

# *TOP* *Tackling Opioids* through **Prevention** *Toolkit* for **Athletes**



Division of Mental Health & Addiction Services  
**wellnessrecoveryprevention**  
*laying the foundation for healthy communities, together*





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# INTRODUCTION

The Division of Mental Health and Addiction Services (DMHAS) has established an infrastructure to support evidence based prevention through a network of Regional Substance Abuse Prevention Coalitions (RCs). The RCs cover all twenty-one counties through 17 Regional Coalitions and are mobilizing key stakeholders across the state to identify policies, practices and strategies that will reduce substance use among our youth, families and communities. In particular, the RCs are addressing prescription and other opioid use among high-risk populations including student athletes. In collaboration with the New Jersey Prevention Network (NJPN), the RCs have developed the ***Tackling Opioids Through Prevention for Athletes (TOP) Toolkit***. This toolkit provides key information to school administrators and communities to support best practices for student athletes in an effort to reduce the use and misuse of prescription opioids among this high risk population.



In the development of the TOP Toolkit, the Strategic Prevention Framework was utilized to ensure a comprehensive approach was used to meet statewide needs, as well as address the local conditions that contribute to the opioid use among this population in each of the counties. A review of national research for best practices on addressing opioid use among young athletes has been incorporated throughout the TOP Toolkit, as well as state and local resources that are available to support the implementation of best practices and policy recommendations. These recommendations include evidence-based interventions, policies and practices, curriculum-based programs, and more. Also included are locally developed materials and campaigns that schools and community based athletic programs will be able to utilize to decrease risk factors leading to opioid use among young athletes.

The Regional Coalition in your county will provide technical assistance on the use of this toolkit and information to provide trainings, resources and materials to support your efforts in implementing evidence-based programs, policies and interventions directly related to student athletes. Presentations are available to athletic directors, coaches, youth sports program administrators, and school administrators such as principals, superintendents, and boards of education who determine and administer policies within their schools or districts. Trainings may also include making informed medical decisions, using CDC recommendations, and how to advocate for your youth athlete if or when she/he sustains a sports injury will be provided to school nurses, physicians, and parents.

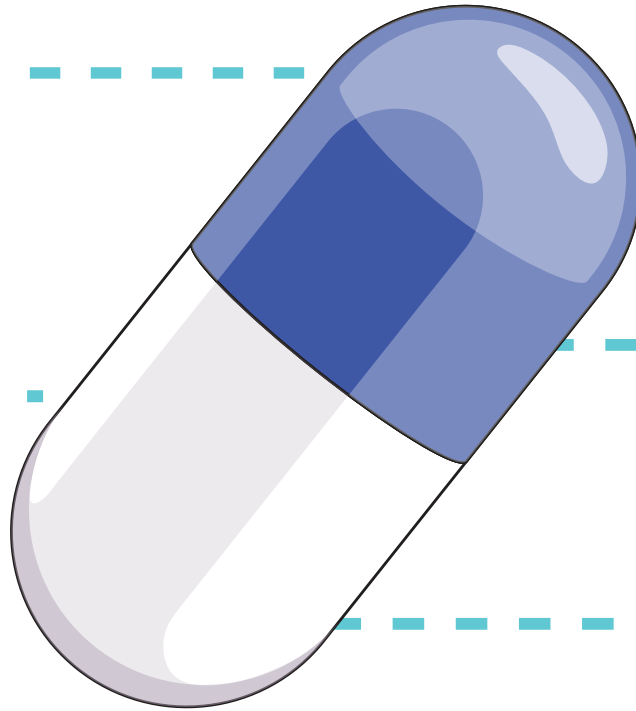
## GOAL:

This toolkit is intended to help guide and raise awareness of opioid use and abuse among young student athletes and to provide evidence-based recommendations and information that will encourage and promote policy and practice changes that will strengthen schools, athletic departments and community based athletic programs.

# KNOW THE RISKS

On average,  
**115 Americans die**  
every day from an  
opioid overdose.<sup>3</sup>

Up to **1 out of 4**  
people receiving  
long-term opioid  
therapy in a primary  
care setting  
struggles with  
addiction.<sup>1</sup>



People who are addicted to  
prescription opioids are  
**40X more likely**  
to be addicted to heroin.<sup>4</sup>

Approximately **3 out of 4**  
new heroin users report  
having abused prescription  
opioids in the past.<sup>2</sup>

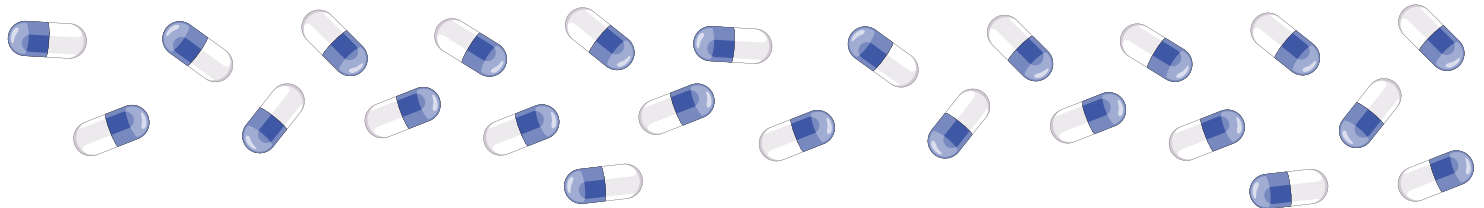
# KNOW THE SIDE EFFECTS

Opioids are drugs that work by reducing the intensity of pain signals that reach your brain by interacting with opioid receptors on your nerve cells. These drugs can be helpful for a short time, but they come with a serious risk of addiction. When an opioid binds with nerve cells, along with pain relief, they also affect the brain's reward system which can make people feel euphoric (high).

In addition to the serious risks of overdose and addiction, the use of prescription opioids can have a number of side effects, even when taken as directed. You can develop tolerance to opioids or needing more of the medication for the same pain relief. You can develop physical dependence on opioids: experiencing symptoms of withdrawal, like drug craving, anxiety, insomnia, abdominal pain, vomiting, diarrhea, and tremors, if you suddenly stop taking the medication. Other side effects include constipation, nausea, vomiting, dry mouth, sleepiness, dizziness, confusion, and increased sensitivity to pain.

**After taking opioids for just 5 days in a row, a person becomes more likely to take them long-term.<sup>5</sup>**

**Options that do not involve opioids may provide enough pain relief while avoiding the risks of opioids.<sup>5</sup>**



## COMMONLY PRESCRIBED OPIOIDS INCLUDE:

PAIN RELIEVERS SUCH AS:

- **MORPHINE** (Roxanol®, Duramorph®, Arymo® ER, Kadian®, MorphaBond® ER, MS Contin®)
- **CODEINE** (Tylenol® With Codeine)
- **OXYCODONE** (OxyContin®, Roxicodone®, Percocet®, Tylox®, Percodan®, Oxaydo®, OxyFast®, Xtampza® ER)
- **HYDROCODONE** (Lortab®, Vicodin®, Paracetamol®, Lorcet®, Tussionex®, Norco®, Zohydro® ER, Hysingla® ER)
- **OXYMORPHONE** (Opana®, Numporhan®)
- **HYDROMORPHONE** (Dilaudid®, Exalgo®, Palladone®)
- **MEPERIDINE** (Demerol®, Pethidine®, Meperitab®)
- **TRAMADOL**
- **FENTANYL** (Duragesic®, Subsys®, Lonsys®, Abstral®, Lazanda®, Fentora®)
- **METHADONE** (Dolophine®, Methadose®)
- **BUPRENORPHINE** (Subutex®, Butrans®, Suboxone®, Belbuca®, Buprenex®)

Information taken from drugs.com



# PURPOSE

Prescription drug and heroin abuse is a major problem affecting millions of people in the United States. Drug overdose has become the leading cause of injury death in the United States, surpassing the number of deaths due to homicides and car accidents<sup>1</sup>.

Prescription drugs, specifically opioids, are one of the most commonly abused substances by teens 14 years and older in the United States. In 2015, an estimated 276,000 adolescents were non-medical users of pain relievers, with 122,000 being addicted to these substances<sup>2</sup>. As the number of prescribed opioid medications rise, there are increased concerns about the risks associated with opioid use, including misuse, abuse, addiction, and overdose. These trends have been on the rise throughout recent years and are projected to increase unless we act now. Likewise, current research shows that it is imperative to intervene in the drug abuse process as early as possible to prevent future issues.

“Young adults who participate in athletics may be at a greater risk to engage in nonmedical prescription opioid use because of their greater risk of injury or because of a greater opportunity to receive diverted opioid medications from teammates.”

Several studies have found that youth who are highly involved in competitive sports are at a greater risk of being prescribed opioid medications, misusing opioid medications (e.g., use to “get high”), and being approached to divert (e.g., give away) these opioid medications<sup>3</sup>. A study of 1,540 adolescents conducted by the Institute for Research on Women and Gender (IRWG) in Ann Arbor, Michigan, found that participating in high school sports made it more likely that young men had taken and misused an opioid prescription within the last year compared to their non-athlete peers.

Furthermore, a national study found that youth who participated in high-injury sports such as football and wrestling were at greater risk to misuse prescription pain medications. The greater risk to misuse opioid medications may be related to the fact that football players and wrestlers have the highest severe injury rates among high school athletes and may be more likely to have been prescribed opioid medications by a physician<sup>3</sup>. In addition, youth who participate in high-injury sports may be surrounded by peers who are more likely to have leftover prescription opioids, making it easier to receive diverted prescription opioids to ease injuries without having to acknowledge to parents and coaches that they need medical attention (e.g., hiding injuries from coaches to participate)<sup>3</sup>.

There are 300,000 high school student-athletes in NJ and the Partnership for a Drug Free NJ’s (PDFNJ) study found that less than 50% of their parents feel they are knowledgeable about heroin<sup>4</sup>. Doctor prescribed opioid use before high school graduation increases the risk of future opioid misuse after high school by 33%<sup>5</sup>.

As we look upstream to the many paths to addiction, a prescription for pain medication due to a sports injury can be the first step to addiction. Adolescents involved in organized sports may be more likely or at a higher risk to misuse opioid medications because of their increased risk for injury. Despite the positive benefits young athletes gain from participating in organized sports, sports participation may actually put some adolescents at risk for substance use because of increased access to pain medications. Given the elevated risk of injury, adolescents who participate in organized sports would be more likely to have been prescribed opioid medications compared to their non-participating peers. The **Tackling Opioids Through Prevention for Athletes Toolkit** has been developed to help support schools and communities respond to addressing this opioid epidemic among this high risk group.

# RESEARCH

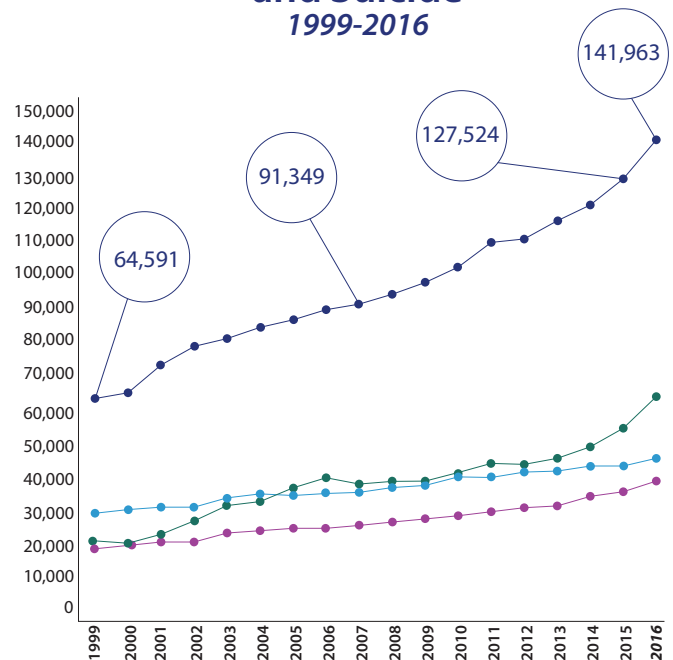
Though prescription drugs can be the first step to addiction for our youth, alcohol, marijuana and other drugs can also be the first step to a path to addiction.

The Trust for American's Health and Well Being report, The Pain in the Nation: The Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy<sup>6</sup>, states:

*"One thing is clear: there is an immediate need to develop an actionable national response to alcohol and drug misuses and death by suicide. Not only are these urgent health crises across this country, they are indicators of the need to go deeper and to look at underlying causes and opportunities to create an integrated approach to well-being for all people, and especially for those who are at a high risk for experiencing these challenges."*

The report goes on to say, "Many of the strategies to address the opioid epidemic have focused on trying to limit the supply of prescription and illicit forms of opioids along with measures to respond to overdoses and attempts to try to address major gaps in the country's substance use disorder treatment capabilities, rapidly attempting to expand and modernize the types of treatment available to those in need. However, these efforts are inherently insufficient and will not succeed unless there are corresponding efforts to address the broader issues that contribute to adverse well-being and underlying pain. The rise of multiple despair deaths and related trends show there is a more significant dynamic that needs to be addressed. While the availability of drugs and alcohol does contribute to higher use, there are many other factors that contribute to substance misuse and risk for suicide including family and social relationships, social-emotional development, Adverse Childhood Experiences (ACEs), and the "lack of economic opportunity, poor working conditions and eroded social capital in depressed communities, accompanied by hopelessness and despair."

## Annual Deaths from Alcohol, Drugs and Suicide 1999-2016



"In addition, causation goes in both directions substance misuse and untreated mental health issues can adversely impact health, academic and career attainment, relationships with family and friends and the ability to be a connected part of a community."

With this scope in mind, the TOP Toolkit highlights a direct response to the opioid crisis but also recognizes the broader perspective needed to address the root of the addiction crisis we are facing. The TOP Toolkit addresses some of the recommendations for Building a National Resilience Strategy, including a range of policies and programs available to inform an effective, comprehensive continuum approach from prevention and early identification and connection to services and supports to treatment and recovery.

For review of the full report, go to:

[www.healthyamericans.org/assets/files/TFAH-2017-PainNationRpt-FINAL.pdf](http://www.healthyamericans.org/assets/files/TFAH-2017-PainNationRpt-FINAL.pdf)



# KNOW THE LAW

Legislation is an important component in the overall comprehensive prevention approach. Many interventions are designed to focus on individuals and assist in developing skills needed to make healthy decisions. Other approaches focus on the environment that supports healthy behaviors. Research indicates that the most effective approaches incorporate multiple strategies. The legislation section of this Toolkit looks at the policy strategies that change the conditions within a community. However, it is important to keep in mind that without enforcement, laws and policies are unlikely to be successful. The following are laws to be aware of.



## REQUIREMENT FOR ALL NEW JERSEY SCHOOL SYSTEMS



STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION

### Opioid Use and Misuse Educational Fact Sheet

As of March 2, 2018, the New Jersey Department of Education (NJDOE) released N.J.S.A.18A:40-41.10/P.S. 2017, c 167 which began requiring public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program to distribute their Opioid Use and Misuse Educational Fact Sheet to all student-athletes and cheerleaders. In addition to distributing the fact sheet, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under the age of 18, the parent/guardian must also sign. The form must be distributed and the sign-off sheet completed and returned before the first official practice session of the season can occur. This process must occur annually.

The intent of this law is to ensure, "that young people and their parents are educated as early as possible about the dangers of opioid abuse and addiction. It is critical to provide this information to students who participate in athletics to make certain that, in the event they are prescribed an opioid for an injury, they will be fully knowledgeable of the risks of misuse."



#### Important notes:

- This Sign-Off form cannot be combined with any other sign-off sheets.
- This process must occur annually before the beginning of the first official practice session of the season.



### Instructional Programs on drugs, alcohol, anabolic steroids, tobacco and controlled substances

The need for prevention and intervention efforts surrounding student alcohol, tobacco, and other drug (ATOD) abuse is paramount to the goal of keeping our students safe, healthy, and in school. In support of these efforts, each district board of education is required to establish a comprehensive program of prevention, intervention, referral for evaluation, referral for treatment and continuity of care for student ATOD abuse (N.J.S.A. 18A:40A-10 and N.J.A.C. 6A:16-3, 6A:16-4 and 6A:16-6). Fostering an environment where students can develop protective factors and resiliency skills is essential in decreasing the prevalence and occurrence of student ATOD abuse and related at-risk behaviors.



## Limitations on Prescribing, Administering, or Dispensing of Controlled Dangerous Substances, and Special Requirements for Management of Acute and Chronic Pain

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In May 2017, the N.J.A.C. 13:37-7.9A was amended to provide new requirements for practitioners when issuing controlled substances such as opioids.

These new requirements include accessing the Prescription Drug Monitoring Program ([see box below](#)) to review a patient's prescription history, **discussing with the patient, or the patient's parent or guardian (if the patient is under 18 years of age and is not an emancipated minor) the reasons why the medication is being prescribed, the possible alternative treatments, and the risks associated with the medication. With respect to opioid drugs, the discussion shall include, but not be limited to, the risks of addiction, physical or psychological dependence, and overdose associated with opioid drugs and the danger of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants, and requirements for proper storage and disposal.**

With regard to prescriptions for opioid drugs, practitioners are not permitted to issue an initial prescription for an opioid drug for treatment of acute pain in a quantity exceeding a 5 day supply.

## Overdose Protection Act and Lifeline Legislation

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The Overdose Protection Act of NJ: Rev Stat § 2C:35-30 (2013) is intended to save lives by encouraging people to seek medical assistance whenever a drug overdose occurs. It does so by providing that those who, in good faith, seek medical assistance for an overdose victim will be immune from arrest and prosecution on a charge of use or simple possession of illegal drugs. The immunity also applies to the person suffering the overdose.

Additionally, the lifeline legislation (P.L. 2009, c.133) encourages young people to call for help in the event of an alcohol medical emergency. This legislation provides immunity from prosecution when these steps are followed: (1) Calling for help, (2) Staying with your friend, (3) Talking with Authorities. The underage person who is receiving medical assistance is also immune from prosecution. This immunity applies on public and private property.



The New Jersey Prescription Monitoring Program (NJMP) is an important component of the New Jersey Division of Consumer Affairs' (Division) effort to halt the abuse and diversion of prescription drugs. The NJMP, established pursuant to N.J.S.A. 45:1-45 et. seq., is a statewide database that collects prescription data on Controlled Dangerous Substances (CDS) and Human Growth Hormone (HGH) dispensed in outpatient settings in New Jersey, and by out-of-state pharmacies dispensing into New Jersey. The NJMP also serves as an effective tool for identifying those who fraudulently obtain prescription drugs or are otherwise involved in the criminal diversion of prescription medication.



# NJ REGIONAL COALITIONS

Seventeen regionally-based prevention coalitions are working together to reduce the use and misuse of alcohol and drugs among the citizens of New Jersey. These county-wide coalitions are committed to collaborating with community partners including municipal alliances, law enforcement, faith-based organizations, schools, treatment agencies, local legislators, health departments, healthcare providers and other local level community agencies to make New Jersey a healthier place to live.

The Regional Coalitions (RC) focus on the following:

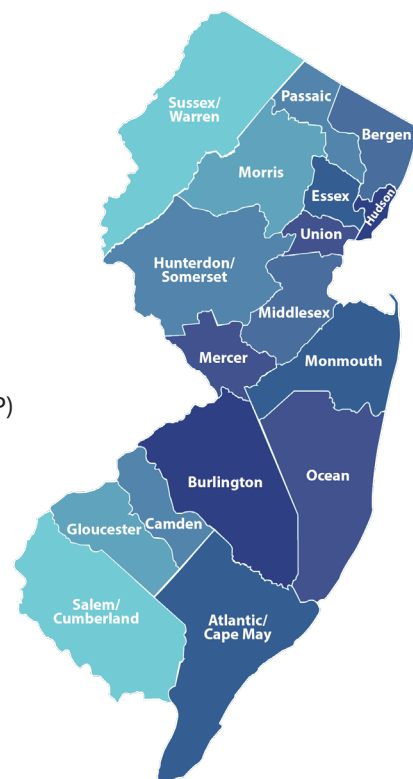
1. Reduce underage drinking
2. Reduce the use of illegal substances - with a special focus on reducing the use of opioids
3. Reduce prescription medication misuse across the lifespan
4. Reduce the use of new and emerging drugs of abuse across the lifespan

In 2018, Regional Coalitions have expanded their prevention efforts to focus on young athletes and the use/misuse of opioids. These coalitions have provided presentations, resources, and technical assistance in their communities.

The Regional Coalition in your region will provide technical assistance on the use of the TOP toolkit and to learn more about trainings, resources and materials to support your efforts in implementing evidence-based programs, policies and interventions directly related to student athletes. Presentations are available to athletic directors, coaches, youth sports program administrators, and school administrators such as principals, superintendents, and boards of education who determine and administer policies within their schools or districts. Training on CDC Guidelines and how to advocate for your youth athlete if or when she/he sustains a sports injury will be provided to school nurses, physicians, and parents.

## *The following is a list of New Jersey's Regional Coalitions and their respective counties:*

- **Atlantic and Cape May Counties** Join Together Atlantic County and Cape May County Healthy Community Coalition
- **Bergen County** – Bergen County Prevention Coalition
- **Burlington County** – Burlington County Coalition for Healthy Communities
- **Camden County** – Community Alliance Network (C.A.N.) Drug Free Community Coalition
- **Cumberland and Salem Counties** – Salem-Cumberland Regional Action Toward Community Health (SCRATCH)
- **Essex County** – Alcohol & Drug Abuse Prevention Team (ADAPT)
- **Gloucester County** – Gloucester County Regional Substance Abuse Prevention Coalition (GRASP)
- **Hudson County** – Hudson County Coalition for a Drug-Free Community (HCCDFC)
- **Hunterdon and Somerset Counties** – Safe Communities Coalition of Hunterdon and Somerset County
- **Mercer County** – Prevention Coalition of Mercer County (PCMC)
- **Middlesex County** – The Coalition for Healthy Communities
- **Monmouth County** – Prevention Coalition of Monmouth County
- **Morris County** – Community Coalition for a Safe and Healthy Morris (CCSHM)
- **Ocean County** – DART Prevention Coalition
- **Passaic County** – United for Prevention in Passaic County (UPinPC)
- **Sussex and Warren Counties** – Coalition for Healthy and Safe Communities
- **Union County** – Health and Wellness Coalition of Union County (HAWC)





# STATEWIDE INITIATIVES



Stop Opioid Abuse Program (SOAP) is a joint effort between the New Jersey State Interscholastic Athletic Association (NJSIAA) and the Garden State Pharmacy Owners (GSPO). Capitalizing on the health science expertise of GSPO members, and the extensive communication network of NJSIAA, this initiative will be able to provide life-saving information to all of New Jersey's 300,000 high school student-athletes. SOAP will begin regularly sharing student-focused informational materials with public, private, and parochial schools across New Jersey. Schools will have the opportunity to determine how to best distribute the information to their athletes, coaches, and trainers. Additional components of the SOAP initiative include community outreach, regular updates to, and interaction with state legislators and drug manufacturers, and other volunteers by GSPO members. For more information about the GSPO, visit <http://www.gspo.org/>



The Partnership For A  
Drug-Free New Jersey

The Partnership for a Drug-Free New Jersey (PDFNJ) set out to enlist the help of one key player in the fight against opioid abuse - PARENTS. PDFNJ is addressing this issue with their "Before They Prescribe - You Decide™" campaign. This campaign is geared toward educating parents on the link between prescribed pain medicine and heroin abuse and encouraging and empowering them to speak to their doctor or dentist about the potential addictive qualities of pain medicine prescribed, as well as possible alternatives to opioids that are appropriate. Many of the images from this multimedia educational campaign are included in this toolkit and can be accessed at <http://www.drugfreenj.org/beforetheyprescribe/>

## DID YOU KNOW?

There are medication drop boxes throughout New Jersey that provide a safe alternative for disposing of your unused, expired, or unwanted prescription medications. Follow these links to find a drop box near you or go to the appendix for your county's locations.



NJ's Project Medicine Drop boxes are installed indoors, affixed to the floor or wall in a secure area within police department headquarters, within view of law enforcement officers, in an area to which members of the public may be admitted to dispose of their unused medications year-round.

Visit <https://www.njconsumeraffairs.gov/meddrop/Pages/default.aspx> to learn more about this initiative.



The American Medicine Chest Challenge is a community based public health initiative, with law enforcement partnership, designed to raise awareness about the dangers of prescription drug abuse and provide a nationwide day of disposal – at a collection site or in the home - of unused, unwanted, and expired medicine that will be held on the second Saturday of November each year in communities across the country.

Visit <http://www.americanmedicinechest.com/> to learn more about this initiative.



The National Prescription Drug Take Back Day events provide an opportunity for Americans to prevent drug addiction and overdose deaths. Take Back Days occur twice a year, one event in the spring and one event in the fall. Please note that some drop box locations may be temporary for these events.

Visit <https://takebackday.dea.gov> to learn more about this initiative.

# BEST PRACTICES

The research that guides the prevention field supports a comprehensive multi-strategy approach. A singular program alone could not address the complex problem of substance use among youth. The following section highlights examples of Best Practices that assist in building an effective response. This is not an exhaustive list. Please contact your Regional Prevention Coalition for additional examples.

- The policy examples provided create supportive practices to help identify students in need and provide early intervention support.
- The educational program examples provided compliment evidence based strategies that promote proven effective multi-lesson/multi-skill building sessions rather than onetime assemblies that prove to be counterproductive and not effective for evoking positive behavioral change.
- The community-based awareness campaign included, offer examples of positive promotion and messaging.

Your local Regional Prevention Coalition can work with your school or community to create a comprehensive strategy that best fits your needs. In addition to the Regional Coalition in your area, there may be a Municipal Alliance funded by the Governor's Council on Alcoholism and Drug Abuse (GCADA) or a Drug Free Community Coalition funded by the Center for Substance Abuse Prevention (CSAP) that are a valued resource to assist your efforts.

Working with your Regional Coalition and other stakeholders in your community will assist you in connecting your efforts with their initiatives to maximize your results through braided funding and resources within your community. This collaboration with existing coalitions helps to ensure the implementation of an effective comprehensive approach.



# What are Best Practices in the prevention field?

**Tackling Opioids Through Prevention for Athletes (TOP) toolkit** provides key information to support school administrators and communities implement best practices for student athletes in an effort to reduce the use and misuse of prescription opioids among this high risk population. The following are recommendations to create a comprehensive, evidence based response to the addiction crisis New Jersey is facing.

A comprehensive response is imperative to creating real solutions to the problem. An evidence based approach can be guided by the CADCA's (Community Anti- Drug Coalitions of America) Strategies for Community Change. These seven CADCA Strategies directs our efforts to be much more than just information sharing.



## Strategies for Community Change

1. Providing Information
2. Enhancing Skills
3. Providing Support
4. Enhancing Access/Reducing Barriers
5. Changing Consequences (Incentives/Disincentives)
6. Physical Design
7. Modifying/Changing Policies

These strategies frame out the need to provide information, but, change policies and practices to create supportive policies not punitive ones, and recognize that one's path to addiction can have many different starting points.

The Regional Coalition in your county can provide you with technical assistance on developing an evidence based comprehensive approach that will reduce the risk of a substance use disorder among your students and create a supportive, informed initiative that supports your school community.

The research that guides the prevention field supports a comprehensive multi-strategy approach. One program is not going to address this complex problem of substance use among our youth. This Best Practice section highlights some examples of the intervention that can begin to build an effective response. This is not an exhaustive list and your Regional Coalition can provide additional examples for consideration. Some examples provided are policies that can create supportive practices to help identify students in need and provide early intervention support. Other examples are evidence based educational programs to utilize rather than the ineffective one—time assemblies that are not effective. We have also included community-based awareness campaign as well. Your local Regional Coalition can work with your school or community to create a comprehensive strategy that best fits your needs.

There are prevention efforts happening through collaborations and coalitions in your community and region. Besides the Regional Coalition in your area, there may also be a Municipal Alliance which is funded by the Governor's Council on Alcoholism and Drug Abuse (GCADA) or a Drug Free Community Coalition funded by the Center for Substance Abuse Prevention (CSAP). Working with your Regional Coalition and other stakeholders in your community will assist you in connecting your efforts with these other initiatives, maximize your efforts by braiding the funding and resources available in your community and ensures the implementation of an effective comprehensive approach.



## Prevent Rx Abuse Prevention Toolkit:

CADCA's Online Rx Abuse Prevention Toolkit contains facts, strategies and tools to prevent and reduce teen Rx medicine abuse in your community. This newly revised toolkit is based on CADCA's Seven Strategies for Effective Community Change. Incorporating these strategies will help you formulate, modify and implement your prevention and intervention strategies.

To access this toolkit, visit <http://www.preventmedabuse.org/>



IF YOU WOULD LIKE TO UTILIZE ANY OF THE RESOURCES FOUND IN THIS SECTION,  
REACH OUT TO YOUR REGIONAL COALITION TO LEARN MORE

# continued...

## ***Screening, Brief Intervention & Referral to Treatment (SBIRT):***

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines Screening, Brief Intervention and Referral to Treatment (SBIRT) as a comprehensive, integrated evidence-based public health approach and model for identifying substance misuse and delivers early intervention services for persons at risk of developing substance use disorders. SBIRT is an identified “best practice” by the Institute of Medicine since 2001 and is recommended by the US Preventive Health Services Task Force.



SBIRT is implemented universally to all patients or all students and schools. It provides an opportunity for health providers to take proactive measures for individuals engaged in risky use of substances – but who are not currently in need of nor seeking treatment. SBIRT utilizes a rapid and simple set of procedures to affect the public health burden of substance abuse. SBIRT provides the opportunity for individuals to connect with help or support in a safe environment and by a trained, caring provider. Without programs like SBIRT, many teens never directly discuss aspects of their own behavioral or mental health. The use of SBIRT provides opportunities for early intervention with at-risk populations before more severe consequences occur. Additionally, the use of SBIRT provides:

- Quick assessment of the severity of one's substance use/misuse;
- Immediate filter of non-problem users;
- Identification of those who would benefit from brief education and reinforcement of healthy behaviors;
- Increase in one's insight and awareness of substance use/misuse; motivates toward behavioral change
- Identification of risk level and of those who would benefit from higher levels of care
- Referral to specialty care for further assessment of those at high substance use risk

A policy to implement SBIRT in your school is an effective strategy to address this crisis. According to Pain in the Nation, SBIRT provides a systematic means of identifying and providing appropriate services to people who clearly need, but are not receiving, treatment. Massachusetts passed a law in 2016 requiring public schools to verbally screen middle and high school students for substance use disorders using a validated screening tool.<sup>36</sup> The use of this tool enables school health teams to detect risk for substance-use related problems and deploy brief intervention strategies to address these concerns at an early stage.

## ***Adverse Childhood Experiences (ACEs):***

Adverse Childhood Experiences can have a profound impact on the physical, mental, behavioral and social-emotional health throughout an individual's lifespan. ACEs increase a child's risk for a series of health and social problems - including increased risk for substance misuse.

“Young people exposed to Adverse Childhood Experiences (ACEs) -- stressful, traumatic events -- are more likely to develop substance use disorders as adults. Children whose parents misuse drugs or alcohol are also at increased risk of experiencing other ACEs, including emotional abuse and neglect. ACEs linked to an earlier age of initiation of alcohol use, a greater likelihood of serious problems with drugs and increased odds of attempting suicide, and social, emotional and cognitive impairment, lower academic achievement and lower educational attainment.” SOURCE: Pain in the Nation

Research has shown that building supporting protective factors, such as the following, can help reduce the risk of ACEs:

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Social and Emotional Competence of Children

To enhance both academic and behavioral outcomes, school leaders can implement policies and practices such as Positive Behavioral Interventions and Supports (PBIS) models that rely on positive rather than punitive approaches to student misbehavior. Research indicates these approaches contribute to reduced problem behavior, decreased bullying, less illegal substance use and increased graduation rates.

“Educators and administrators can engage community partners, improve school climate, help screen students to identify risk of mental and behavioral health concerns, ensure schools have well-trained health personnel and provide training to support a school culture of well-being.” SOURCE: Pain in the Nation: Education Brief



### ***Athletes Targeting Healthy Exercise & Nutrition Alternatives (ATHENA)/Athletes Training and Learning to Avoid Steroids Program (ATLAS):***

The ATHENA program uses a school-based, team-centered format that aims to reduce disordered eating habits and deter use of body-shaping substances among middle and high school female athletes. The intervention includes a balanced presentation concerning the consequences of substance use and other unhealthy behaviors and the beneficial effects of appropriate sport nutrition and exercise training. ATHENA also incorporates cognitive restructuring appropriate to a sport team setting to address mood-related risk factors for diet pill use.



The ATLAS program is designed for male high school athletes to deter drug use and promote healthy nutrition and exercise as alternatives to drugs. This school-based drug prevention program includes: (1) discussion of sports nutrition; (2) exercise alternatives to anabolic steroids and sports supplements; and (3) the effects of substance abuse in sports, drug refusal role-playing, and the creation of health promotion messages.

These programs were created by the Oregon Health & Science University in Portland. Visit <https://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/medicine/divisions/hpsm/research/atlas-and-athena-program.cfm> to learn more. (Fees may apply)

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### ***Botvin Life Skills Training:***

The new LifeSkills Training Prescription Drug Abuse Prevention Module gives adolescents the skills and knowledge necessary to help them avoid the misuse/abuse of opioids and prescription drugs. This module is ideal for school districts, community-based organizations, and agencies serving students in grades 6 – 9. Students will develop skills to: Recognize that prescription drugs are medications intended to help people deal with medical problems; Recognize that prescription drugs—and, in some cases, over-the-counter medicines—can be abused; Identify why people do or do not abuse prescription drugs (including opioids); Learn and practice effective refusal techniques. This curriculum is available in both digital and print formats. For more information, visit [www.lifeskillstraining.com](http://www.lifeskillstraining.com) (Fees may apply)





# continued...

## *#ChangeTheScript Campaign:*

**Don't let opiate  
addiction  
'STRIKE' you out!**

**#ChangeTheScript**

Ask your doctor about safer  
alternatives to opiates.

www.instituteforprevention.com

DART Prevention Coalition  
Institute for Prevention | RWJBarnabas Health

**Other slogans used in  
this campaign include:**

Don't let opiate addiction  
'TOUCH DOWN' in your family!

'KICKING' out opiate  
addiction in our town!

Don't 'WRESTLE' with  
opiate addiction!

Injury puts you on the bench,  
addiction ends your career!

The DART Prevention Coalition's #ChangeTheScript campaign was created by the Prescription Misuse Workgroup with the goal of educating parents on the dangers of prescription drug abuse and potential alternatives to opioids. The signs are meant to be a permanent fixture at schools and athletic facilities. Each sign was developed to have an eye-catching phrase related to specific sports. DART partnered with local municipal alliances, school districts, parks and recreation departments, and police departments to place the signs throughout Ocean County. The signs send an ongoing, unified message that prescription drug abuse amongst student athletes is an issue parents need to be aware of. Contact the DART Prevention Coalition to learn more about this initiative.



## *In a Split Second:*

This documentary was created by Safe Communities Coalition of Hunterdon and Somerset County to show how split second decisions can change the lives of many when it comes to choices with alcohol, driving, and prescription drugs. To view, visit: <https://www.youtube.com/watch?v=7l4bChEdOqE>

## *Operation Prevention:*

**OPERATION  
PREVENTION**

The Drug Enforcement Administration (DEA) has joined forces with Discovery Education to create a comprehensive, NO-COST, science-based program for young people, ages 8–18, to combat opioid misuse— available TODAY in every school, home, and state in the nation to kick-start life-saving actions. Elementary, middle, and high school classroom-ready lessons and companion guides provide educators with standards-aligned, science-based tools to integrate seamlessly into classroom instruction. In this self-paced, standards-aligned e-learning experience, young people explore the science of opioid misuse and build strategies they can employ when faced with a decision about the use of prescription medications. Visit [www.operationprevention.com](http://www.operationprevention.com) to learn more.



## *Pills to Heroin:*

This documentary was created by Safe Communities Coalition of Hunterdon and Somerset County to show the devastating effects and journey of Prescription drug abuse and the move to Heroin. To view, visit: <https://www.youtube.com/watch?v=39LYHtcWVHk>



### *Smart Moves, Smart Choices:*

Smart Moves, Smart Choices is a national awareness program designed to inform parents, teens and educators about the risks of teen prescription drug abuse and misuse, and to empower them to address this serious problem. A partnership between the National Association of School Nurses and Janssen Pharmaceuticals, Inc., the program offers free tools and resources to help empower schools and communities to begin a dialogue with elementary, middle and high school students and their parents and relatives. The program encourages parents and relatives to monitor their medicine cabinets and to have open and honest conversations with their children. The more young people learn about the dangers of prescription drug abuse and misuse, and proper use of medicines, the better prepared they can be to make good decisions and smart choices.

Visit [www.smartmovesmartchoices.org](http://www.smartmovesmartchoices.org) to learn more.



### *Student Assistance Programs:*

The Student Assistance Professionals of New Jersey define Student Assistance programs as a comprehensive framework for the delivery of K- 12 universal, targeted prevention/ intervention strategies and programs. Student Assistance services are designed to address risk factors, promote protective factors and increase overall success. Student Assistance Programs address barriers to learning that impact the individual student in order to increase student success while improving school climate. Student Assistance Programs partner with parents, students, school resource officers, other school faculty, community coalitions, agencies and services in seeking to remove barriers that impede student success. The New Jersey Department of Education has established specific criteria required for individuals to become certified Student Assistance Coordinators (SAC). These criteria ensure that the SAC is qualified to provide substance abuse/mental health prevention, intervention, counseling and related services. On-going professional development ensures that SACs remain up-to-date on current research, trends, techniques, and community resources.

Visit <http://asapnj.org/> to learn more.



### *The Medicine Abuse Project:*

A campaign by The Partnership at DrugFree.org called The Medicine Abuse Project, draws attention to just how big a problem prescription drug use has become, and is ambitious in its purpose: to prevent half a million teens from abusing medicine within the next five years. To realize such a goal, they have enlisted partners like CVS Health to help get the word out to families, industry, communities, health care professionals and educators. On their website, people can take a pledge to help stop prescription drug abuse. They can also watch heartfelt video testimonials about families who have faced prescription drug addiction first hand. Visit <https://drugfree.org/medicine-abuse-project/> to learn more.

## How Directors & Coaches Can Help

*The following information was provided by the Massachusetts Technical Assistance Partnership for Prevention (MassTAPP):*

### ***What to do when sports injuries occur:***

- Be honest about the limitations and discomfort that injuries pose. Pain exists for a reason. Ignoring it or masking it with drugs is not in the athlete's best interest.
- Return-to-play decisions should be determined by the medical professionals involved with the injured athlete, such as physicians, athletic trainers, or other outside professionals—not the athlete, coach, or athlete's parents. However, it is important to keep lines of communication open between these parties.
- Document the treatment and return-to-play plan, and share it with all parties involved in an injured athlete's care and sports participation.
- An injured athlete needs time to heal. Missing a game or two is better than missing an entire season or more.

### ***Consider the injured athlete's social and emotional health:***

- Sports injuries can have an impact on the social and emotional life of a student athlete. Being sidelined and losing a structured activity may lead to depression, loss of connection to friends, and loss of identity as an athlete. Speak with injured athletes about how they can stay involved with the team even if they are not able to get back on the field.
- Coaches and trainers are in a position to develop close relationships with student athletes. These connections can provide valuable guidance, support, and mentorship, and can make a profound difference in the lives of young people. Use these relationships to add personal impact to the rules and expectations about drug use that guide interscholastic sports.

### ***What to do if an injury occurs and pain management is needed:***

- Students and their families should talk openly with their health care providers about the medications, their proper use, possible risks and side effects, and any alternatives.
- Medication should be left at home or dispensed by school nurses (as required by law).
- Medications should not be shared with anyone.
- Mindfulness techniques, relaxation exercises, and physical therapy can also assist in pain management.
- Opioids for pain should be considered only by a medical provider—and only when other approaches have not provided relief. Consider ice, heat, rest, or over-the-counter non-steroidal anti-inflammatory medications, as appropriate.

### **How Athletic Trainers Can Help**

*The following information was provided by the National Athletic Trainers Association (NATA):*

Athletic trainers can play an important role in promoting safe opioid use and preventing opioid abuse. While participation in sports decreases the likelihood that a student will abuse illicit drugs, sports injuries often result in a student being prescribed a pain medication, putting student athletes at a higher risk for abusing those opioid-related medications. Below are a few suggestions on what athletic trainers can do about this important issue:

#### ***Increasing Athletic Trainer Presence:***

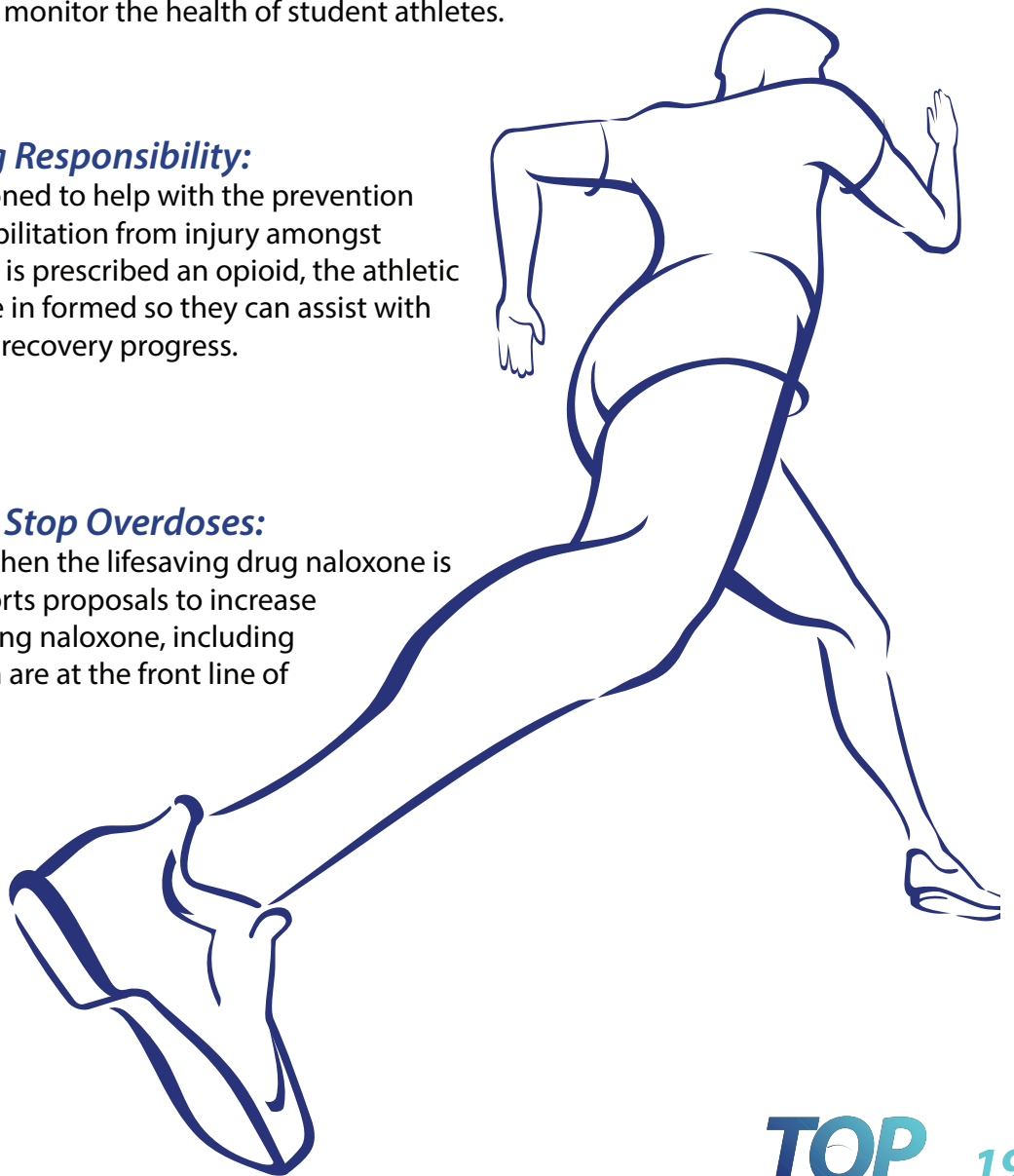
Only an estimated 37% of high schools employ a full-time athletic trainer. NATA supports proposals to ensure that every high school with an athletics department has a full-time athletic trainer on staff to monitor the health of student athletes.

#### ***Sharing Information, Sharing Responsibility:***

Athletic trainers are uniquely positioned to help with the prevention of opioid abuse and successful rehabilitation from injury amongst student athletes. If a student athlete is prescribed an opioid, the athletic trainer at his or her school should be informed so they can assist with monitoring the student's usage and recovery progress.

#### ***Empower Athletic Trainers to Stop Overdoses:***

Opioid overdoses can be reversed when the lifesaving drug naloxone is promptly administered. NATA supports proposals to increase access to and training in administering naloxone, including amongst athletic trainers, who often are at the front line of care for athletes.



## How Nurses Can Help

*The following information was provided by the New Jersey Division of Mental Health and Addiction Services (NJDMHAS):*

### What is Naloxone?

Naloxone is a prescription medicine that is used to reverse an opioid overdose. Opioids include heroin and prescription pain medications such as morphine, hydrocodone, and oxycodone. Naloxone is safe and effective; medical professionals have used it for decades. Naloxone also goes by the brand names of “Narcan” and “Evzio”.

### How Does Naloxone Help?

Naloxone is an antidote to opioid drugs. Opioids can slow or stop a person’s breathing, which can lead to death. Naloxone helps the person wake up and continue breathing. An overdose death may happen hours after taking drugs. If a bystander acts when first noticing a person’s breathing has slowed, or when the person will not wake up it is time to call 911 and start rescue breathing (if needed) and administer naloxone.

Because the drug naloxone can reverse an opioid overdose, some people want to make it available where a lot of young people can be found: public schools. In most schools in the U.S., if a teen has an overdose, nurses can call 911 and perform rescue breathing until EMS arrives—but when it comes to reversing an opioid overdose, seconds count.

Some states have started to authorize schools to have naloxone handy if they need it. The National Association of School Nurses has endorsed the idea.

In June 2018, New Jersey passed a law that “requires certain schools to maintain supply of opioid antidotes and permits emergency administration of opioid antidote by school nurse or trained employee”. For more information on this law, visit [http://www.njleg.state.nj.us/2018/Bills/A1000/542\\_R1.PDF](http://www.njleg.state.nj.us/2018/Bills/A1000/542_R1.PDF)





## How Parents Can Help

*The following information was provided by the Partnership for Drug-Free Kids and Operation Prevention:*

### ***What is prescription medicine abuse?***

Prescription (Rx) medicine abuse is the use of an Rx medicine to create an altered state, to get high, or for any reasons other than those intended by the prescribing doctor.

### ***How many teens are doing this?***

According to research conducted by the Partnership for Drug-Free Kids, one in four teens say they have taken a prescription medicine – that was not prescribed to them — at least once in their lifetime. This behavior cuts across geographic, racial, ethnic and socioeconomic boundaries.

### ***Why are some teens doing this?***

Teens are engaging in this dangerous behavior for a variety of reasons. In some cases, they do it to party and get high, but also to manage stress or regulate their lives. Some are abusing prescription stimulants used to treat attention deficit hyperactivity disorder (ADHD) to provide additional energy and the ability to focus when they're studying or taking tests. Many teens are abusing pain relievers and tranquilizers to cope with academic, social or emotional stress.

### ***What are the risks?***

There are both immediate and long-term risks to medicine abuse. In the short term, overdosing can be fatal, as can mixing Rx medicine with over-the counter medicine and/or alcohol. In the longer term, prescription opioids (pain relievers) and other prescription medicines have been proven to be potentially addictive. Relying on Rx medicines at a young age to help “manage” life can establish a lifelong pattern of dependency and prevent teens from learning important coping skills.

### ***Where are teens getting prescription medicine?***

According to the Partnership for Drug-Free Kids Survey, Two-thirds (66 percent) of teens who report abuse of prescription pain relievers are getting them from friends, family and acquaintances. Some teens share Rx medicines among themselves —handing out or selling their own pills or those they've acquired or stolen from classmates. A very small minority of teens also say they get their prescription medicine illicitly from doctors, pharmacists or over the internet.



**- Educate yourself.** Visit [drugfree.org](http://drugfree.org) and [MedicineAbuseProject.org](http://MedicineAbuseProject.org) for information, tools, resources and support.

**-Communicate the risks of prescription medicine abuse to your kids.** Children who learn a lot about the risks of drugs at home are at least 20 percent less likely to use drugs than those who do not get that critical message from their parents.

**-Safeguard your medicine.** Keep prescription medicine in a secure place, count and monitor the number of pills you have and lock them up — and ask your friends and family members to do the same.

**-Get help.** If you think your child has a problem with prescription medicine abuse, please visit [drugfree.org/get-help](http://drugfree.org/get-help) or call the Parents Toll Free Helpline to speak to a parent specialist at 1-855-DRUGFREE (1-855-378-4373)

## **BEFORE IT BEGINS**

Remember, parental supervision is a strong influence for preventing opioid misuse and abuse.

Teens who are left with long periods of unsupervised time are at greater risk. That can be challenging since teens begin to spend more time with friends and less with family. However, it is important to stay aware of what your child is doing. Ask questions when something does not seem right and check up on your child to ensure they are where they say they are.

Check the medicine cabinets in your home and make sure there are no unfinished or outdated prescription medications.

Get rid of any unused prescription medications that are expired or no longer active. If you have any unused prescription medications, this toolkit provides some national and local resources on page 11 and in Appendix A.

## **FIND YOUR COUNTY DROPBOX LOCATIONS IN APPENDIX A**

Perhaps most importantly, maintain frequent lines of communication.

The more open you are to hearing what your children have to say or ask (even if it's not what you want to hear), the more likely they are to communicate with you. It's important to maintain healthy, trusting relationships they know they can count on. Attend any open events at school about drugs and drug use, use these events as starting points for additional communication and participate in activities as a family in healthy, drug-free environments.

# ***APPENDIX A***

## ***Local Resources***

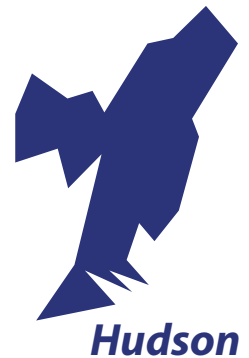


The following resources are available for use in this section of the toolkit:

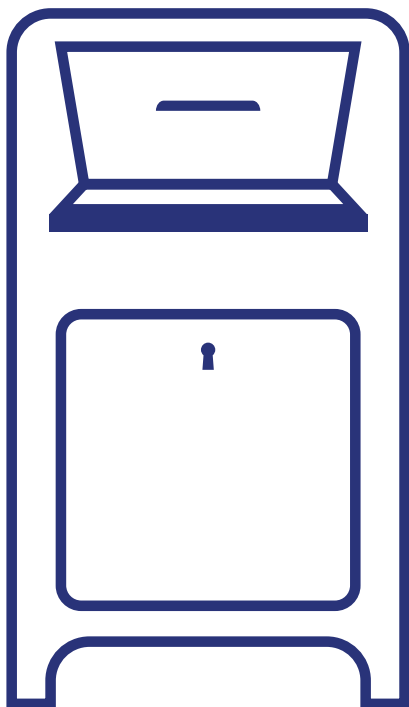
- Regional Coalition Agency Contact List
- Drop Box Locations by County

# ***DROP BOX LOCATIONS IN YOUR COUNTY***

## ***County of NJ***



|  |  |                |
|--|--|----------------|
| Bayonne Police Department                  | 630 Avenue C<br>Bayonne, NJ 07002                          | (201) 858-6900 |
| Guttenberg Police Department               | 6808 Park Avenue<br>Guttenberg, NJ 07093                   | (201) 868-3300 |
| Hudson County Sheriff's Office             | 257 Cornelison Avenue<br>Jersey City, NJ 07302             | (201) 915-1300 |
| North Bergen Township<br>Police Department | 4233 John F. Kennedy<br>Boulevard W North Bergen, NJ 07047 | (201) 392-2100 |
| Secaucus Police Department                 | 1203 Patterson Plank Road<br>Secaucus, NJ 07094            | (201) 330-2060 |
| Union City Police Department               | 3715 Palisade Avenue<br>Union City, NJ 07087               | (201) 348-5780 |
| West New York<br>Police Department         | 428 60th Street<br>West New York, NJ 07093                 | (201) 295-5000 |



## Medicine Drop Boxes

“For safety reasons, the Project Medicine Drop boxes can only accept solid medications such as...



inhalers



patches



pills

and similar objects. The boxes cannot accept...



syringes



medical waste



liquids



# Regional Coalition Agency Contact List

**Atlantic Coalition Agency:**

*Atlantic Prevention Resources*

626 N. Shore Road  
Absecon, NJ 08201  
(609) 272-0101

**Main Contact:** Laurie Smith  
[lsmith@atlprev.org](mailto:lsmith@atlprev.org)

**Bergen Coalition Agency:**

*The Center for Alcohol & Drug Resources*

22-08 State Route 208 South  
Fair Lawn, NJ 07410  
201-740-7097

**Main Contact:** Shelley Stuart  
[mstuart@cafsnj.org](mailto:mstuart@cafsnj.org)

**Burlington Coalition Agency:**

*Prevention Plus*

5000 Sagemore Dr #203  
Evesham Township, NJ 08053  
(609) 261-0001

**Main Contact:** Marc Romano/Joe Conlin  
[marcromano@prevplus.org](mailto:marcromano@prevplus.org)  
[joeconlin@prevplus.org](mailto:joeconlin@prevplus.org)

**Camden Coalition Agency:**

*Camden County Council*

Ashland Office Center  
1 Alpha Ave., Suite 22  
Voorhees, NJ 08043  
(856) 427-6553

**Main Contact:** Andrea Marshall  
[amarshall.cccada@gmail.com](mailto:amarshall.cccada@gmail.com)

**Cape May Coalition Agency:**

*Cape Assist*

3819 New Jersey Avenue  
Wildwood, NJ 08260  
(609) 522-5960

**Main Contact:** Natalia Wilber  
[natalia@capeassist.org](mailto:natalia@capeassist.org)

**Cumberland/Salem Coalition Agency:**

*The Southwest Council*

1405 N. Delsea Drive  
Vineland, NJ 08360-3101  
(856) 794-1011

**Main Contacts:** Donald Noblett/  
Matthew Rudd  
[donald@southwestcouncil.org](mailto:donald@southwestcouncil.org)  
[matthew@southwestcouncil.org](mailto:matthew@southwestcouncil.org)

**Essex Coalition Agency:**

*Family Connections, Inc.*

170 Scotland Road  
Orange, NJ 07050  
(973) 677-2500

**Main Contact:** Joel Torres  
[jtorres@familyconnectionsny.org](mailto:jtorres@familyconnectionsny.org)

**Gloucester Coalition Agency:**

*The Southwest Council*

550 Bridgeton Pike  
Mantua, NJ 08360  
(856) 494-4950

**Main Contact:** Candice Carter  
[candice@southwestcouncil.org](mailto:candice@southwestcouncil.org)

**Hudson Coalition Agency:**

*Partners in Prevention*

37 Harmon Cove Towers  
Secaucus, NJ 07094  
(201) 552-2264

**Main Contact:** Erin Delaney  
[e.delaney@partners-in-prevention.com](mailto:e.delaney@partners-in-prevention.com)

**Hunterdon/Somerset Coalition Agency:**

*Prevention Resources, Inc.*

4 Walter Foran Blvd. – Suite 410  
Flemington, NJ 08822  
(908) 782-3909

**Main Contacts:** Jerri Collevchio/Lesley Gabel  
[jcollevchio@hunterdonprevention.com](mailto:jcollevchio@hunterdonprevention.com)  
[lgabel@hunterdonprevention.com](mailto:lgabel@hunterdonprevention.com)

**Mercer Coalition Agency:**

*Mercer Council*

1931 Brunswick Avenue  
Lawrenceville, NJ 08648  
(609) 396-5874

**Main Contact:** Barbara Sprechman  
[bsprechman@mercercouncil.org](mailto:bsprechman@mercercouncil.org)

**Middlesex Coalition Agency:**

*Wellspring Center for Prevention*

620 Cranbury Road, Suite 105  
East Brunswick, NJ 08816  
(732) 254-3344

**Main Contacts:** Mara Carlin/Helen Varvi  
[mara.carlin@wellspringprevention.org](mailto:mara.carlin@wellspringprevention.org)  
[helenv@wellspringprevention.org](mailto:helenv@wellspringprevention.org)

**Monmouth Coalition Agency:**

*Prevention First*

185 Highway 36  
Building B-20  
West Long Branch, NJ 07764  
(732) 663-1800

**Main Contact:** April Sanders  
[asanders@preventionfirst.net](mailto:asanders@preventionfirst.net)

**Morris Coalition Agency:**

*Prevention is Key*

25 W Main St.  
Rockaway, NJ 07866  
(973) 625-1998

**Main Contact:** Barbara Kauffman  
[bkauffman@mcpiik.org](mailto:bkauffman@mcpiik.org)

**Ocean Coalition Agency:**

*RWJBarnabas Health Institute for Prevention & Recovery*

1691 US Highway 9, CN 2025  
Toms River, NJ 08754  
(833) 233-4377

**Main Contacts:** Mike Capko/Abby Thompson  
[michael.capko@rwjbh.org](mailto:michael.capko@rwjbh.org)  
[abigail.thompson@rwjbh.org](mailto:abigail.thompson@rwjbh.org)

**Passaic Coalition Agency:**

*William Paterson University*

300 Pompton Road  
Wayne, NJ 07470  
(973) 720-3146

**Main Contact:** Sherrine Scholdt  
[schulds@wpunj.edu](mailto:schulds@wpunj.edu)

**Sussex Coalition Agency:**

*The Center for Prevention and Counseling*

61 Spring Street 3<sup>rd</sup> Floor  
Newton, NJ 07860  
(973) 383-4787

**Main Contact:** Tina Aue  
[Tina@centerforprevention.org](mailto:Tina@centerforprevention.org)

**Warren Coalition Agency:**

*Family Guidance of Warren County*

492 Route 57 West  
Washington, NJ 07882  
(908) 689-1000

**Main Contact:** Jeanne Cassano  
[jcassano@fgcwc.org](mailto:jcassano@fgcwc.org)

**Union Coalition Agency:**

*Prevention Links*

121-125 Chestnut Street, Suite 301  
Roselle, NJ 07203  
(732) 381-4100

**Main Contact:** Kelley Ryan  
[kryan@preventionlinks.org](mailto:kryan@preventionlinks.org)

# ***APPENDIX B***

## ***Educational Materials***



The following resources are available for use in this section of the toolkit:

- NJDOE Opioid Use and Misuse Educational Fact Sheet
- CDC Guidelines for Prescribing Opioids for Chronic Pain
- Stop Opioid Abuse Program (SOAP) Materials
- Get the Facts (CDC)



# OPIOID USE AND MISUSE EDUCATIONAL FACT SHEET

## Keeping Student-Athletes Safe

School athletics can serve an integral role in students' development. In addition to providing healthy forms of exercise, school athletics foster friendships and camaraderie, promote sportsmanship and fair play, and instill the value of competition.

Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller.<sup>1</sup> It is important to understand that overdoses from opioids are on the rise and are killing Americans of all ages and backgrounds. Families and communities across the country are coping with the health, emotional and economic effects of this epidemic.<sup>2</sup>

This educational fact sheet, created by the New Jersey Department of Education as required by state law (*N.J.S.A. 18A:40-41.10*), provides information concerning the use and misuse of opioid drugs in the event that a health care provider prescribes a student-athlete or cheerleader an opioid for a sports-related injury. Student-athletes and cheerleaders participating in an interscholastic sports program (and their parent or guardian, if the student is under age 18) must provide their school district written acknowledgment of their receipt of this fact sheet.

### How Do Athletes Obtain Opioids?

In some cases, student-athletes are prescribed these medications. According to research, about a third of young people studied obtained pills from their own previous prescriptions (i.e., an unfinished prescription used outside of a physician's supervision), and 83 percent of adolescents had unsupervised access to their prescription medications.<sup>3</sup> It is important for parents to understand the possible hazard of having unsecured prescription medications in their households. Parents should also understand the importance of proper storage and disposal of medications, even if they believe their child would not engage in non-medical use or diversion of prescription medications.

### What Are Signs of Opioid Use?

According to the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes had used prescription opioids in the 12-month period studied.<sup>3</sup> In the early stages of abuse, the athlete may exhibit unprovoked nausea and/or vomiting. However, as he or she develops a tolerance to the drug, those signs will diminish. Constipation is not uncommon, but may not be reported. One of the most significant indications of a possible opioid addiction is an athlete's decrease in academic or athletic performance, or a lack of interest in his or her sport. If these warning signs are noticed, best practices call for the student to be referred to the appropriate professional for screening,<sup>4</sup> such as provided through an evidence-based practice to identify problematic use, abuse and dependence on illicit drugs (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT)) offered through the [New Jersey Department of Health](#).

## What Are Some Ways Opioid Use and Misuse Can Be Prevented?

According to the New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."

According to NJSIAA Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."

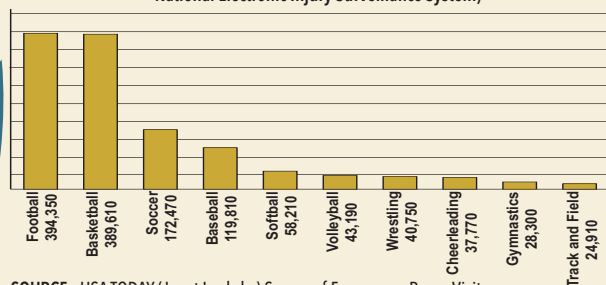
The Sports Medical Advisory Committee, which includes representatives of NJSIAA member schools as well as experts in the field of healthcare and medicine, recommends the following:

- The pain from most sports-related injuries can be managed with non-narcotic medications such as acetaminophen, non-steroidal anti-inflammatory medications like ibuprofen, naproxen or aspirin. Read the label carefully and always take the recommended dose, or follow your doctor's instructions. More is not necessarily better when taking an over-the-counter (OTC) pain medication, and it can lead to dangerous side effects.<sup>4</sup>
- Ice therapy can be utilized appropriately as an anesthetic.
- Always discuss with your physician exactly what is being prescribed for pain and request to avoid narcotics.
- In extreme cases, such as severe trauma or post-surgical pain, opioid pain medication should not be prescribed for more than five days at a time;
- Parents or guardians should always control the dispensing of pain medications and keep them in a safe, non-accessible location; and
- Unused medications should be disposed of immediately upon cessation of use. Ask your pharmacist about drop-off locations or home disposal kits like Deterra or Medsaway.



Number of Injuries Nationally in 2012 Among Athletes 19 and Under from 10 Popular Sports

(Based on data from U.S. Consumer Product Safety Commission's National Electronic Injury Surveillance System)



SOURCE: USA TODAY (Janet Loehrke) Survey of Emergency Room Visits

## Even With Proper Training and Prevention, Sports Injuries May Occur

There are two kinds of sports injuries. Acute injuries happen suddenly, such as a sprained ankle or strained back. Chronic injuries may happen after someone plays a sport or exercises over a long period of time, even when applying overuse-preventative techniques.<sup>5</sup>

Athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention decisions, and parents and young athletes are encouraged to become better educated about sports safety.<sup>6</sup>

## What Are Some Ways to Reduce the Risk of Injury?

Half of all sports medicine injuries in children and teens are from overuse. An overuse injury is damage to a bone, muscle, ligament, or tendon caused by repetitive stress without allowing time for the body to heal. Children and teens are at increased risk for overuse injuries because growing bones are less resilient to stress. Also, young athletes may not know that certain symptoms are signs of overuse.

The best way to deal with sports injuries is to keep them from happening in the first place. Here are some recommendations to consider:



**PREPARE** Obtain the preparticipation physical evaluation prior to participation on a school-sponsored interscholastic or intramural athletic team or squad.



**CONDITIONING** Maintain a good fitness level during the season and offseason. Also important are proper warm-up and cooldown exercises.



**PLAY SMART** Try a variety of sports and consider specializing in one sport before late adolescence to help avoid overuse injuries.



**ADEQUATE HYDRATION** Keep the body hydrated to help the heart more easily pump blood to muscles, which helps muscles work efficiently.



**TRAINING** Increase weekly training time, mileage or repetitions no more than 10 percent per week. For example, if running 10 miles one week, increase to 11 miles the following week. Athletes should also cross-train and perform sport-specific drills in different ways, such as running in a swimming pool instead of only running on the road.



**REST UP** Take at least one day off per week from organized activity to recover physically and mentally. Athletes should take a combined three months off per year from a specific sport (may be divided throughout the year in one-month increments). Athletes may remain physically active during rest periods through alternative low-stress activities such as stretching, yoga or walking.



**PROPER EQUIPMENT** Wear appropriate and properly fitted protective equipment such as pads (neck, shoulder, elbow, chest, knee, and shin), helmets, mouthpieces, face guards, protective cups, and eyewear. Do not assume that protective gear will prevent all injuries while performing more dangerous or risky activities.

## Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

**National Council on Alcoholism and Drug Dependence – NJ** promotes addiction treatment and recovery.

**New Jersey Department of Health, Division of Mental Health and Addiction Services** is committed to providing consumers and families with a wellness and recovery-oriented model of care.

**New Jersey Prevention Network** includes a [parent's quiz](#) on the effects of opioids.

**Operation Prevention Parent Toolkit** is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and those in the community.

**Parent to Parent NJ** is a grassroots coalition for families and children struggling with alcohol and drug addiction.

**Partnership for a Drug Free New Jersey** is New Jersey's anti-drug alliance created to localize and strengthen drug-prevention media efforts to prevent unlawful drug use, especially among young people.

**The Science of Addiction: The Stories of Teens** shares common misconceptions about opioids through the voices of teens.

**Youth IMPACTING NJ** is made up of youth representatives from coalitions across the state of New Jersey who have been impacting their communities and peers by spreading the word about the dangers of underage drinking, marijuana use, and other substance misuse.

**References**  
<sup>1</sup> Massachusetts Technical Assistance Partnership for Prevention  
<sup>2</sup> Centers for Disease Control and Prevention  
<sup>3</sup> New Jersey State Interscholastic Athletic

Association (NJSIAA) Sports Medical Advisory Committee (SMAC)  
<sup>4</sup> Athletic Management, David Csillan, athletic trainer, Ewing High School, NJSIAA SMAC

<sup>5</sup> National Institute of Arthritis and Musculoskeletal and Skin Diseases  
<sup>6</sup> USA TODAY  
<sup>7</sup> American Academy of Pediatrics

# GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

## IMPROVING PRACTICE THROUGH RECOMMENDATIONS

CDC's *Guideline for Prescribing Opioids for Chronic Pain* is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

## DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

1

Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

2

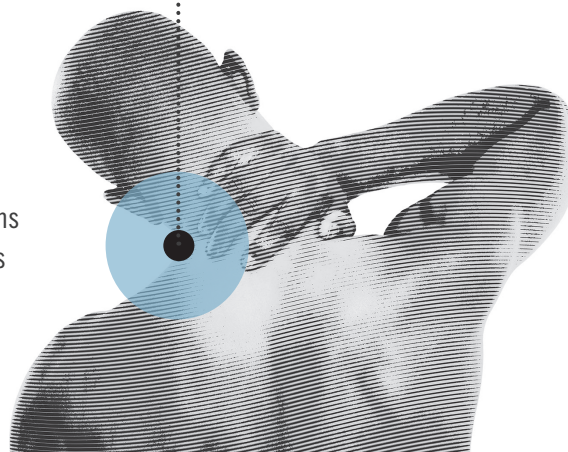
Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3

Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

### CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)



# OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

## CLINICAL REMINDERS

- **Use immediate-release opioids when starting**
- **Start low and go slow**
- **When opioids are needed for acute pain, prescribe no more than needed**
- **Do not prescribe ER/LA opioids for acute pain**
- **Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed**

4

When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

5

When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to  $\geq 50$  morphine milligram equivalents (MME)/day, and should avoid increasing dosage to  $\geq 90$  MME/day or carefully justify a decision to titrate dosage to  $\geq 90$  MME/day.

6

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

7

Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.



## ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

8

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages ( $\geq 50$  MME/day), or concurrent benzodiazepine use, are present.

9

Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

10

When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

11

Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

12

Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

## CLINICAL REMINDERS

- **Evaluate risk factors for opioid-related harms**
- **Check PDMP for high dosages and prescriptions from other providers**
- **Use urine drug testing to identify prescribed substances and undisclosed use**
- **Avoid concurrent benzodiazepine and opioid prescribing**
- **Arrange treatment for opioid use disorder if needed**

# Common signs of opioid abuse



1

Falling asleep at inappropriate times (in class, during lunch, etc.)

4

Difficulty focusing; inability to concentrate on tasks

2

Withdrawing from commitments and activities (missing practice, etc.)

5

Changes in appearance (flushing of the face and neck, weight loss, etc.)

3

Dramatic mood swings (anger, anxiety, secretive behaviour)

6

Behavioural markers (frequent scratching, slurred speech, drooping eyes, etc.)



**If you suspect  
a friend or  
teammate is  
abusing opioid  
painkillers...**



- Visit the Partnership for a Drug-Free NJ ([www.drugfreenj.org](http://www.drugfreenj.org)) and educate yourself about opioid abuse. The more you know, the more helpful you'll be.
- Realize you must speak up, and quickly. Telling someone isn't disloyal, and it might save a life.
- If you're able to discuss the situation with your friend, make them aware of Narcotics Anonymous and SMART Recovery.
- Don't give up. Recovery can take a long time, so be someone your friend can lean on throughout the process.



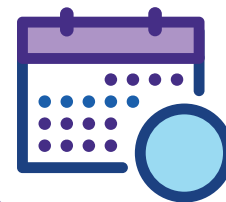
# Get the Facts

## Short Term Use

### FACT

After taking opioids for just 5 days in a row, a person becomes more likely to take them long-term.<sup>1</sup>

Opioids can be addictive even if only taken for a short period of time.

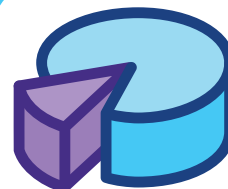


## Level of Pain Relief

### FACT

Opioids provide an average of 20-30% pain relief when used for pain lasting less than three months. Options that do not involve opioids may provide enough pain relief while avoiding the risks of opioids.<sup>2</sup>

Opioids don't take away pain completely.

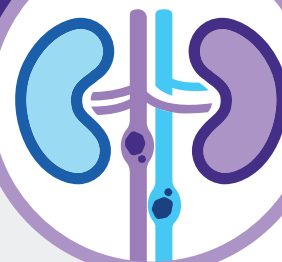


## Kidney Stone Pain

### FACT

Nonsteroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen, work just as well as opioids (and sometimes better) for kidney stone pain.<sup>3</sup>

Opioids aren't the only treatment for acute pain from kidney stones.





# Get the Facts

## Back Pain Relief

### FACT

Naproxen taken alone relieves acute low back pain and improves function just as well as when it is combined with an opioid or muscle relaxer.<sup>4</sup>

Opioids aren't the most effective treatment for acute low back pain.



## Healing From a Broken Bone

### FACT

After a minor fracture, nonsteroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen, provide adequate pain and relief and allow bones to heal, without introducing the risks side effects of opioids.<sup>5</sup> As with any medicine, NSAIDs have side effects. Doctors can offer the safest, most appropriate and effective care for their patients.

Bones can heal properly after fractures, even when taking NSAIDs for pain.



1. Shah A, Hayes CJ, Martin BC. Characteristics of initial prescription episodes and likelihood of long-term opioid use - United States, 2006-2015. MMWR. 2017 Mar 17;66(10):265-269. 2. Furlan AD, Sandoval JA, Mailis-Gagnon A, et al. Opioids for chronic noncancer pain: a meta-analysis of effectiveness and side effects. CMAJ. 2006;174:1589-1594. 3. Teichman JM. Clinical practice. Acute renal colic from ureteral calculus. N Engl J Med. 2004; 350(7):684; Holdgate A, Pollock T. Systematic review of the relative efficacy of non-steroidal anti-inflammatory drugs and opioids in the treatment of acute renal colic. BMJ. 2004;328(7453):1401. 4. Friedman BW, Dym AA, Davitt M, et al. naproxen with cyclobenzaprine, oxycodone/acetaminophen, or placebo for treating acute low back pain: a randomized clinical trial. JAMA. 2015 Oct 20;314(15):1572-80. 5. Solomon DH., MD, MPH. Nonselective NSAIDs: Overview of adverse effects. UpToDate. Sep 20, 2016; Dodwell ER, Latorre JG, Parisini E, et al. NSAID exposure and risk of nonunion: a meta-analysis of case-control and cohort studies. Calcif Tissue Int. 2010;87(3):193.



# 10 Things to Know About ACL INJURY

The anterior cruciate ligament (ACL), the primary stabilizer of the knee, is one of the most commonly injured knee ligaments. Damage to the ACL can occur when an athlete suddenly pivots or stops, quickly changes direction or lands after jumping. Here are 10 things to know when it comes to ACL injury:

1

ACL injuries occur in all sports, but are most frequent when **playing football, basketball and soccer.**

2

Female athletes are **more likely to experience** ACL injury than male athletes.

3

**50% of ACL injuries** are accompanied by damage to other ligaments or cartilage in the knee.

10

Preventative training program exercises have been shown to **improve an athlete's vertical leap, aerobic fitness and sprint speed.**

4

Surgery is **generally recommended** when dealing with a combination of injuries in the knee.

5

**70% of ACL injuries sustained occur during non-contact sports,** while 30% occur during contact sports.

9

Studies show preventative training programs can **reduce ACL and other traumatic knee injuries by 50%.**

50% of athletes diagnosed with an ACL injury **will develop osteoarthritis** within 10 to 20 years of injury.

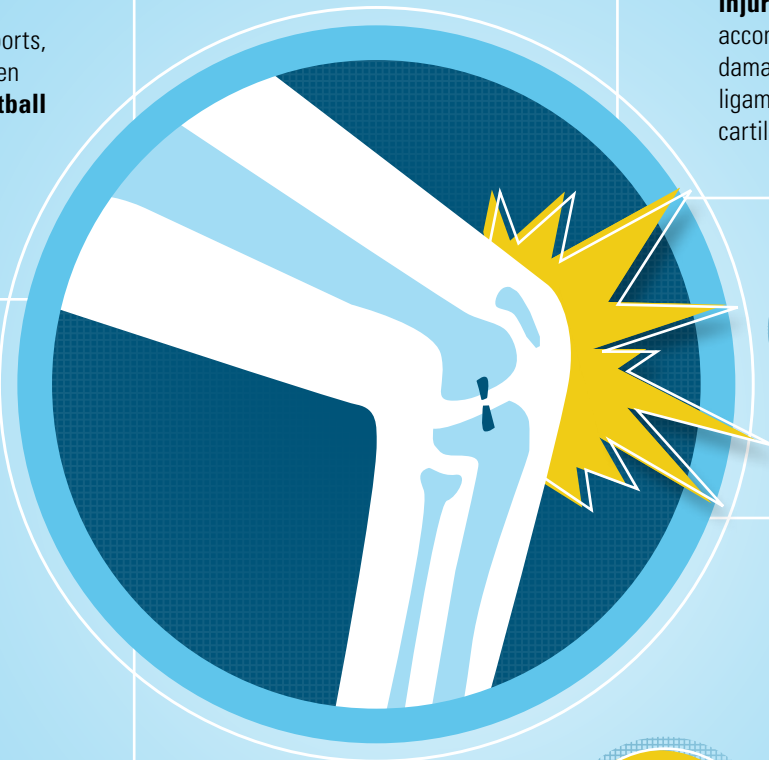
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Preventative training program exercises take **10 to 15 minutes to complete** and include stretching, strength training, jump training and improvements to balance and technique.

8

7

Preventative training done **2 to 3 times a week** can reduce the risk of ACL injury.





**ABOUT 28,000**  
**ANKLE INJURIES**  
occur in the United States each day.

**IT'S BELIEVED 45%**  
**OF ALL ATHLETIC INJURIES**  
**ARE ANKLE SPRAINS,**  
making it the most common sports injury.

DON'T STRAIN YOUR BRAIN WHEN CARING FOR AN

# ANKLE SPRAIN

- Field hockey has the highest rate of ankle injuries and sprains, followed by volleyball, football, basketball, cheerleading, ice hockey, lacrosse, soccer, rugby, track and field, gymnastics and softball.
- An ankle sprain occurs when there is a tear in the ligament, while an ankle strain occurs when there is a tear in the muscle.
- Ankle sprains are graded on severity and range from grade 1 (mild; no significant structural injury) to grade 3 (severe; complete rupture of the ligamentous structures).
- After an ankle is sprained, it has a greater chance of becoming sprained again. Repeating ankle sprains put an individual at risk for ankle osteoarthritis.

## KNOWING THE PHASES

**ACUTE PHASE:** Usually the first two weeks of injury. The ankle will have pain, heat, swelling, redness and/or bruising and loss of function.

**SUBACUTE PHASE:** After the first two weeks of injury. During this phase, the body begins to heal the damaged tissues of the ankle. By now, the ankle should have regained its range of motion, and should begin to improve in balance and strength.

## TREATMENT OPTIONS



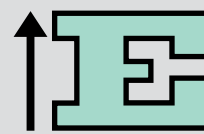
REST



ICE



COMPRESSION



ELEVATION

Not all ankle sprains are alike, so be sure to consult a health care provider, such as an athletic trainer or physician, for an individualized treatment plan.

## HOW TO PREVENT AN ANKLE SPRAIN

**1**

Have a prevention program created by an athletic trainer or qualified medical provider that focuses on ankle strength, balance and motor control for a minimum of three months. This is best for someone who has already sprained their ankle.

**3**

Tape or brace ankles during sport activities, such as games and practices. Athletes with previous ankle sprains who wore a brace or tape following injury had approximately 70 percent fewer ankle injuries than athletes who did not.

**2**

Participate in a lower body strength training program.

**4**

Consider your footwear—high-top shoes offer more ankle support than low-top shoes.

# CONCUSSION 101

WITH MORE ATTENTION BEING PAID TO CONCUSSIONS, they're no longer being thought of as simple "bumps on the head" or "bell-ringers." Help keep young athletes protected by better understanding the symptoms, treatment and prevention of concussions.

- A concussion is defined as a "trauma-induced alteration in mental status that may or may not involve loss of consciousness."
- This can be caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth.
- Concussion signs and symptoms can appear immediately or not be noticed until days or even weeks after the injury.

## HOW TO REMAIN SAFE ON THE FIELD

- Make sure all helmets and safety equipment are sport specific, properly fitted and refurbished according to industry standards.
- Follow sports safety rules and use proper techniques.
- Practice good sportsmanship.

## YOU HAVE A CONCUSSION – NOW WHAT?

- **Report symptoms:** Tell a coach, parent or athletic trainer if you suspect an athlete has a concussion.
- **Get checked out:** Only a health care professional experienced with concussion management can tell if a concussion has occurred and when it is OK to return to play.
- **Get plenty of rest:** Immediately after the concussion is sustained, rest is recommended. This includes keeping a regular sleep routine and avoiding activities that require a lot of concentration.
- **Give time to recover:** It's important to allot time to heal. Another concussion sustained while the brain is healing can result in long-term problems or even death in rare cases.
- **Take it slow at first:** After the physician or athletic trainer gives the OK to return to activity, an athlete shouldn't jump in all at once. The athletic trainer will work with the athlete to develop a safe plan for progressively returning to play.
- **Address concerns:** If there are concerns, don't hesitate to bring them up with a health care provider (athletic trainer, physician, etc.).

### KNOWING THE RED FLAGS

- CAN'T BE AWAKENED
- REPEATED VOMITING

- SLURRED SPEECH
- CAN'T RECOGNIZE PEOPLE OR PLACES



- WORSENING HEADACHE
- SEIZURES



- LOOKS LESS ALERT



- BALANCE PROBLEMS
- DIZZINESS

- INCREASING CONFUSION OR IRRITABILITY
- LOSS OF CONSCIOUSNESS
- WEAKNESS OR NUMBNESS IN ARMS OR LEGS
- UNUSUAL BEHAVIORAL CHANGE



- BOTHERED BY LIGHT OR NOISE



- SLOWED REACTION TIME



- SLEEP PROBLEMS

Sources: NATA, Sanford Orthopedic Sports Medicine, Center for Disease Control and Prevention, Heads Up Concussion, Fifth Annual Youth Sports Safety Summit

Illustration by: Thinkstock/ bakhtiar\_zein

Infographic courtesy of the National Athletic Trainers' Association

# MENTAL HEALTH

## SIGNS AND SYMPTOMS

- Problems with concentration, memory or ability to think clearly
- Changes in eating (overeating or loss of appetite)
- Unable to complete tasks
- Feeling overly worried
- Feeling sad, empty, hopeless or worthless
- Sensitivity to sound, sight, smell and touch
- Irritability and restlessness
- Loss of interest in activities you previously enjoyed
- Withdrawn or disconnected from others
- Feeling like your brain is playing tricks on you (hearing knocking, scratching, name being called)
- Changes in energy level and sleep patterns (sleeping during the day and awake at night)

*A combination of symptoms lasting longer than a week might indicate a mental health condition.*

## SIGNS AND SYMPTOMS THAT REQUIRE IMMEDIATE ATTENTION:

- Thoughts or plans of killing or hurting yourself or others
- Hearing voices or seeing things that no one else can see or hear
- Unexplained changes in thinking, speech or writing
- Being overly suspicious or fearful
- Serious drop in school or work performance
- Sudden personality changes that are bizarre or out of character

## ATHLETE BURNOUT

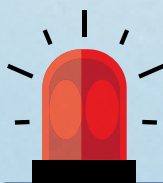
Athlete burnout is a syndrome of continual training and sport attention stress, resulting in staleness, overtraining and, eventually, burnout. Many athletes experiencing burnout report feeling trapped by circumstances of sports participation.

### Signs and symptoms of burnout include:

- Leveling off or diminished performance or conditioning, including strength and stamina losses and chronic fatigue
- Physiological signs such as having a higher resting heart rate and blood pressure
- Cognitive issues such as difficulty in concentration, diminished work in school or forgetfulness
- Illnesses as a result of suppressed immune system
- Emotional issues such as disinterest, moodiness and irritability
- Low self-esteem, increased anxiety and depression as a result of falling short of sport demands

### Best methods to prevent and treat athlete burnout:

Rest and time away from sports



## GETTING HELP

There are many resources available to those in need:

- Primary care physician
- Local mental health centers
- Employee assistance programs
- Local Mental Health America affiliate
- Churches and worship centers

**If someone you know is in need of immediate crisis intervention, call 1-800-273-TALK (8255), go to your local emergency room or call 911.**





# The Risk of Overuse Injuries

## OVERUSE INJURIES CAN BE CAUSED BY

training errors, improper technique, excessive sports training, inadequate rest, muscle weakness and imbalances and early specialization.

## LONG-TERM CONSEQUENCES INCLUDE

loss of playing time, reduced function and psychological exhaustion.

## SYMPTOMS OF OVERUSE INJURIES

tend to be gradual, resulting in athletes going undiagnosed and untreated for longer periods of time.

## COMMON OVERUSE INJURIES ARE

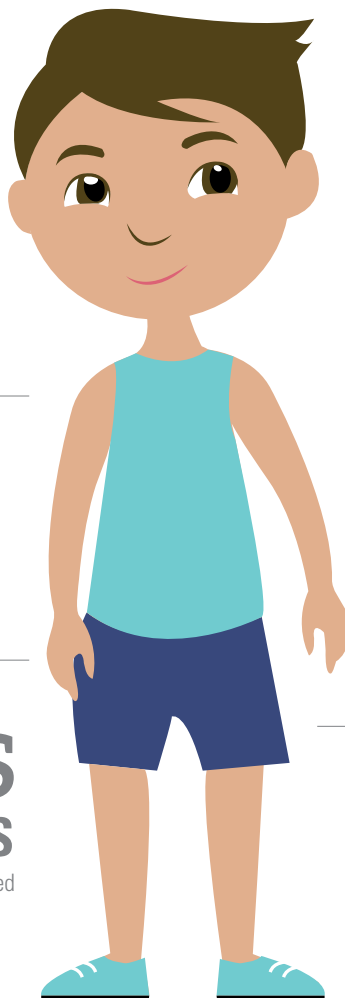
general stress, inflammation and tendinitis.

## INJURIES TO THE GROWTH PLATE CAN RESULT

from repeated microtrauma, which is microtearing of the muscle fibers and connective tissues.

## STRESS FRACTURES

occur when shock that can't be absorbed from fatigued muscles is transferred to the bone.



### OVERUSE INJURIES ARE MORE FREQUENT IN



Rowing • baseball • volleyball • cross-country  
• track and field • other low-contact sports

APPROXIMATELY **50%** of all sports-related injuries for pediatric athletes—children ages 6 to 12 and adolescents ages 13 to 18—are due to overuse

Acute overuse injuries occur when there is too much activity, too quickly, while chronic overuse injuries result from repetitive activities over the course of several weeks or months.

### WOMEN'S SPORTS, INCLUDING



Field hockey • soccer • cross-country • volleyball

**HAVE THE MOST OVERUSE INJURIES**

## PREVENTING OVERUSE INJURIES

- Avoid specialization and repetitive sport activity at a young age. Athletes who participate in a variety of sports tend to have few injuries and play longer.
- Limit training in one sport to no more than five days a week with at least one day off from any organized physical activity.
- Take time off from one sport for two to three months each year to allow physical injuries to heal, the body to

recoup and for the athlete to focus on strength training and conditioning. This is also a psychological break that can help the athlete avoid burnout and overtraining syndrome.

- Pediatric athletes should only play one overhead throwing sport at a time and should avoid playing the same sport year-round. Participation in multiple sports throughout the year provides a wider range

of skills as well as rest from repetitive, single-sport activities.

- Although there aren't injury thresholds for specific sports or age ranges, data suggest limiting vigorous physical activity to 16 to 20 hours a week for pediatric athletes.
- Conduct a pre-participation physical exam on an annual basis to detect life-threatening conditions as well as factors that may predispose the athlete to overuse injuries.





# SHIN SPLINTS



# STRESS FRACTURES

## WHAT YOU NEED TO KNOW

### The Facts Behind Shin Splints and Stress Fractures

- Most stress fractures occur in the weight-bearing bones of the lower leg and foot.
- More than 50 percent of all stress fractures occur in the lower leg.
- Studies have shown tennis, track and field, gymnastics and basketball athletes are the most susceptible to stress fractures and shin splints.
- Studies have also shown that female athletes typically experience more stress fractures than male athletes.

### How to Diagnose

The best way to determine if an injury is shin splints or a stress fracture is to visit your athletic trainer or sports medicine professional. They will perform a full evaluation and possibly recommend additional tests, such as an MRI or bone scan. The medical professional can also help you modify activity to help the healing process.

**S**hin splints and stress fractures: both are overuse injuries caused by rapid increase in the amount or intensity of an activity. Despite this similarity, they are not the same and affect the body in different ways.

Shin splints are injuries to the soft tissue of the lower leg caused by micro tearing.

Stress fractures are physical changes, such as cracks and breaks, to the bones of the lower leg caused by muscles too fatigued to absorb added shock, sending that shock to the bone.

### How to Prevent Shin Splints and Stress Fractures

- Check with your AT to make sure you are wearing appropriate footwear.
- Maintain a healthy diet.
- Ask a medical professional if you should supplement vitamin D and/or calcium.
- Work with your athletic trainer to modify your training schedule to reduce repetitive stress.
- Work on flexibility and strength of the leg muscles.
- Make sure there is a healthy balance between training and recovery.
- Add cross training to accomplish fitness goals, such as deep water running, swimming or biking.

# THE POWER OF SLEEP

Source: National Collegiate Athletic Association, American College Health Association  
Infographic provided by the National Athletic Trainers' Association

Sleep is vital to health and function, especially among student athletes who need be at top performance physically and mentally.

## SLEEP IMPACTS

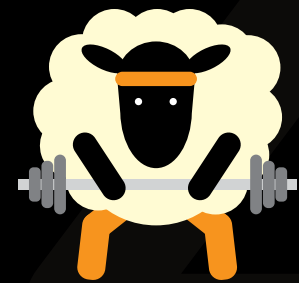
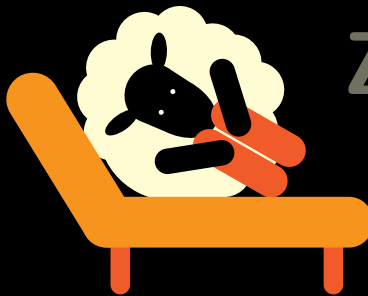
### COGNITIVE PERFORMANCE:

- Learning and memory: During sleep, the mind will filter, sort, evaluate, consolidate and integrate information taken in during the day.
- Decision-making: Sleep loss impairs the ability to make decisions and clouds one's judgement so they don't know they're making impaired decisions.
- Vigilance and alertness: When sleep deprived, a person's ability to focus and maintain attention is hindered. As with decision-making, a sleep deprived person is typically unaware of their own impairment.



### SLEEP IMPACTS MENTAL HEALTH:

- Stress and anxiety: The body's ability to appropriately control stress and emotions depends on sleep to maintain proper function and without it, the body is less able to process stressful events and is more emotionally out of control.
- Mood and depression: Several functions of sleep involve processing and regulating emotions, tying depression and lack of sleep closely together.



## SLEEP IMPACTS

### PHYSICAL HEALTH:

- Healing and recovery: Cells grow, repair and rebuild during sleep, making it essential to athletic performance and injury prevention.
- Metabolism: Sleep controls insulin and glucose functioning, secretion of metabolic hormones and the way fat and muscle cells use and store energy.
- Muscle growth: The healing that takes place during sleep is essential to muscle growth. The human growth hormone is also controlled by sleep.
- Weight control: Poor quality sleep, short sleep durations and sleep that is uncoordinated with internal rhythms can lead to weight gain and obesity—especially in adolescents and young adults who require more sleep.

## INSUFFICIENT SLEEP AND STUDENT ATHLETES

Most college-aged student athletes experience four nights of insufficient sleep per week on average.

One-third of college-aged student athletes get fewer than seven hours of sleep per night. This rate is higher among female athletes.

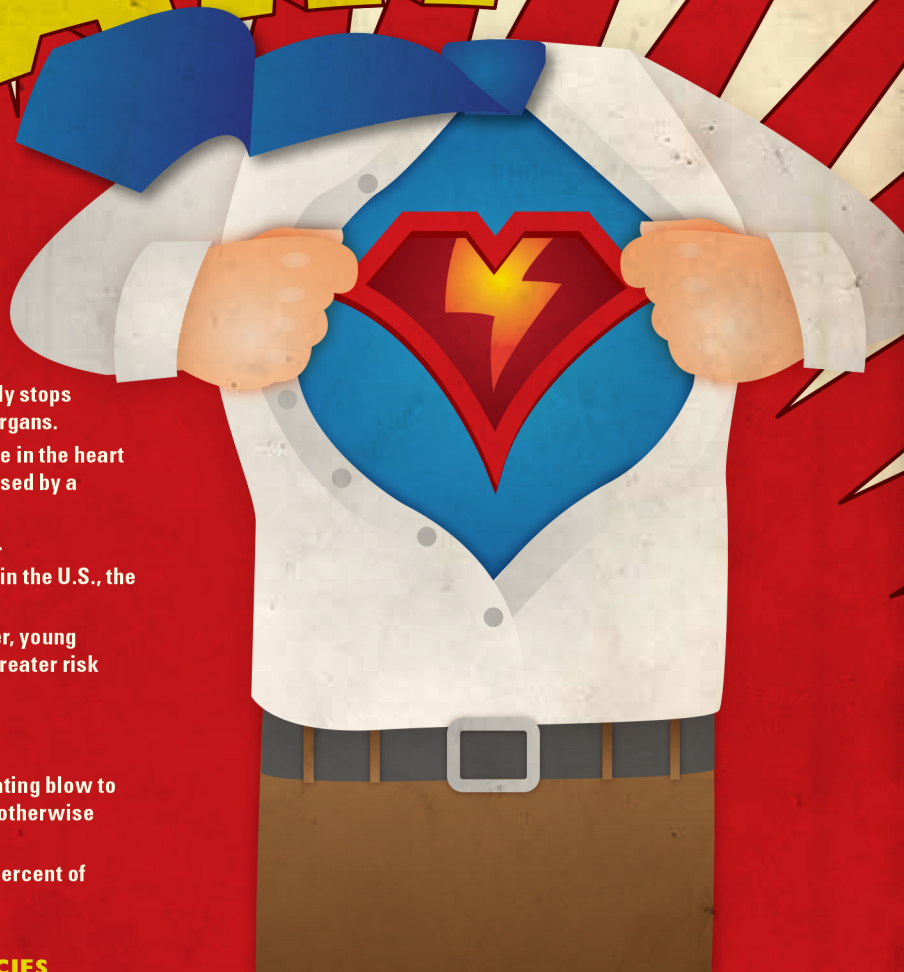
Sleep deprivation among college-aged student athletes is often attributed to: frequent travel for competitions; uncomfortable sleeping arrangements; stress; the challenge of balancing athletics, academics and student life; and sleep disorders such as insomnia and sleep apnea.

## ARE YOU STRUGGLING TO SLEEP?

Eight hours is the recommended amount of sleep for someone age 17 to 22 for optimal health and function. One way to get better sleep is to create the ideal sleep environment, which is cool, dark and comfortable. Remove any distractions, such as electronics, bright lights and noise.

Contact your medical provider if you're experiencing problems sleeping or if you think you have a sleep disorder.

# MATTERS OF THE HEART



## SUDDEN CARDIAC ARREST

- SCA is a condition in which the heart unexpectedly stops beating, halting blood flow to the brain and vital organs.
- SCA is usually caused by an electrical disturbance in the heart that disrupts pumping, while a heart attack is caused by a blockage of blood flow to the heart.
- SCA results in death if not treated within minutes.
- 2,000 patients under age 25 die of SCA every year in the U.S., the Center for Disease Control estimates.
- The cause of SCA in athletes is unknown, however, young athletes with underlying heart conditions are at greater risk during vigorous exercise.

## COMMOTIO CORDIS

- Commotio Cordis is caused by a blunt, nonpenetrating blow to the chest. It induces ventricular arrhythmia in an otherwise structurally normal heart.
- Commotio Cordis accounts for approximately 20 percent of sudden cardiac deaths in young athletes.

## PREPARING FOR CARDIAC EMERGENCIES

- Schools, clubs and sports facilities should have emergency action plans that include a response plan for SCA events.
- All facilities where sports are played should have automatic external defibrillators (AEDs) within 1-3 minutes.
- Schools, clubs and sports facilities should have someone on staff trained in CPR.
- When CPR is provided and an AED shock is administered within the first 3 to 5 minutes after a collapse, reported survival rates from cardiac arrest are as high as 74%.

## SCREENING ATHLETES FOR CARDIOVASCULAR ISSUES

- Athletes should undergo cardiovascular screening before athletic participation.
- A minimum standard of cardiovascular screening should include a comprehensive medical history, family history and physical exam.
- An electrocardiogram (ECG) can help identify underlying cardiac conditions that put athletes at greater risk. However, it's not a universal standard right now because of cost, physician infrastructure and sensitivity and specificity concerns.

## SIGNS AND SYMPTOMS OF CARDIAC ARREST IN ATHLETES

| MALE ATHLETES            | FEMALE ATHLETES  |
|--------------------------|--|
| Chest, ear or neck pain  | Center chest pain that comes and goes                  |
| Severe headache          | Lightheadedness  |
| Excessive breathlessness | Shortness of breath with or without discomfort         |
| Vague discomfort         | Pressure, squeezing, fullness                          |
| Dizziness, palpitations  | Nausea, vomiting                                       |
| Abnormal fatigue         | Cold sweat   |
| Indigestion, heartburn   | Pain or discomfort in arms, back, neck, jaw or stomach |

NOTE: Many young cardiac arrest victims have no symptoms until the cardiac arrest occurs.



# THE PHYSICAL IMPACT:

## *The Brain & Nervous System*

**ROOT OF ADDICTION:** Drugs of abuse over stimulate the brain, releasing anywhere from **2 to 10 times more** the amount of dopamine in the brain that natural rewards do. This leads to addiction.

### **LEARNING AND MEMORY:**

Marijuana impairs short-term memory and learning, the ability to focus attention, and coordination: Those who start smoking marijuana heavily in their teens lose an average of **eight IQ points** between ages 13 and 38.

## *Respiratory System / Lungs*



**OPIATES:** Most opiate overdoses are caused by a suppression of breathing (respiratory depression). A drug, like heroin, inhibits how much oxygen reaches the brain and can cause both **coma and permanent brain damage**.

## *Liver*

When we inject poisons like heroin into our body, our liver has to work extra hard to break it down, leading to **decreased liver function**.

## *Kidneys*

### **ECSTASY AND/OR MOLLY:**

MDMA drugs interfere with the body's ability to **regulate temperature**. They can cause a sharp increase in body temperature, known as Hyperthermia, which rapidly leads to **muscle breakdown** and can end in **kidney failure**.



## *Vision & Motor Skills*

Marijuana use in particular is associated with bloodshot eyes, impaired coordination and vision, and disordered perception of time and distance.

Chronic methamphetamine users may experience severe structural and functional changes in the areas of the brain associated with emotion and memory, leading to strong emotional and cognitive deficits.



## *Heart [cardiovascular risks]*

**RISK OF MARIJUANA:** Marijuana raises heart rate for up to 3 hours after smoking, increasing the risk for heart attack.

**RISK OF COCAINE:** Cocaine users can suffer heart attacks or strokes, which may cause sudden death. Cocaine-related deaths are often a result of cardiac arrest and an arrest of breathing.



TURNING POINT

For more information on how to overcome addiction please call Turning Point at **877-581-1793** or send an email to [info@tpaddictiontreatment.com](mailto:info@tpaddictiontreatment.com)



# ***APPENDIX C***

## ***Media Campaigns***



The following resources are available for use in this section of the toolkit:

- Partnership for a Drug Free New Jersey Media Campaigns

**Male youth athletes are twice as likely to be prescribed opioid painkillers and four times more likely to abuse the pills than non-athletes.**

**Do we have your attention yet?**

**Ask your doctor how prescription drugs can lead to heroin abuse.**

**drugfreenj.org**



**Partnership for a Drug-Free New Jersey**  
in Cooperation with the Governor's Council on Alcoholism and Drug Abuse  
and the NJ Dept. of Human Services



Would you give  
your child  
**HEROIN**  
for a sports injury?

**Ask Your Doctor How Prescription Drugs Can Lead to Heroin Abuse.**

**Partnership for a Drug-Free New Jersey**  
in Cooperation with the Governor's Council on Alcoholism and Drug Abuse  
and the NJ Dept. of Human Services

**BEFORE THEY PRESCRIBE - YOU DECIDE.™**

**drugfreenj.org**

Would you give  
your child  
**HEROIN**  
for a broken arm?



**Ask Your Doctor How Prescription Drugs Can Lead to Heroin Abuse.**



Doctor prescribed opioid use  
before high school graduation  
increases the risk of future  
opioid misuse after high school  
**by 33%**

**Ask Your Doctor How Prescription Drugs Can Lead to Heroin Abuse.**

**BEFORE THEY PRESCRIBE - YOU DECIDE.™**

**Partnership for a Drug-Free New Jersey**  
in Cooperation with the Governor's Council on Alcoholism and Drug Abuse  
and the NJ Dept. of Human Services



**The Partnership For A  
Drug-Free New Jersey**

Visit <http://www.drugfreenj.org/media/overview/> to download  
a media kit from Partnership for a Drug-Free New Jersey

**Partnership for a Drug-Free New Jersey**  
in Cooperation with the Governor's Council on Alcoholism and Drug Abuse  
and the NJ Dept. of Human Services

**BEFORE THEY PRESCRIBE - YOU DECIDE.™**  
**drugfreenj.org**

# Takes



...

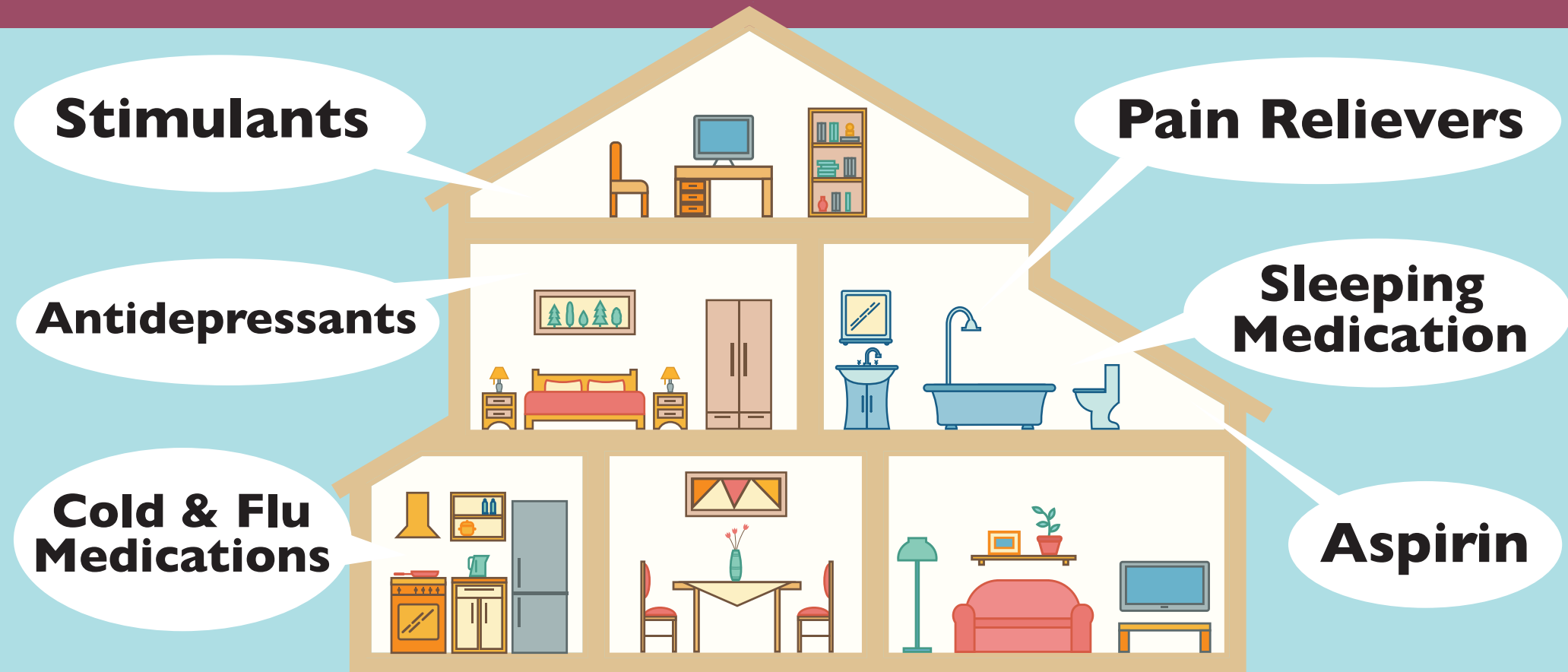
**OPIOIDS CAUSED OVER  
65,000 DEATHS IN 2016.**

**Visit [hudsoncountycoalition.org](http://hudsoncountycoalition.org) for more info.**



# The Disease Of Addiction

## MIGHT BE HIDING IN YOUR HOME



**Monitor your family's prescriptions  
by securing them in one place.**

**Visit [hudsoncountycoalition.org](http://hudsoncountycoalition.org) for more information.**





# WANTED

YOUR

# EXPIRED MEDICATIONS



**HELP PREVENT PRESCRIPTION &  
OVER THE COUNTER DRUG ABUSE/MISUSE  
BY DISPOSING THEM HERE:**

BAYONNE POLICE DEPARTMENT  
GUTTENBERG POLICE DEPARTMENT  
HUDSON COUNTY SHERIFF'S OFFICE

SECAUCUS POLICE DEPARTMENT  
NORTH BERGEN POLICE DEPARTMENT  
UNION CITY POLICE DEPARTMENT

WEST NEW YORK POLICE DEPARTMENT

FOR YOUR NEAREST LOCAL DROPBOX AND FOR MORE INFORMATION PLEASE VISIT

**WWW.HUDSONCOUNTYCOALITION.ORG**



This was developed in part under the SAMHSA's Partnerships for Success grant provided by the New Jersey Department of Human Services.



# SE BUSCA

## SUS

# MEDICAMENTOS EXPIRADOS



**AYUDA A PREVENIR EL ABUSO  
DE O EL USO INCORRECTO DE MEDICAMENTOS RECETADOS  
Y MEDICAMENTOS DE VENTA LIBRE**

**AL DISPONERLOS AQUÍ:**

**BAYONNE POLICE DEPARTMENT  
GUTTENBERG POLICE DEPARTMENT  
HUDSON COUNTY SHERIFF'S OFFICE**

**SECAUCUS POLICE DEPARTMENT  
NORTH BERGEN POLICE DEPARTMENT  
UNION CITY POLICE DEPARTMENT**

**WEST NEW YORK POLICE DEPARTMENT**

PARA OBTENER INFORMACIÓN SOBRE LA CAJA MÁS CERCANA DE SU LOCALIDAD Y PARA MÁS INFORMACIÓN, VISITE

**WWW.HUDSONCOUNTYCOALITION.ORG**



This was developed in part under the SAMHSA's Partnerships for Success grant provided by the New Jersey Department of Human Services.



You CAN  
SHARE

these  
LEFT-  
OVERS.



BUT  
DON'T  
SHARE

these  
LEFT-  
OVERS!



Visit [hudsoncountycoalition.org](http://hudsoncountycoalition.org) for more information  
and to learn how to properly dispose your medications

This was developed in part under a grant provided by the New Jersey Department of Human Services- Division of Mental Health and Addiction Services and grant number 1H79SP018342 from the Office of National Drug Control Policy and Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of ONDCP, SAMHSA, or HHS, and should not be constructed as such.

# Puedes Compartir Estos,



# Pero No Compartes Estos



Visite [Hudsoncountycoalition.org](http://Hudsoncountycoalition.org) para mas informacion y maneras de como apropiadamente disponer de sus medicinas.

This was developed in part under a grant provided by the New Jersey Department of Human Services- Division of Mental Health and Addiction Services and grant number 1H79SP018342 from the Office of National Drug Control Policy and Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of ONDCP, SAMHSA, or HHS, and should not be constructed as such.



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# Safely dispose at any of these prescription drug box locations.

## Guttenberg Police Department

6808 Park Avenue  
Guttenberg, NJ 07093

## North Bergen Police Department

4233 John F. Kennedy Boulevard  
North Bergen, NJ 07047

## West New York Police Department

428 60th Street  
West New York, NJ 07093

## Secaucus Police Department

1203 Paterson Plank Road  
Secaucus, NJ 07094

## Kearny Police Community Policing Unit

237 Laurel Avenue  
Kearny, NJ 07032

## Union City Police Department

3715 Palisade Avenue  
Union City, New Jersey 07087

## Jersey City Police Department (North District)

282 Central Avenue  
Jersey City, NJ 07307

## Jersey City Police Department (West District)

1 Jackson Avenue  
Jersey City, NJ 07305

## Jersey City Police Department (East District)

207 7th Street  
Jersey City, NJ 07305

## Jersey City Police Department (South District)

191 Bergen Avenue  
Jersey City, NJ 07305

## Bayonne Police Department

630 Avenue C  
Bayonne, New Jersey 07002

## Hudson County Sheriff's Office

Hudson County Plaza  
257 Cornelison Avenue  
Jersey City, NJ 07302



Hudson  
County



For more info [www.HudsonCountyCoalition.org](http://www.HudsonCountyCoalition.org)



# ***Deseche con seguridad en cualquiera de estos lugares con recipientes para medicamentos recetados.***

## **Policia del Municipio de Guttenberg**

6808 Park Avenue  
Guttenberg, NJ 07093

## **Policia del Municipio de North Bergen**

4233 John F. Kennedy Boulevard  
North Bergen, NJ 07047

## **Departamento de Policia de West New York**

428 60th Street  
West New York, NJ 07093

## **Departamento de Policia de Secaucus**

1203 Paterson Plank Road  
Secaucus, NJ 07094

## **Kearny Police Community Policing Unit**

237 Laurel Avenue  
Kearny, NJ 07032

## **Departamento de Policia de Union City**

3715 Palisade Avenue  
Union City, NJ 07087

## **Departamento de Policia de Jersey City (Distrito Norte)**

282 Central Avenue  
Jersey City, NJ 07307

## **Departamento de Policia de Jersey City (Distrito Oeste)**

1 Jackson Avenue  
Jersey City, NJ 07305

## **Departamento de Policia de Jersey City (Distrito Este)**

207 7th Street  
Jersey City, NJ 07305

## **Departamento de Policia de Jersey City (Distrito Sur)**

191 Bergen Avenue  
Jersey City, NJ 07305

## **Departamento de Policia de Bayonne**

630 Avenue C  
Bayonne, NJ 07002

## **Oficina Del Alguacil del Condado Hudson**

Hudson County Plaza  
257 Cornelison Avenue  
Jersey City, NJ 07302

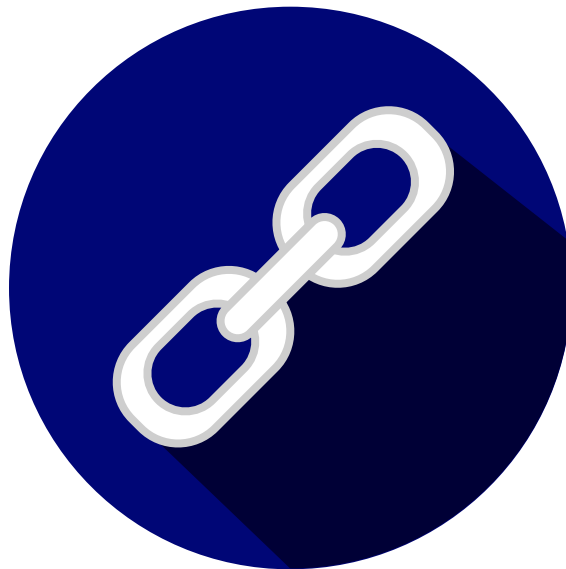


**Para más información,  
por favor visitar [www.HudsonCountyCoalition.org](http://www.HudsonCountyCoalition.org)**



# ***APPENDIX D***

## ***References***



This section includes all resources that were used and referred to throughout the TOP toolkit.  
The resources are listed by order of appearance in the toolkit.

# REFERENCES

## RESEARCH

- Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying cause of death 1999-2015. December 2016. Available at: <http://wonder.cdc.gov/ucdicd10.html>
- Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: results from the 2015 national survey on drug use and health. September 2016. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR12015/NSDUH-FFR1-2015.htm>
- Painfully Obvious: A Longitudinal Examination of Medical Use and Misuse of Opioid Medication Among Adolescent Sports Participants. Veliz, Philip et al. Journal of Adolescent Health, Volume 54 , Issue 3 , 333-340 Published online 2013 Nov 10. doi: 10.1016/j.jadohealth.2013.09.002
- Pain in the Nation: the Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy. (2018) Available at [www.healthymamericans.org/assets/files/TFAH-2017-PainNationRpt-FINAL.pdf](http://www.healthymamericans.org/assets/files/TFAH-2017-PainNationRpt-FINAL.pdf)
- Partnership for a Drug Free New Jersey (PDFNJ) 2016 Survey Findings: <http://drugfreenj.org/assets/control/content/files/PDFNJ%20%20Report%202016%20KeyFindings.pdf>; <http://drugfreenj.org/mediakit/file/86>

## STATEWIDE INITIATIVES

- Garden State Pharmacy Owners, Inc. (GSPO): <http://www.gspos.org/>
- Partnership for a Drug-Free New Jersey (PDFNJ): <http://www.drugfreenj.org/beforetheyprescribe/>
- Project Medicine Drop: <https://www.njconsumeraffairs.gov/meddrop/Pages/default.aspx>
- American Medicine Chest Challenge: <http://www.americanmedicinechest.com/>
- DEA Take Back Day: <https://takebackday.dea.gov>

## EDUCATIONAL RESOURCES

- Prevent Med Abuse: a CADCA Initiative: <http://www.preventmedabuse.org/>
- Smart Moves, Smart Choices: [www.smartmovessmartchoices.org](http://www.smartmovessmartchoices.org)
- The Medicine Abuse Project: <https://drugfree.org/medicine-abuse-project/>
- The Association of Student Assistance Professionals of New Jersey (ASAP): <http://asapnj.org/>
- Operation Prevention: [www.operationprevention.com](http://www.operationprevention.com)
- Botvin LifeSkills Training: [www.lifeskillstraining.com](http://www.lifeskillstraining.com)
- ATHENA and ATLAS Programs: <https://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/medicine/divisions/hpsm/research/atlas-and-athena-program.cfm>
- Safe Communities Coalition of Hunterdon and Somerset Counties Documentaries: <https://www.youtube.com/watch?v=39LYHtcWVHK>; <https://www.youtube.com/watch?v=7l4bChEdOqE>
- #Change The Script: [www.instituteforprevention.com](http://www.instituteforprevention.com)

# REFERENCES

## TOP TIPS

- Massachusetts Technical Assistance Partnership for Prevention (MassTAPP) - Student Athletes and Opioid Misuse: What Coaches Should Know: <http://masstapp.edc.org/student-athletes-and-opioid-misuse-what-coaches-should-know>
- National Athletic Trainers' Association: Perspectives on Opioids and Athletic Trainers: <https://www.nata.org/sites/default/files/nata-opioids-fact-sheet.pdf>
- Naloxone Fact Sheet: [https://www.nj.gov/humanservices/dmhas/resources/Naloxone\\_Fact\\_Sheet.pdf](https://www.nj.gov/humanservices/dmhas/resources/Naloxone_Fact_Sheet.pdf)
- Supplying schools with opioid antidotes: [http://www.njleg.state.nj.us/2018/Bills/A1000/542\\_R1.PDF](http://www.njleg.state.nj.us/2018/Bills/A1000/542_R1.PDF)
- Partnership for Drug-Free Kids: Parent Helpline: [http://medicineabuseproject.org/assets/documents/Parent\\_Fact\\_Sheet-Preventing\\_Teen\\_Prescription\\_Medicine\\_Abuse\\_2014.pdf](http://medicineabuseproject.org/assets/documents/Parent_Fact_Sheet-Preventing_Teen_Prescription_Medicine_Abuse_2014.pdf)
- Operation Prevention Parent Toolkit: [https://www.operationprevention.com/sites/operationprevention.com/files/PDFs/Operation\\_Prevention\\_ParentToolkit\\_Final.pdf](https://www.operationprevention.com/sites/operationprevention.com/files/PDFs/Operation_Prevention_ParentToolkit_Final.pdf)

# *Tackling Opioids* through **Prevention** for **Athletes**



Partners in Prevention  
37 Harmon Cove Towers  
Secaucus, NJ 07094

Phone: (201) 552-2264  
Fax: (973) 673-5782

[www.partners-in-prevention.com](http://www.partners-in-prevention.com)  
[www.hudsoncountycoalition.org](http://www.hudsoncountycoalition.org)