



# WILMINGTON SUBSTANCE ABUSE COALITION

*The mission of the Wilmington Substance Abuse Coalition is to address the rising problem of substance abuse in our community by providing prevention, education, and support, as an effort to promote healthy and responsible behavior and provide skills for better decision making as it relates to substance use. The focus of the WSAC is to work with the community and other partners to deliver strategies and activities related to use.*

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## UPCOMING DATES & EVENTS

- **January 7:** ROOTS Coalition Meeting; 10am, St. Dorothy's
- **January 10:** YRBS Results shared at School Committee Meeting; Public Event; 7pm, WHS
- **January 16:** The Secret Lives of Teens w/ Jon Mattleman; Adults Only; 7pm, WHS
- **February 1:** Ruth Poteet; Public Event; 7pm, St. Thomas
- **February 22:** Substance Abuse Educational Panel; Public Event; 7pm, Wilmington Library
- **March:** Athletic Educational Series 1
- **April 6:** Drug Story Theater; Students Only; School Assembly 9th/10th Grade
- **May 15:** Behavioral Health Fair; Adults Only; 6-8pm, TBD

## INTERVIEW WITH TOWN HEALTH & RECOVERY COORDINATOR

*By Doreen Crowe, Director of Nursing Services, Wilmington Public Schools*

**Doreen Crowe:** As the New town Substance Abuse Coordinator, describe your role and the services you provide?

**Samantha Reif:** My role is very broad and flexible, which is great! I am able to work with individuals, the police department, agencies, and the community in order to assist with service needs and crises. I primarily work with substance abuse and mental health calls for service, but can assist in direction for other areas of need as well. Knowing the steps to help yourself or a loved one can be confusing and overwhelming, a nice piece of my job is being able to assist in facilitating those pathways and staying focused on the continuum of care.

**Doreen:** What's your background?

**Samantha:** I received my Bachelors Degree from Syracuse University and then attended Boston University's School of Social Work Program where I received my Masters Degree. I am now a Licensed Clinical Social Worker (LCSW). While at BU I interned with the Somerville Police Department doing similar work to what we are working at implementing here in Wilmington.

**Doreen:** I understand your office is located at the Public Safety Building. Are you a law enforcement officer?

**Samantha:** Nope! I am a civilian, just like most of you. I don't carry a badge nor gun, the information and details which you share with me are confidential. My location within the station is a tool so that I can co-respond or follow up to calls for service after the initial police response.

**Doreen:** What if I didn't want to come to the Public Safety Building to see you, is there an alternate location we could meet?

**Samantha:** If you're more comfortable meeting in your home, or in a neutral location in the community, we can meet there instead. If you do come into the station, there is a private room in the lobby where we would meet. Ultimately, walking into the station to speak to me will be as confidential as possible.

**Doreen:** How can people get in touch with you?

**Samantha:** You can stop into the Public Safety Building (1 Adelaide Street), call my private line at 978-694-2064, or email at sreif@wpd.org. I am not always in the office, as I travel around town throughout the day, but if you stop in and I'm not there please follow up with call or email.

**Doreen:** Do you charge a fee or charge insurance companies?

**Samantha:** Nope! Wilmington tax dollars pay my salary, there is no direct charge to anyone.

**Doreen:** What do you hope to accomplish the first few years?

**Samantha:** That's a loaded questions - I'd love to see an increase in the number of people receiving appropriate services for their situation(s). Often times assisting in these initial steps can be a make it or break it factor. Would also like to see education about substance use and mental health increase throughout the town - through programing and events.

**Doreen:** Is there anything else you'd like readers to know?

**Samantha:** If you or a loved one is going through something, no matter how big or small - reach out! You are not alone in this. Your safety and confidentiality are important to us.

## YOUTH RISK BEHAVIOR SURVEY (YRBS)

During the January School Committee Meeting, the results of the 2017 Youth Risk Behavior Survey (YRBS) will be shared with the community. This is important data and will be shared by an outside consultant. Please attend or watch on WCTV at 7pm on the 10th of January.

## RUTH POTEE COMING TO WILMINGTON

Dr. Ruth Potee, a Board Certified Family and Addiction Medicine Physician will be speaking at St. Thomas Church in Wilmington on Thursday, February 1st at 7pm.

Her talk, titled The Adolescent Brain and The Physiology of Addiction: A Concern for Us All will be geared to all community members. Her presentation will focus on three main topics of discussion. First, Dr. Potee will describe the pathways within the brain as they are related to addiction. Next, she will assist attendees in understanding the current opioid crisis and community impact. She will conclude by explaining the relationship of adverse childhood events and health outcomes such as addiction and chronic pain.

Come learn more about what parents and other interested

members of the community can do to keep our teens safer, healthier, and substance-free through the middle and high school years. This event is free and open to the public.

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*"We have to start recognizing that addiction is a real disease."*

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Dr. Ruth Potee is a native of western Massachusetts and attended public schools in the North Quabbin region. She attended Wellesley College, Yale University of Medicine and did her residency at Boston University where she remained as an assistant professor of Family Medicine for eight years. In addition to practicing full-scope family medicine, she is currently the Medical Director for the Franklin County House of Corrections, the Franklin Recovery and Treatment Center and the Pioneer Valley Regional School District as well as the Chair of Health Care Solutions for the Opioid Task Force of Franklin County. She was named Franklin County Doctor of the Year by the Massachusetts Medical Society in 2015 and is the Chair of the Department of Medicine at Baystate-Franklin Medical Center. Dr. Potee engages communities in discussions surrounding substance abuse through her wide ranging series of talks. (<https://ruthpotee.com/about-margot/>)

## BRADY'S FOUNDATION

Brady's Foundation is a charitable organization devoted to helping people overcome addiction through various initiatives designed to bring addiction awareness through education and wellness to those who are struggling. Brady's Foundation was founded in honor of Timothy Brady of Wilmington, MA. Our mission is to make the road to recovery a less painful one, especially for family members. Brady's Foundation's key missions are:

- Prevention via Education in our school systems, wellness fairs, and outreach programs.
- Helping and sponsoring those struggling get the treatment that they need.
- Building a holistic Wellness Center to promote health, wellbeing and empowerment for those in recovery and for their family members.
- Serve our community and give back to those who have been affected by addiction by providing opportunities for acts of kindness.

Our Supporters and team members have provided acts of kindness as of recent by donating Thanksgiving Baskets for foster families and fulfilling Christmas Wish Lists for children who lost their parents due to the opioid epidemic. In 2018, there will be plenty of opportunities to get involved. Join in on our mission at [facebook.com/bradysfoundation](https://facebook.com/bradysfoundation)

Brady's Foundation would like to thank each and every one of our supporters, donors, sponsors, and friends who have helped us along this journey. Together we rise.



## RESOURCE SPOTLIGHT

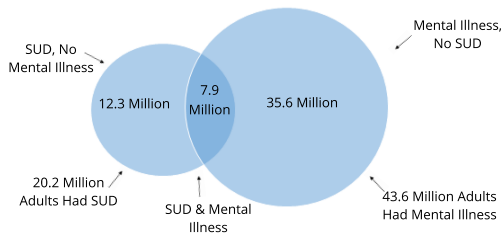
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[www.bradysfoundation.com](http://www.bradysfoundation.com)

## MENTAL HEALTH & SUBSTANCE ABUSE

According to data collected by the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2014, data closely aligned with previous years data when exploring the relationship between a diagnosed Mental Health Illness and Substance Use Disorder (SUD). In the Venn diagram to the right, is a representation of the relationship which is present between these two elements. Basically, of the 43.6 million individuals over the age of 18 who have been diagnosed with a Mental Health Illness, 7.9 million of them, or about 22%, have a dual diagnosis. In clinical talk, a dual diagnosis is a term used to describe individuals who suffer concurrently from a Mental Health Illness and a Substance Use Disorder; one can cause the other or vice versa; typically research has identified that untreated Mental Health Illnesses lead to the use of substance (alcohol, drugs, unprescribed medications, etc.) as a coping mechanism in efforts to self-medicate

**Past Year Substance Use Disorder (SUD) & Mental Illness Among Adults Aged 18 or Older: 2014**



and alleviate some of the symptoms and difficulties associated with many Mental Health Illnesses and everyday stress. Furthermore, looking from 2008 to 2014, SAMHSA data depicts age categories associated with dual diagnosis. An average range for all individuals over the age of 18 struggling with a Substance Use Disorder and a Mental Health Diagnosis comes in around 16-18%. Throughout the six years, individuals between 18-25 had the highest percent of both a SUD and Mental Health Illness, ranging at approximately 30-40%; the 26-49 age range came in next with averages around 20-25% of individuals impacted by both diagnoses. For 50+ years of age, data shows between 8-10% have dual diagnosis.

How is this applicable to us? It is critical that we start understanding warning signs for both mental health struggles and overuse or misuse of medications, alcohol, and other drugs. Across the board, if you are noticing dramatic changes in everyday behaviors (appetite, sleep, mood swings, withdrawal/isolation, illogical thinking, drop/spike in function, nervousness) and unusual characteristics in personality, these may be warning signs! For substance use concerns, be mindful to notice physical (pupil size, flu-like symptoms, physical appearance) and behavioral changes (work/school, attention, interests - activities/friends, missing belongings). Speak to your health care professional or other qualified individual(s) to help you better understand what could be going on and intervene early on.

<https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

## COMMUNITY QUESTION DISCUSSION

**Q:** I have a daughter who is four years old. I have heard a lot of buzz going around about the opioid crisis, but she's only four - should I be concerned? I know it's happening but I don't want to start having conversations too early and planting ideas in her head that she'll want to try. Are there things I should be doing now? Or when should I start being proactive?

**A:** What a wonderful question! Not only does your question ask about kids and prevention but it can also touch on topics for parents of older kids too. It's never too early to start teaching safe behaviors and instilling habits for kids - in young children this is commonly picked up on via modeling (direct and indirect) which you and other significant people in the child's life see. Examples could include coping strategies, diet, time management, and morals (e.g.: respect, manners). Another simple way to start instilling healthy behaviors is teaching your child about appropriate serving sizes of vitamins or other medications your child may need; talking to them about how although it tastes good, it doesn't mean you can have five vitamins and need to only take what says on the bottle. This is a simple way to begin the implementation of a conversation at a young age about appropriate and inappropriate use. As your child gets older, this can serve as the foundation for future conversations about alcohol, marijuana, and other harder drugs.

What we are trying to achieve with these conversations is the behavioral mindset relating to healthy decisions (knowing right from wrong, being able to say no, etc.), the open line of communication between child and guardian(s) to allow the child to feel safe asking questions, and the progression of education moving from basic to more advanced as the child matures.

Although when your child is young (under age six), we don't want to explicitly talk to them about drugs and alcohol, modeling is critical and using creative ways to bring the behavioral component up organically. It is also appropriate to have fundamental conversations about good and bad things to eat, who to trust with food (as drugs can be baked), good and bad touch, and other safety planning components. Believe it or not, by the age of 12, your child is likely to have exposure to substances within their schools; and at the same age, a percent also begin experimenting.

Have a question related to substance abuse and mental health?  
Email them to [sreif@wpd.org](mailto:sreif@wpd.org)

## FAST FACTS

### 10.2 MILLION

Approximately 10.2 million adults have co-occurring mental health and addiction disorders

### 24%

Approximately 24% of state prisoners have a "recent history of a mental health condition"

### NO BOUNDARIES

Mental health and substance use can affect anyone of any age, religion, sex, culture, ethnicity, race, gender, etc.

### 70-90%

With appropriate care and follow-through of treatment plans, 70-90% of those with diagnosed mental health can lead lives with reduced symptoms and improved quality of life.



## Make the Right Call & Good Samaritan Law

Naloxone (Narcan) is available at most pharmacies, call in advance to double check supply and availability.

Naloxone only counteracts the affects of opioids (ie: heroin, codeine, fentanyl, hydrocodone, hydromorphone, morphine, oxycodone)

*If someone is overdosing:*

1. Call 9-1-1 immediately (Good Samaritan Law protects you and the individual in relationship to other paraphernalia found on scene)
2. Rescue breathing or mouth-to-mouth resuscitation
3. Administer Naloxone (if available); if no response after 3-5 minutes, administer dose two
4. Continue rescue breathing to ensure individual is getting oxygen until help arrives

Signs of an Overdose: slow and shallow, or no breathing; very sleepy or unconscious; blue/grayish skin color, dark lips and fingernails; snoring or gurgling sounds. See "Get the SKOOP"

## DRUG TAKE BACK KIOSK & SHARPS DISPOSAL



Expired/unused medications and sharps can be dropped off, free of charge, no questions asked:

PUBLIC SAFETY BUILDING  
1 ADELAIDE STREET, WILMINGTON

SHARPS DISPOSAL KIOSK: Only up to 1.7 quart approved sharps containers are accepted here.

- Limited to "home" sharps waste generated by Wilmington Residents only; no disposal for any person providing professional services in residence
- Store used sharps properly until ready for disposal, do not place used or unused sharps in your household trash/recycling
- Always use an approved sharps container preferably a one-quart or smaller, filled no higher than the full line
- No loose sharps, no glass, plastic, or paper bags containing sharps
- Epi-Pens are accepted

MEDICINE KIOSK: Dispose of medicine in the original container into the kiosk (blackout name/Rx number) or bring the medicine in a clear plastic re-closeable bag. No medication from businesses or clinics will be accepted.

Collected:

- Prescription Medicines
- Over the Counter Medicines
- Pet Medicines
- Pills, capsules, inhalers, ointments, and/or patches
- Vitamins
- Liquids in a glass or leak proof container

### AA MEETINGS

<http://www.aaboston.org/>

All meetings at United Methodist Church Wilmington

Tuesdays @ 8:00pm

Wednesdays @ Noon & 7:30pm

Fridays @ 7:30pm

Saturdays @ 10:00am

### NA MEETINGS

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

Sundays @ 6:30pm

Tewksbury Hosp. Old Chapel

Tuesdays @ 7:00pm

Church of Christ Burlington

Wednesdays @ 7:00pm

United Methodist Church Woburn

Thursdays @ 7:00pm

St. Mary's Church Billerica

Saturdays @ 7:00pm

United Methodist Church Woburn

### LEARN2COPE

<https://www.learn2cope.org/>

Tuesdays @ 7:00pm

Tewksbury High School

### FAMILIES ANONYMOUS

<http://www.familiesanonymous.org/>

Thursdays @ 7:00pm

United Methodist Church  
Wilmington

### AL-ANON

<https://al-anon.org/>

Saturday @ 12:00pm

United Methodist Church  
Wilmington

### ALATEEN

<https://al-anon.org/>

Tuesdays @ 7:00pm

Tewksbury High School

### ROOTS COALITION

RAISING OUR OWN TO BE STRONG

<http://www.rootscoalition.org>

Sunday January 7th @ 10am

St. Dorothy's, Wilmington

## INTERESTED IN VOLUNTEERING?

With her introduction of the Health and Recovery Coordinator, Samantha Reif is looking for individuals who are interested in partnering with individuals to help them walk through their recovery. Connecticut Community for Addiction Recovery (CCAR) and Recovery Training Center have partnered to provide training to individuals interested in going through the Recovery Coach Academy, the first step in becoming a certified Recovery Coach.

Becoming a Recovery Coach is great for someone who knows the system, has been through recovery, has a loved one affected by addiction, or is in working beside someone to provide support and resources. Being a Recovery Coach is a great way for individuals in long-term recovery to give back and support peers who are in their early stages of recovery. This model does not have affiliations with one specific other recovery model (ie: 12 step). Recovery Coaches initially go through a 40 hour training and are awarded a certificate of completion. Following the training they may begin meeting with individuals, but if interested in becoming a Certified Recovery Coach, they must complete additional steps.

This is a great way to get involved, volunteer, and be a peer to another community member who is going through a hard time. If interested please contact Samantha Reif @ 978-694-2064 or [sreif@wpd.org](mailto:sreif@wpd.org)