substance misuse is by listening to the voices of those most impacted. The personal accounts of those who have experienced substance misuse, through personal use or as a witness to use by others, provide an important lived-experience perspective.

IN UNDERSTANDING THE LIVED-EXPERIENCES OF OTHERS, WE MAY PROVIDE HELP AND/OR SUPPORT TO THOSE WHO STRUGGLE TO OVERCOME SUBSTANCE MISUSE OR REMAIN SOBER.

Every one of the excerpts shared is a personal reflection, in each person's own words, who has witnessed others struggled with substance misuse and/or substance use disorder.



WRITTEN OFF

'We went to the pharmacy and got my pain medication and some antibiotics. Fifteen Vicodin and a bottle of antibiotics. Now the drive from town to my house...I have driven this road more times than anyone can count, but this ride was different. We started the journey when I was still young and innocent.

By the time we got home, I would never be innocent again.

*I was completely transformed in that short span of time. I took 1 Vicodin thinking it was going to be similar to ibuprofen, but it was not so; this was something else, **this was an OPIATE, and I fell deeply in love with it immediately. Changed forever.***

--Matthew [taken from Matthew's journals]

THE FLY EFFECT

"We went to bed and Craig kept getting up... After about half an hour or so I heard him shut his door and this little voice in my head, I remember distinctly - two words - 'Get up'.

And I didn't get up because I was tired...

*The next morning I knocked on his door and he didn't answer...I opened the door and my son was laying on the floor and **it's the most horrible thing a parent could ever go through - is to find your child, dead.***

--Carol (Craig's mom)



NORTH SHORE

"Addiction won today... Addiction is an unsightly disease, and my daughter had been battling addiction for many years when I found her."

--North Shore Mother

COMMON TYPES OF SUBSTANCES

COMMON TYPES OF SUBSTANCES (ILLICIT DRUGS)

Methamphetamine (meth): one of the most powerful stimulants and is described as instantly addicting. Over time, dopamine receptors in the brain are damaged, reducing a person's natural ability to feel pleasure. As a result, those living with chronic meth misuse cannot feel pleasure without meth, leading to further misuse.

Hallucinogens: a group of substances (drugs, chemicals) that alter one's perceptions, feelings, and thoughts. They have been known to distort the way one perceives color, time, sounds, or motions and can disrupt the ability to communicate rationally and recognize reality, resulting in strange behaviors. In addition to these short-term effects, hallucinogens have been associated with psychotic episodes that can occur unpredictably long after substance misuse. Hallucinogens include LSD (acid), salvia, ketamine, PCP (angel dust), Psilocybin (mushrooms).

Stimulants: substances that increase activity in the body. Stimulants, given their ability to improve focus and cognitive ability, are often prescribed to those who live with ADHD. However, stimulants are often misused by those without ADHD to improve academic or physical performance, especially among young adults. Prescription stimulants commonly misused include Adderall and Ritalin. Prescription stimulant misuse can often lead to illicit substance misuse of other stimulants, such as cocaine and meth. While not as potent as meth, cocaine is still highly addictive, and can lead to panic attacks, psychosis, malnourishment, seizures, and stroke.

Inhalants: substances that produce vapors that can be inhaled to produce mind-altering effects. They are of particular concern to young people in search of quick intoxication since a large amount of household products contain aerosols (glues, nail polish remover, spray paint, whipped cream canisters, and cleaning fluids). Regular misuse can result in serious health effects and damage to the brain, heart, liver, or kidneys.

Marijuana: THC, is the main psychoactive ingredient, known to impair short-term memory, judgement, and distorts perception. It affects brain systems that are still developing, and adolescent use may result in long-lasting effects in cognitive development that may interfere with one's health later in life.

Synthetic cannabinoids [K2, Spice]: man-made cannabinoids that can be sprayed on dried plant material for smoking or sold as an e-cigarette liquid. Although they are often marketed as a "natural" and "safe" alternative to marijuana, the effects of synthetic cannabinoids may be more powerful and dangerous than marijuana.

COMMONLY MISUSED MEDICATION

Pain medications (prescribed) are among the most misused prescription medications in adults and teens. Many people are first exposed to pain medications when they are prescribed by a doctor for an injury or dental procedure. They are typically taken orally in pill form and sometimes ingested with alcohol to intensify effects, or crushed to snort or inject, similar to heroin. Medications include Oxycodone [Oxycontin, Roxicodone, Percocet, Endocet, Percodan], Hydrocodone [Vicodin, Lorcet, Lortab, Norco], Codeine [Promethazine syrup with Codeine, Tylenol with Codeine], Hydromorphone [Dilaudid], Meperidine [Demerol], Methadone [Dolophine, Methadose], Morphine [MS Contin] and Fentanyl [Sublimaze].

Sedatives treat anxiety and insomnia, and are used for smoking cessation and as muscle relaxants. Medications include Alprazolam [Xanax], Clonazepam [Klonopin], Diazepam [Valium], Lorazepam [Ativan], Temazepam [Restoril] and Zolpidem [Ambien].

Anabolic Steroids treat anemia or boost testosterone production. Medications include Oxymetholone [Anadrol], Durabolin [Nandrolone Phenylpropionate/Decanoate] and Depo-Testosterone [Testosterone Cypionate injection].

Cough/Cold Medicines, prescription or over the counter, are psychoactive when taken in higher-than-recommended amounts. Medications include Dextromethorphan (DXM) [Zicam, Robitussin, Delsym] and Promethazine-codeine cough syrup [Phenergan, Phenadoz].

Stimulants treat Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD). Medications include Dextroamphetamine / amphetamine [Adderall] and Methylphenidate [Ritalin, Concerta].

MEDICATION MISUSE & INTERACTION

After Marijuana and alcohol, prescription and over-the-counter drugs are the most commonly misused substances by Americans aged 14 years and older. When prescriptions are taken in ways not intended by a prescriber, misuse occurs. Misuse can lead to use disorder.

When taken together, some substances have the potential to increase the chances of experiencing a drug-related death, non-fatal overdose or other potentially life-threatening side effects. The following summary highlights potentially serious side effects of combining commonly used illicit drugs or substances with other illicit substances or prescription medications.

Methamphetamine, when taken with...

- Opiates = induced euphoria, reduced respiratory repression
- Antidepressants & anti-anxiety drugs = hypertension, CNS stimulation, stroke, aneurysm
- Benzodiazepines = counters sedative effects

Marijuana, when taken with...

- Antidepressants & cyclobenzaprine = rapid heart rate, delirium
- Barbiturates & anti-cholinergic drugs = worsened CNS depression
- Warfarin = internal bleeding

Heroin, when taken with....

- Prescription opioids = increased sedation, respiratory depression, hypotension
- Benzodiazepines = increased likelihood of drug-related death/fatal overdose
- Antidepressants & anti-anxiety drugs = increased sedation, respiratory depression

Cocaine, when taken with....

- Methadone = heart rhythm abnormalities, arrhythmias
- Beta-blockers = increased blood pressure, decreased coronary perfusion
- Amphetamines = elevated blood pressure

Although alcohol is not an illicit substance, it has the potential to interact with hundreds of medications when not used responsibly. Alcohol, when taken with....

- Aspirin = gastrointestinal bleeding, damage to stomach lining
- Benzodiazepines = CNS depression, impaired coordination, memory loss
- Methadone, Codeine, Oxycodone, Fentanyl = CNS depression, impaired coordination, respiratory depression, impairs gagging reflex increasing the chances of choking
- Ketamine = liver damage

Although Cannabidiol (CBD) is not an illicit substance (drug), it is not regulated by the FDA and has potential for adverse interactions or side effects. CBD oil does not contain THC so it does not produce any psychoactive effects. Aside from the prescription Epidiolex, the FDA currently does not regulate CBD oil. CBD vendors can falsely advertise or mislabel dosages, ingredients, or health benefits of their products. Talk to your doctor about potential interactions or side effects if you are considering using CBD oil.

TAKING MEDICATION NOT PRESCRIBED FOR YOU IS ILLEGAL

It is illegal to ...

- Alter, change, or manufacture a prescription to obtain medicine,
- Order prescription medications online or from outside the US without a legal prescription,
- Transfer any prescribed medication to any other individual, even if it's just one pill,
- Intentionally take a higher than prescribed dose of your own medication, or
- Obtain a prescription for a controlled substance for any medical issue from a second physician, without advising the second physician that you have already received a similar prescription.

OPIATES AND OPIOIDS

Opioids are substances that reduce the perception of pain, but also have a number of adverse side effects.

As people continue to use opioids, their tolerance increases and more opioids are needed to achieve the same effect. As a result, to maintain dosage, people often seek illicit sources and may even switch from prescription opioids to cheaper alternatives, such as heroin. If taken in large amounts or if combined with other substances, such as alcohol, opioids may depress respiration and result in a drug-related death (overdose).

TOLERANCE	DEPENDENCE	USE DISORDER
when a person using opioids begins to experience reduced response to medication, requiring more opioids to experience the same effect.	occurs when the body adjusts its normal functioning around regular opioid use. Unpleasant physical symptoms occur when medication is stopped.	occurs when attempts to cut down or control use are unsuccessful or when use results in social problems and a failure to fulfill obligations at work, school, and home. Opioid use disorder often comes after the person has developed opioid tolerance and dependence, making it physically challenging to stop opioid use and increasing the risk of withdrawal.

(CDC Opioid Basics – Commonly Used Terms, 2021)

Heroin laced with fentanyl is worsening the nation's non-fatal and fatal overdose crisis

Fentanyl is approved for treating severe pain, typically advanced cancer pain.

Fentanyl and fentanyl analogues (structurally similar drugs or substances) are up to 100 times more powerful than morphine and 50 times more powerful than heroin.

The potency of heroin can be increased with fentanyl.

Fentanyl is potentially lethal, even at very low levels, and without the use of fentanyl test strips it is difficult to know if fentanyl has been mixed with heroin or other drugs and/or substances, such as cocaine, or pressed into counterfeit prescription pills.

Fentanyl-laced Oxycodone is becoming increasingly common. This is only one example of what a fake Oxycodone pill might look like compared to a legit prescription medication.

OXYCODONE



Real

Fake

OPIATES AND OPIOIDS

Non-opioid alternatives are an effective way to treat pain and should be prescribed whenever possible.

WHEN ARE OPIOIDS PRESCRIBED BY A DOCTOR?

Opioids are typically prescribed by doctors for dental procedures, sports and other injuries, surgeries, motor vehicle accidents, and other acute or chronic pain events. Wisdom teeth removal in particular has been linked to an increased risk of persistent opioid use later in life. According to the National Institute of Health, following wisdom tooth extractions, 50% of adolescents aged 14 to 17 receive opioid prescriptions from dentists.

In 2019, physicians and providers wrote approximately:

- Wisconsin: 42.5 opioid prescriptions per 100 persons.
- United States: 46.7 opioid prescriptions per 100 persons.

OPIOID PRESCRIBING GUIDELINES

The CDC issues guidelines on important health concerns to help providers know how to handle national issues such as opioid misuse. It is important to be aware of these guidelines and to ask your provider any questions you may have about your prescriptions.

These guidelines include:

- For acute or short-term pain, which may include pain that follows a surgery or bone fracture, your doctor should prescribe the lowest effective dose of pain medication for the shortest period needed.
- In most cases, acute pain is not severe enough to require opioids for more than three days. More than seven days is rarely needed.
- Before raising the dose, your doctor should reassess the risks and benefits of continuing to take the medication.

QUESTIONS TO ASK YOUR DOCTOR

Questioning your prescriber about the need for opioids and seeking alternatives for pain management is important, when possible.

The following are examples of questions you can ask your doctor when being prescribed an opioid:

- Is this medication right for me?
- Why do I need it?
- Are there other non-opioid alternatives I can take?
- How long should I take this medication?
- What are the risks for misuse I should be aware of while taking this medication?
- Could this medication interact with any of my other medications?

Misuse, dependence, and use disorder can happen unintentionally, even when using a prescription medication exactly as directed by a physician.

ROLE OF STIGMATIZATION

STIGMA: ATTRIBUTE, BEHAVIOR, OR CONDITION THAT IS SOCIALLY DISCREDITING.

Discrimination against an identifiable group of people, a place, or a nation. Stigma about people might include inaccurate or unfounded thoughts like they are dangerous, incapable of managing treatment, or at fault for their condition. **Substance misuse is highly stigmatized.**

The level of stigma is influenced by two primary factors:

- Cause: The degree to which we perceive people responsible for substance misuse or use disorder.
- Controllability: The degree to which we believe people have control over substance misuse or use disorder.

TYPES OF STIGMA

SOCIAL STIGMA: Negative attitudes, beliefs, and fears that individuals hold which serve to isolate people living with substance misuse or use disorder.

Social stigma is the judgement and attitudes of those around you. It's looking down on friends and family who use drugs. It's the everyday use of negative labels in your conversations and the shows you watch. It's outright ignoring people living with substance misuse or use disorder.

SELF STIGMA: Occurs when individuals internalize negative stereotypes and public attitudes. "Endorsement" of the negative stereotypes created by social stigma.

Self-stigma is seeing all the negative messages, attitudes, and actions that surround you and internalizing them, manifesting stigma about yourself.

STRUCTURAL STIGMA: Cultural norms, institutional policies, or societal-level conditions that create barriers and limit opportunities and/or resources for those living with substance misuse or use disorder.

Structural stigma is social stigma from people who offer a public or private service. It's when a first responder, cashier or doctor treats someone differently because they have a substance use disorder. It's ignoring someone who is living with substance misuse or not taking their request seriously. It's withholding treatment until they "get their using under control," thus limiting their options and furthering the stigma they face.

MEDICATION STIGMA: The belief that using medications to treat opioid use disorder is trading "one addiction for another."

CHANGE THE NARRATIVE

PEOPLE FIRST LANGUAGE: "It is language that is intentionally putting the person as a human being first as their identity before any deficit or illness that they might have".

—Dr. Stephen Delisi

WORDS MATTER

CHOOSE PERSON FIRST, NON-JUDGMENTAL WORDS THAT TREAT OTHERS WITH RESPECT.

Use person-first language and let individuals choose how they are described.

Person-first language maintains the integrity of individuals as whole human beings—by removing language that equates people to their condition or has negative connotations.

Use clinically accurate, non-stigmatizing terminology the same way it is used for other medical conditions.

USING PERSON FIRST LANGUAGE

INSTEAD OF...	USE...	BECAUSE...
<ul style="list-style-type: none"> Addict User Substance or drug abuser Junkie Alcoholic Drunk Former addict Reformed addict 	<ul style="list-style-type: none"> Person with substance use disorder Patient Person in active use; use the person's name, and then say "is in active use." Person with alcohol use disorder Person who misuses substances and/or alcohol/engages in potentially hazardous misuse Person in recovery or long-term recovery Person who previously misused substances 	<p>Person-first language.</p> <p>The change shows that a person "has" a problem, rather than "is" the problem. The terms avoid eliciting negative associations, punitive attitudes, and individual blame.</p>
Habit	Substance use disorder	"Habit" may undermine the seriousness of the disease. Inaccurately implies that a person is choosing to use substances or can choose to stop.
Abuse	Misuse or used other than prescribed	The term "abuse" has high association with negative judgments and punishment. Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse.
Opioid substitution replacement therapy	Opioid agonist therapy (OAT)	It is a misconception that medications merely "substitute" one substance or "one addiction" for another.
Medication-assisted treatment (MAT)	Pharmacotherapy Addiction medication Medication for a substance use disorder Medication for opioid use disorder (MOUD)	MAT implies medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient's treatment plan.
Clean	<i>For toxicology screen results:</i> Testing negative <i>Non-toxicology:</i> Being in recovery or remission Abstinent from misusing substances, not currently using substances or drinking	<p>Set an example with your own language when treating patients who might use stigmatizing slang.</p> <p>Use of such terms may evoke negative and punitive implicit cognitions</p>
Dirty	<i>Toxicology screen:</i> Testing _____ <i>Non-toxicology:</i> Person living with substance misuse, used syringes	May decrease patients' sense of hope and self-efficacy for change.
Addicted baby	Baby... ...born to mother with a history of substance misuse while pregnant ...with signs of withdrawal from prenatal substance exposure ...with neonatal withdrawal/neonatal abstinence syndrome Newborn exposed to substances	Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome.

SUBSTANCE MISUSE CYCLES

ACCORDING TO RESILIENT WISCONSIN, COMMON RISK FACTORS INCLUDE:

- **TRAUMA AND TOXIC SHOCK**
- **SOCIAL DETERMINANTS OF HEALTH**
- **ADVERSE CHILDHOOD EXPERIENCES**
- **BEHAVIORAL RISKS:** Harmful substance misuse, unhealthy diet, physical inactivity, or risky sexual behaviors.
- **PHYSIOLOGICAL AND GENETIC RISKS:** Age, gender, high blood pressure, obesity, or your family medical history.
- **ENVIRONMENTAL AND CULTURAL RISKS:** Poor working conditions, limited access to healthcare, isolation, or institutional racism.

People have a number of motives to initiate substance misuse, including to alleviate emotional or physical pain. Many people are first exposed to pain medications when prescribed by a physician for injuries or dental procedures, such as wisdom tooth removal. Alternatively, people may misuse substances or alcohol in social settings for the following reasons:

- **TO FEEL GOOD:** the euphoria caused by opiates is followed by feelings of relaxation
- **TO FEEL BETTER:** stress, anxiety, and depression can all play a major role in misusing drugs
- **TO DO BETTER:** stimulants and steroids can chemically enhance cognitive and athletic abilities
- **CURIOSITY OR PEER PRESSURE:** teens are influenced by thoughts of "everybody is doing it"

PROTECTIVE & RISK FACTORS FOR YOUTH

Research shows the key risk periods for substance misuse occur during major transitions in life, including:

- **ELEMENTARY SCHOOL AND MIDDLE SCHOOL:** due to a larger peer group and greater academic expectations, students may encounter or turn to cigarettes, alcohol, and substances for the first time.
- **ENTERING HIGH SCHOOL:** due to additional social, psychological, and educational challenges, students may be exposed to greater availability of cigarettes, alcohol, substances, and attendance at social events involving substances.
- **LATE ADOLESCENCE:** moving away from home and less parental supervision may create opportunities to develop substance misuse, particularly with alcohol.
- **YOUNG ADULTHOOD:** entering the workforce or getting married may be new challenges or stressors to confront that may place them at risk for alcohol and substances misuse in an adult environment.

RISK FACTORS	DOMAIN	PROTECTIVE FACTORS
Early aggressive behavior, mental health issues	INDIVIDUAL	Self-control, resiliency
Lack of parental supervision, history of family substance misuse, availability of resources	FAMILY	Parent monitoring, positive parenting style
Negative relationships, poor social skills	PEER	Positive friend groups
Availability of substances, academic failure, unengaged in school / recreational activities	SCHOOL	Anti-substance misuse policies, academic competence, involved in school
Poverty, proximity to substance misuse activity	COMMUNITY	Strong neighborhood attachment

ROLE OF HARM REDUCTION

WHAT IS HARM REDUCTION?

HARM REDUCTION: ANY BEHAVIOR OR STRATEGY THAT HELPS REDUCE RISK OR HARM TO YOURSELF OR OTHERS.

- A proactive and evidence-based approach to reduce the negative personal and public health impacts of behavior associated with high-risk behaviors, at both the individual and community levels.
- An important part of the comprehensive approach to addressing substance use disorders through prevention, treatment, and recovery where individuals living with substance misuse set their own goals.
- A spectrum of strategies that meet people “where they are” on their own terms, and may serve as a pathway to additional prevention, treatment, and recovery services.
- A strategy that works by addressing broader health and social issues through improved policies, programs, and practices.

HARM REDUCTION ACTIVITIES AND INTENDED OUTCOMES

Incorporating harm reduction can reduce negative effects on health and social wellbeing due to use of alcohol, other drugs, and related behaviors.

PREVENTION GOALS	RELATED HARM-REDUCTION ACTIVITIES
<ul style="list-style-type: none">• Reduce the spread of sexually transmitted and other blood-borne infections, including HIV and viral hepatitis• Increase knowledge around safer sex and sexual health	<ul style="list-style-type: none">• Access to PrEP• Access to HIV and viral hepatitis testing and treatment• Access to condoms• Comprehensive sex education• Syringe services• Clean kits
<ul style="list-style-type: none">• Reduce drug-related deaths and other early deaths among people who use substances, including alcohol• Increase knowledge around safer substance use	<ul style="list-style-type: none">• Syringe services programs• Fentanyl test strips• Naloxone and overdose education kits• Safer use programs
<ul style="list-style-type: none">• Reduce sharing of substance use equipment• Improve physical health• Reduce the spread of infectious disease	<ul style="list-style-type: none">• Sterile syringes and other injection equipment to prevent and control the spread of infectious diseases• Syringe Service Programs• Safe smoking supplies• Medical care, including wound care• Use of masks, social distancing and vaccines• Safer use programs• Access to nutritional food
<ul style="list-style-type: none">• Reduce stigma and increase access to health services• Increase referrals to support programs and health and social services (including treatment and recovery support services)	<ul style="list-style-type: none">• Counseling• Motivational Interviewing• Low threshold medication for opioid use disorder• Fentanyl test strips• Naloxone and overdose education kits• Peer support specialists• Case managers

(Substance Abuse and Mental Health Services Administration, 2022)

ROLE OF HARM REDUCTION

HARM REDUCTION'S PLACE IN AND AMONG PREVENTION, TREATMENT, AND RECOVERY

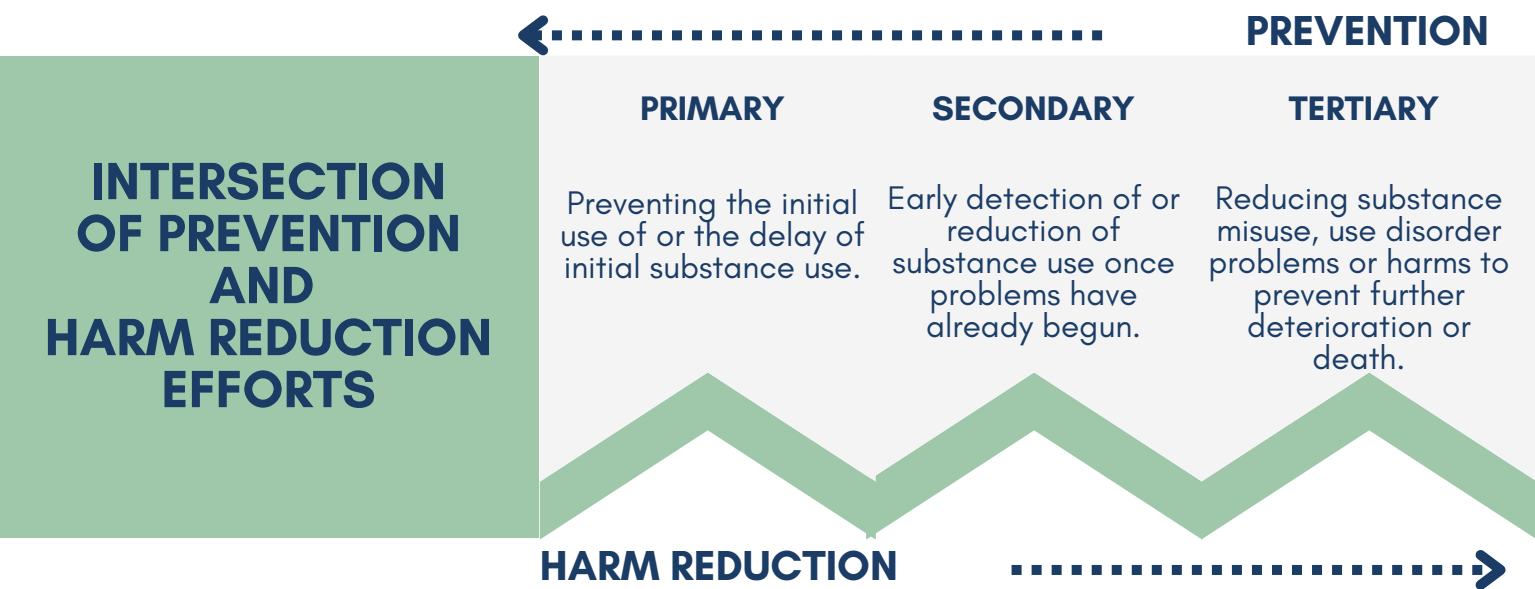
Harm reduction services save lives by being available and emphasizing the need for empathy toward people living with substance misuse. Harm reduction plays a significant role in preventing drug-related deaths (overdoses) and offering access to healthcare, social services, and treatment. This results in a reduction of drug-related fatalities, acute life-threatening infections related to unsterile drug injection, and chronic diseases such as HIV/HCV. Harm reduction is one part of a comprehensive prevention strategy.

Harm reduction approaches have proven to be effective at preventing death, injury, disease, overdose, and substance misuse or use disorder, as well as infectious disease and other harms associated with substance misuse.

Specifically, harm reduction services can:

- Connect individuals to education, counseling, and referral to treatment for infectious diseases and substance use disorders.
- Distribute opioid overdose reversal medications and public health education (e.g., naloxone) to individuals at risk of overdose, or to those who might respond to an overdose.
- Lessen harms associated with substance use and reduce the risk of infectious diseases, including HIV, viral hepatitis, and bacterial or fungal infections.
- Reduce infectious disease transmission among people living with substance misuse, including those who inject substances by providing accurate information and resource referrals.
- Reduce drug-related deaths, promote linkages to care, facilitate co-location of services as part of a comprehensive, integrated approach.
- Reduce stigma associated with substance use and co-occurring disorders.
- Promote a philosophy of hope and healing by utilizing those with lived experience of recovery in the management of harm reduction services, and connecting those interested in treatment, peer support workers, and other recovery support services.

(Substance Abuse and Mental Health Services Administration, 2022)



WHAT ARE TRAUMA-INFORMED PRACTICES?

It's not an intervention or set of specific actions. Trauma-informed care and practices are a model for understanding and empathetically serving people who live with, or are impacted by, the consequences of toxic stress or trauma.

1. First, by acknowledging the role that trauma has played in their health, behaviors, and relationships.
2. Secondly, by providing services and support in ways that do not blame or re-traumatize a person in need.

Trauma-informed care and practices are rooted in empathy, focused on reducing the stigma surrounding mental and behavioral health disorders like depression, harmful substance use, chronic disease, and the effects of trauma. It is important to think about how we support individuals who have experienced trauma. Rather than the typical medical approach of asking "what is wrong with you," a trauma-informed approach would instead ask "what has happened to you?" This small change highlights how common it is for trauma to be present in certain behavior and symptoms.

CONDITIONS CONTRIBUTING TO TRAUMA

Trauma and toxic stress

Trauma is the emotional, psychological, and physiological impact made by the heightened levels of toxic stress we feel when we encounter strong, frequent, or prolonged adversity.

Experiences like physical or emotional abuse, childhood neglect, economic hardship, and violence or harmful substance use in the home can trigger our body's stress response, flooding the body and brain with "fight or flight" chemicals over and over again.

The toxic stress caused by adverse childhood experiences can damage or delay the healthy development of a child's body and brain—leaving them vulnerable to microaggressions (death by 1,000 cuts), chronic health problems, high-risk behaviors and mental illness as adults

What are Social Determinants of Health?

Health is everywhere, including where we work, live, learn, and play.

The conditions in which people are born, grow, live, work, and learn are called social determinants of health and impact health outcomes. Like risk and protective factors, the presence—or absence—of vital resources and secure environments helps explain why some people are healthier than others. They highlight why some populations experience disproportionately poorer health outcomes and higher health risks (suicidal behaviors, harmful substance use, chronic disease, adverse childhood experiences), and other challenges.

What are Adverse Childhood Experiences?

Adverse childhood experiences, or ACEs, are traumatic experiences and events, occurring before the age of 18 (physical abuse, neglect, or witnessing violence in the home) that have a lasting, negative effect on our lives throughout adulthood.

According to Wisconsin Behavioral Risk Factor Surveillance Survey data from 2017 to 2018, 59% of Wisconsin residents surveyed reported at least one ACE in the past. Research shows the more ACEs a person has, the higher their risk for health challenges later in life.

ACEs and opioid use

People in Wisconsin with an ACE score of four or higher are more than two times as likely to have used a prescription opioid in the last 12 months than individuals with zero ACEs.

TRAUMA-INFORMED CARE & PRACTICES

What are adverse childhood experiences?

ACEs are both a cause and a consequence of behavioral risks and can create a cycle of adversity and “inherited” generational trauma that can have a lasting effect on families. For example, children who are exposed to a parent with a substance use disorder are more likely to develop substance use disorder symptoms themselves.

There are many types of trauma that may also have an impact such as natural disasters and community violence, but the 10 ACEs measured by the Center for Disease Control research are:

1. Physical abuse
2. Sexual abuse
3. Verbal abuse
4. Physical neglect
5. Emotional neglect
6. A family member who is depressed or diagnosed with other mental illness
7. A family member who is addicted to alcohol or another substance
8. A family member who is in prison
9. Witnessing a mother being abused
10. Losing a parent to separation, divorce or death

ADVERSE CHILDHOOD EXPERIENCES (ACE) PYRAMID

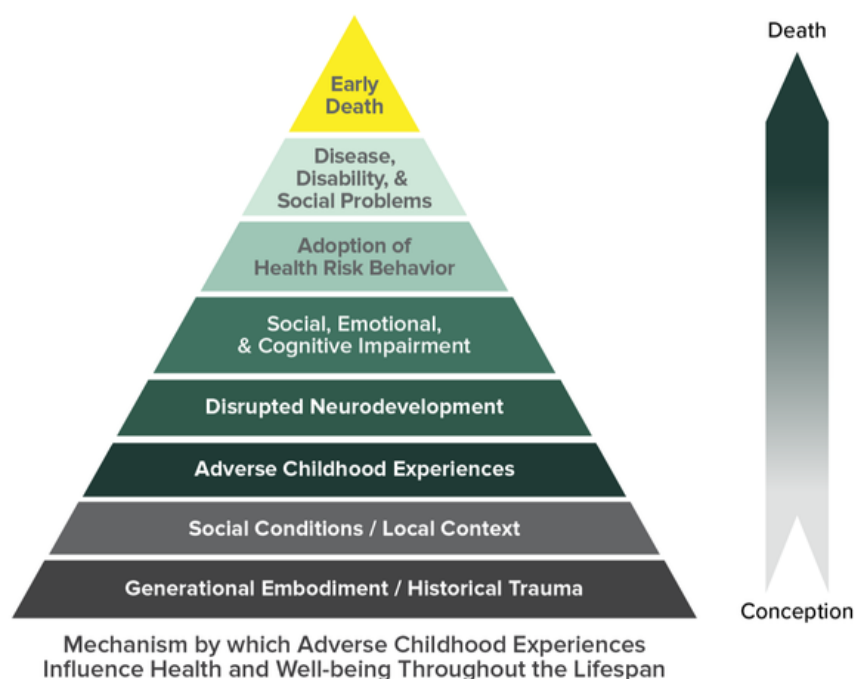
The ACE Pyramid represents the conceptual framework for the ACE Study.

The ACE study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course.

Adverse childhood experiences (ACEs) are categorized into three groups:

1. Abuse,
2. Neglect, and
3. Household challenges.

Each category is further divided into multiple subcategories.



(CDC-Kaiser ACE Study, 2021)

MINIMIZING ACCESS TO PRESCRIPTION MEDICATIONS

- Two-thirds of teens (12-17) who misused pain relievers in the past year say they got them from family or friends, including home medicine cabinets.
- Results from the 2019 Youth Risk Behavior Survey found 7% of U.S. high school students reported current prescription opioid misuse, and 14% reported misusing prescription opioids at least once in their lifetime.
- Among 12th graders, close to 2 in 10 reported using prescription medicine without a prescription.

TAKE THE FOLLOWING STEPS TO HELP MINIMIZE ACCESS TO YOUR PRESCRIPTION MEDICATIONS AND PREVENT MEDICATION MISUSE:

• ELIMINATE ACCESS TO MEDICATIONS

- Keep medications in a locked drawer, cabinet, toolbox, or lock box – include pets' medications and grandparents' medications.
- Dispose of medications once they are not in use.
- Do not fill prescriptions if medications are not needed.
- To protect others and the environment, do not flush your medications or throw them into the trash.

• ASK QUESTIONS TO YOUR PHYSICIAN BEFORE FILLING A PRESCRIPTION

- What are some alternatives for pain management?
- Can you prescribe a non-opioid medication?
- If my child must take opioids for pain relief, how can I minimize the risks of dependency?
- If you must prescribe an opioid, will you please limit the quantity?

• EDUCATE YOUR CHILDREN, MONITOR THEIR BEHAVIOR, AND KNOW THE LEGAL CONSEQUENCES

- Communicate dangers of misusing pain medications to children regularly. Once is not enough!
- Share your knowledge, experiences, and support with other parents and community members.
- Take inventory of medications; for a printable home inventory, visit www.trumbullmhrb.org/pdfs/Inventory-Card.pdf
- Discuss your family's genetic disposition to addiction with your children, if one exists.
- Explain that it is a federal offense for any individual to take a medication not prescribed to them.
- Set clear rules, monitor behavior, and lead by example.

• KEEPING MEDICATIONS SECURE AND OUT OF REACH

- Lock up medications,
- Switch childproof lids for locking lids,
- Keep out of sight and reach of children, and
- Annually review OTC and prescription medications and properly dispose.

• SAFELY DISPOSE OF MEDICATION AT APPROVED COLLECTION SITES OR APPROVED DISPOSAL SYSTEMS

- Permanent drug-drop boxes,
- North Shore municipal Police Departments,
- Pharmacies, including North Shore Pharmacy,
- U.S. Drug Enforcement Administration National Prescription Drug Take Back Day or authorized community collectors,
- Deterra Drug Bags and other medication specific disposal bags/systems, or
- Environmental Protection Agency recommended disposal methods.

Visit Dose of Reality to learn more:

<https://www.dhs.wisconsin.gov/opioids/safe-disposal.htm>

**IF YOU SUSPECT AN OVERDOSE,
IMMEDIATELY CALL 911**

DURING AN OVERDOSE

SIGNS OF **OVERMEDICATION** (MAY PROGRESS TO OVERDOSE)

- Unusual sleepiness or drowsiness
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat
- Low blood pressure

SIGNS OF **OVERDOSE** (LIFE-THREATENING EMERGENCY)

- Extremely pale face and/or clammy to the touch
- Limp body
- Blue or purple-cast fingernails or lips
- Vomiting or gurgling noises
- Cannot be awakened
- Unable to speak
- Very slow or stopped breathing or heart rate

DO

- Support the person's breathing by administering oxygen or performing rescue breathing
- Try and wake the person by shouting, rubbing your knuckles on the sternum, or light pinching
- Administer Narcan (see page 21)
- Stay with the person and keep them warm

DON'T

- Slap or try to forcefully stimulate the person -- it will only cause further injury
- Put the person in a cold bath or shower -- this increases the risk of falling, drowning, or going into shock
- Inject the person with any substance
- Try to make the person vomit the substances they may have ingested

HARM REDUCTION & SAFER USE

HARM REDUCTION & SAFER USE SUGGESTIONS

- **Come up with an overdose plan.** Talk to those important to you, on what to do in case of an overdose.
- **Naloxone/NARCAN® saves lives.**
 - Naloxone/NARCAN® is overdose reversal medication. Carry it with you. Let others know you have it.
 - Someone you trust can administer naloxone/NARCAN® to save your life.
 - It can take more than one dose of naloxone/NARCAN® to reverse an overdose.
- **It's dangerous to take opioids when you are alone.**
 - If someone you trust is around and alert, they can look for the signs of an overdose and administer naloxone/NARCAN® should an overdose occur.
 - If someone you trust is not available, **call Never Use Alone - 1 (800) 484-3731**
- **Mixing substances is risky.** Combining substances, puts people at at greater risk for an overdose.
- **Fentanyl test strips are legal.** Fentanyl test strips can be used to check for the presence of fentanyl in drugs or substances. A dose of fentanyl is up to 50 times stronger than heroin and up to 100 times stronger than morphine. If test strips are not available, assume the presence of fentanyl in drugs or substances.
- **Injecting opioids is dangerous.** Injecting opioids can increase the risk of overdose and infection. Reusing needles and supplies or sharing them with others increases the chance of a negative outcome, such as contracting hepatitis C or HIV. Use clean injection supplies and clean/sanitize the injection site before substance use to help prevent infection.
- **Opioids can act fast on your brain and body.** This can put you at greater risk of an overdose. People who don't regularly use opioids can be at greater risk of an overdose. Those who use opioids from an unknown source are also at greater risk of an overdose if they misuse too much.
- **Your health matters.** Overall health impacts the risk of an overdose. Dehydration, lack of sleep, and hunger can increase the likelihood of an overdose.

HARM REDUCTION RESOURCES

- **Wisconsin – NEXT Distro:** <https://nextdistro.org/wisconsin>
- **Wisconsin Voices for Recovery:** <https://wisconsinvoicesforrecovery.org/naloxzone/>
- **Never Use Alone:** 1-800-484-3731
- **Melinda's Line:** 1-800-943-0540
- **National Harm Reduction Coalition:** <https://harmreduction.org/resource-center/harm-reduction-near-you/>

Visit Dose of Reality for a map of NARCAN® in WISCONSIN locations:
<https://www.dhs.wisconsin.gov/opioids/safer-use.htm>

HARM REDUCTION & SAFER USE

NALOXONE & NARCAN

NARCAN (NALOXONE) IS AN OPIOID ANTAGONIST.

It is available as an injectable or intranasal spray. Since opioids depress the central nervous and respiratory systems, taking too much of any may stop a person from breathing, resulting in death. If given soon enough, Narcan can counter the overdose effects within minutes, allowing an overdose victim to breathe normally. As of August 2016, pharmacies in Wisconsin can use a standing medical order written by the state's Chief Medical Officer to dispense Narcan to those at risk of an opioid overdose, or to those who can help people at risk such as family and friends.

According to Wisconsin Department of Human Services, Dose of Reality, in 2020, 1,227 people died of an opioid-related overdose.

WHERE CAN YOU GET NARCAN® IN WISCONSIN

- It can be purchased without a prescription at hundreds of pharmacies.
- It is available at no cost to people who attend a free training session offered by the dozens of agencies participating in the NARCAN® Direct Program.



NARCAN® is also available for free through the NARCAN® Direct Program. Find locations near you offering NARCAN®: <https://dhs.wisconsin.gov/opioids/safer-use.htm>

- **Narcan is not a substitute for Emergency Medical Care.**
- **When administering NARCAN®, always be sure to call 911 right away, even if the person wakes up. Keep the person under surveillance or close watch.**
- **If breathing does not return to normal, give additional doses of NARCAN®, every 2-3 minutes until help arrives.**
- **NARCAN®, can reverse the effects of an opioid overdoses for 30 to 90 minutes but may wear off quickly, necessitating additional medical assistance.**
- **Good Samaritan Laws in Wisconsin protect someone who calls 911 for potential overdose from criminal prosecution for providing emergency care, or possession.**

Wisconsin's Good Samaritan Statute (895.48) for emergency medical care states:

"Any person who renders emergency care at the scene of any emergency or accident in good faith shall be immune from civil liability for his or her acts or omissions in rendering such emergency care". These protections further extend to immunity from criminal prosecution for calling 911, summoning a first responder, delivering a person to an emergency room, or for possession of drug paraphernalia, controlled substances or analogues, or masking agents (WI Statute 961.443).

In 2022, Wisconsin State approved Senate Bill 600:

"An Act to create 961.571 (1) (b) 3. of the statutes; to decriminalize fentanyl testing strips".

Allowing the use of test strips, a harm reduction practice, to identify if a substance contains fentanyl.

SUPPORT & NETWORKS

Survivors of overdoses have experienced a life-changing and traumatic event. They have to deal with the emotional consequences accompanied by the discomfort of an opioid withdrawal. Most need the support of family and friends to take the next step towards recovery. **Celebrate resilience!**

While many factors can lead to an overdose, it is not often associated with a suicide attempt. Moreover, the underlying problem that led to substance misuse – most often pain or substance use disorder – still exists and continues to require attention. In addition, the individual who has experienced an overdose is not the only one who has endured a traumatic event. Family members and friends often feel judged or inadequate because they could not prevent the overdose. It is important for family members to work together to help the overdose survivor obtain the help that is needed or wanted. Health care providers, including those who specialize in treating substance use disorders, can provide structured, therapeutic support, and feedback.

As with any disease, it is not a sign of weakness to admit that a person or a family cannot deal with the trauma of substance use disorder, misuse, or an overdose without help. It takes courage to reach out to others for support and to connect with members of the community.

TREATMENT OPTIONS

Detox and Withdrawal: An individual stops using prescription medication or substance and begins to overcome the physical dependence. The effects of withdrawal will vary from person to person depending on frequency, dose, and length of time using. Individuals can seek help with withdrawal from a local emergency room, primary care physician, or on a behavioral health unit.

Medical Intervention (Medication for Opioid Use Disorder (MOUD)): Medication (Suboxone, Methadone, Naltrexone [Vivitrol]) alleviates withdrawal symptoms and physical dependence of opiates. This can be a long-term solution that may require several years on medication.

Inpatient Care: Behavioral health unit or psychiatric hospital with a length of stay from days to weeks. This involves detox and limited individual or group therapy.

Residential Treatment: Individuals reside for 28–90 days in a facility specific to substance use disorder treatment. Individuals are immersed in treatment throughout the day.

Partial Hospitalization and Day Treatment: Individual attends daily treatment but is home at night.

Intensive Outpatient: Individual group therapy meets 2–4 times a week for an hour at a time plus.

Outpatient Counseling/Therapy: Individual therapy 1–2 times a week to address any previous trauma or pain that may have led to substance misuse. Counseling can also help identify any triggers and assist in preventing relapse.

RECOVERY OPTIONS

Support groups are usually peer-driven groups or meetings that offer social supports and connections.

Transitional Living/Sober Living Houses are for a group of individuals living in a structured environment in efforts to maintain sobriety.

MEDICATION FOR OPIOID USE DISORDER

Through the **Substance Abuse and Mental Health Services Administration (SAMHSA)**, find treatment programs and providers in Wisconsin and across the country that treat opioid substance use disorder and dependence, including:

- Buprenorphine and Naloxone Practitioner & Treatment Program Locator,
- Opioid Treatment Program Directory (Methadone Providers), or
- Vivitrol (Naltrexone).

For a full listing of substance use disorder or substance misuse providers in Wisconsin, visit:

Behavioral Health Treatment Services Locator: findtreatment.samhsa.gov

Find alcohol, substance misuse, substance use disorder, and mental health programs around the country, including providers to address behavioral health issues before times of crisis.



When to Consider More Intensive Care

- If the person is struggling with medical complications
- If the person shows a decrease in level of functioning
- If the person has been attending treatment consistently and following recommendations of the treatment but still uses

SUPPORT & NETWORKS

MILWAUKEE COUNTY BEHAVIORAL HEALTH CRISIS LINE

414-257-7222 | www.county.milwaukee.gov/EN/DHHS/BHD

MILWAUKEE COUNTY BEHAVIORAL HEALTH COMMUNITY ACCESS TO RECOVERY SERVICES (CARS)

414-257-8095 | www.county.milwaukee.gov/EN/DHHS/BHD

IMPACT-211

211 | www.impactinc.org/impact-2-1-1/

SIRONA RECOVERY INC.

www.sirona-recovery.org/

START YOUR RECOVERY: SUPPORT FOR OVERCOMING SUBSTANCE MISUSE

www.startyourrecovery.org/

WELL BADGER RESOURCE CENTER

800-642-7837 | www.wellbadger.org

GRIEF RECOVERY FOR THOSE WHO HAVE LOST DUE TO DRUG USE -GRASP

www.grasphelp.org

VETERANS CRISIS LINE

1-800-273-8255, PRESS 1

SUICIDE & CRISIS LIFELINE

988 | <https://www.samhsa.gov/find-help/988>

INPATIENT AND OUTPATIENT TREATMENT AND RECOVERY OPTIONS

MENTAL HEALTH AMERICA OF WISCONSIN

<https://www.mhawisconsin.org/>

AURORA ADVOCATE HEALTH BEHAVIORAL HEALTH

1-800-3-ADVOCATE | www.advocatehealth.com/health-services/behavioral-health-care/

COLUMBIA ST. MARY'S/ASCENSION BEHAVIORAL HEALTH

800-457-6004 | www.columbia-stmarys.org/Behavioral_Medicine

CLEANSLATE CLINICS (575 RIVER WOOD PKWY, GLENDALE)

414-323-6880 | www.cleanslatecenters.com/location/wisconsin/

EXODUS HOUSE (KEWASKUM, WI)

262-626-4166 | www.exodus-house.com

FROEDTERT/MEDICAL COLLEGE OF WISCONSIN BEHAVIORAL HEALTH

414-805-3666 | www.froedtert.com/behavioral-health

NOVA COUNSELING SERVICES (OSHKOSH, WI)

800-298-8170 | www.novaoshkosh.com

ROGERS MEMORIAL HOSPITAL (BROWN DEER, WI)

800-767-4411 | www.rogershospital.org

ROSECRANCE (MILWAUKEE AREA)

888-928-5278 | www.rosecrance.org/substance-abuse/

TRANSITIONAL AND SOBER HOUSING

META HOUSE (FEMALES)

414-962-1200 | www.metahouse.org/

SHOREWOOD HOUSE (OPERATED BY META HOUSE)

414-977-5891 | www.shorewoodhouse.org/

SALS RECOVERY SERVICES

414-791-2247 | www.salsservices.org/

GUEST HOUSE OF MILWAUKEE

414-345-3240 | www.guesthouseofmilwaukee.org/

HEALING POINT HOUSE (OZAUKEE COUNTY, MALES)

262-377-1477 | www.sironarecovery.org/hph

4TH DIMENSION SOBRIETY

1-844-444-8089 | www.4dmke.com/

OXFORD HOUSE OF WISCONSIN (DIRECTORY)

www.oxfordhouse.org/pdf/wi

NORTH SHORE C.A.R.E.S.

COMMUNITY ACTION TO REDUCE AND PREVENT EXISTING AND FUTURE SUBSTANCE USE

EQUITY WELL BEING SAFETY EDUCATION EMERGENCY PREPAREDNESS **BE HEALTHY. STAY SAFE.**



POPULATION & MENTAL HEALTH
PUBLIC HEALTH
NUTRITION & PHYSICAL WELLBEING
HEALTHY AGING ENVIRONMENTAL
EPIDEMIOLOGY INJURY PREVENTION
COMMUNICABLE DISEASE CONTROL & PREVENTION
SUBSTANCE MISUSE PREVENTION

COMMUNITY CHRONIC DISEASE PREVENTION
POLICIES & PROGRAMS
PUBLIC HEALTH
EMPATHY NURSES
COMPASSION

MATERNAL & CHILD HEALTH

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2022*

**Visit the North Shore Health Department @
www.nshealthdept.org**

