



Prevention WORKS!

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF MIDDLESEX COUNTY, INC.

Vol. XXVIII, No. 2, Summer 2008

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What is intervention!

On the legislative agenda for 2008

By Ezra Helfand

The New Jersey Prevention Network undertakes public policy initiatives designed to advocate for more effective prevention legislation. This year, NJPN's Public Policy Committee has focused on initiatives designed to stem the problem of childhood and underage drinking.

As we all know, one of the major challenges facing communities today is preventing youth access to alcohol. Underage drinking is widespread and, to a large extent, tolerated by society. It's also implicated in a range of health and social problems that are both tragic and costly. Preventing underage drinking saves lives and saves futures. Here is one of the Committee's advocacy initiatives. We hope that all of our friends and supporters will contact their state legislators and push for passage of the following law, when introduced.

A Statewide Law: Hold Youth Accountable for Underage Drinking on Private Property

Teen parties are one of the highest risk settings for underage drinking. State law permits the police to hold the adults (hosts) responsible, but only municipalities can pass local ordinances that hold the underage children drinking at the party accountable. Police currently need probable cause to enter private property. This will not change with this ordinance or law. The current loophole is that once the police do enter an underage drinking party in a home, they have no ability to hold the underage drinking youth accountable. With this ordinance/law in place, the youth could receive a fine, community service and/or the loss or delay of their driver's license. Though there is a state law that gives each municipality the ability to pass this Private Property Ordinance, it creates an imbalance. Youth can simply drink in a community without accountability ordinance. According to the Partnership for a Drug Free NJ website, nearly one third of towns across the state have already passed this ordinance. The time has come for the state to support these proactive towns and close the loophole statewide.

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Dear Friends,

Not to rub it in, but my wife and I just returned from a two-week vacation...in Hawaii. Before you say anything, this was our first two-week vacation since 1996 and our first trip to Hawaii. We were celebrating our 15th wedding anniversary.

Why am I sharing this? Simple. I can't tell you how many people told me that I would never want to come back home or go back to work. Contrary to popular opinion, the first thing I did when I returned to my office was go to our Gratitude Board and write "A job and co-workers that I did not mind coming back from Hawaii to." Granted, this isn't perfect English, but the sentiment is sincere.

After reading the other articles in this newsletter, I thought I would share the secret of our company's Gratitude Board. It is a simple dry erase board hanging in our office kitchen. Each month we start fresh, and everyone who comes into the kitchen is encouraged to post something they are grateful for. By the end of the month, we are always looking for free space to use for a last minute tidbit.

It may seem like a little thing, but gratitude is important. I would posit that it is the key to a happy life. The recovery community frequently refers to "an attitude of gratitude" as being the bedrock of sobriety. In times of grief, it is those people and circumstances in our lives that often pull us through. After a successful intervention, a person in recovery frequently looks back in gratitude for those loved ones who were willing to risk so much to help them raise their personal bottom. And how many of us as adults look back at the times our parents were firm with us and made us face the consequences of our actions? We certainly did not appreciate it at the time, but as we matured we saw the value of limits and boundaries.

Perhaps I have accidentally stumbled on a new area for prevention. Perhaps, if we promoted more gratitude, people would make better choices. It certainly helps to make my office a pleasant place to work. Feel free to try this at home or in your own office.

Hawaii was wonderful, but I love what I do and who I work with. Besides...I missed my cats, too.

In gratitude,



Steven G. Liga
CEO/Executive Director

What is intervention

By Jackie Randazzo, BS

Family and friends often feel helpless when dealing with a loved one struggling with an addiction. This hopelessness can also be fueled when their loved one is in denial or refuses to seek treatment for their addiction. One way family members and friends can help the user and themselves is through an intervention.

An intervention is an organized, pre-planned process where family members, friends and colleagues gather together to compassionately confront a loved one who is using to seek treatment. A treatment option is set up prior to the intervention in the event that the user agrees to go to treatment. An interventionist, or intervention professional, can be used to serve as an unbiased leader of the group and to expedite the organization of the intervention.

The myth that an addict must hit “rock-bottom” before seeking and successfully completing treatment is being disproved daily by the number of users who have entered treatment after an intervention and remain sober. An intervention can be seen as a way to “raise the bottom” because you are essentially urging the user to seek help before they otherwise would.

The key to a successful intervention is planning. Start to plan weeks in advance by gathering your group and researching the extent of your loved one’s use and their addiction. If you wish to have an interventionist, contact local treatment centers or prevention agencies in your area for contact information for reputable interventionists. The group should also make arrangements for a specific treatment program in the event that the user chooses to go into treatment after the intervention. If your loved one has insurance it is best to contact their insurance agency to see which programs they will cover. If your loved one does not have insurance contact your local

prevention agency for treatment facilities in your area so you can compare the costs. Lastly, loved ones participating in the intervention draft letters to be read during the intervention.

The letters are a key part to the intervention. These letters should be written in a loving and compassionate manner. The object of an intervention is not to ambush and name call but to provide detailed examples of problems and incidents brought on by the user’s addiction. The letters should include the emotional, health and financial toll of your loved one’s illness – both on the user and their loved ones. The letters should also outline specific consequences (i.e. not allowing them to borrow money, not allowing them at your house, or discontinuing contact until they seek help) that will occur if your loved one refuses to accept treatment. It is VERY important to stick to these “bottom lines”.

Once these are completed, it is time to set a time, date and location for the intervention. Without revealing the reason, ask your loved one to the intervention site. Once inside the user is asked to just listen while the loved ones take turn reading their letters. After the letters are read, the loved one is presented with a treatment option and asked to accept treatment on the spot. Interventions typically last an hour or less.

Careful planning and rehearsing will ensure your best chance to have a successful intervention. Unfortunately, not all interventions are successful and your loved one may become angry, feel betrayed and refuse treatment. Prepare yourself for this outcome as well and resolve to stick to your consequences. While you cannot control your loved one’s behavior you can remove yourself from the situation.

If you are interested in learning more about interventions, or would like a referral to a local interventionist, please call NCADD of Middlesex County, Inc. at 732-254-3344.

Dealing with grief

By Jeniffer Smith, MPH, CPS

We all will experience grief at some point in our lives. Grief is a normal reaction to loss. There are many sources of grief such as death of a spouse, loss of employment, deterioration of health, and even the loss of our youth. On the average, older adults experience more losses than other age groups. This can be traumatic when losses occur in rapid succession, with one loss triggering others. For example, the loss of vision will lead to the inability to drive, which in turn will lead to a loss of independence. Furthermore, this can be very difficult for the person who has always taken pride in being self-sufficient.

A common question among those dealing with grief is, “When will I get over this?” The truth is that there is no timetable for the grief process. The time needed for this process of adjustment varies from person to person, and there is no correct or “normal” way to grieve. One person may have an outpouring of tears, yet another person might show no emotion but still feel just as much pain. Although the experience of grief is unique for each person, a person must accomplish four tasks to regain balance in life: accept the reality of the loss; experience the pain of grief; adjust to the changes; and withdraw emotional energy from what was lost and reinvest it in people and/or other activities.

Accepting the reality of the loss

The first reaction to a loss is usually shock and disbelief. People may often function in a robot-like manner; this numbness is nature’s way of helping us through an experience that otherwise would be overwhelmingly intolerable and painful.

As a personal example, when I was seven years old, my parents told me that my grandmother passed away. I remember that I didn’t feel anything. I couldn’t understand why I wasn’t crying for someone who I loved so much. Then it hit me. Hours later when I overheard my mom and aunt talking about my grandmother’s death, I ran to the couch in our living room and burst into an uncontrollable flood of tears. It was at that moment that I realized the meaning of death.

The shock, disbelief, and denial can last for varying amounts of time—from minutes to weeks for different people. Eventually most people will learn to accept the reality of the loss.

Experiencing the pain

During this stage it may appear that the person is getting worse, but this is often due to the reality of the loss hitting the person weeks or months after the loss has occurred. The most difficult aspects of grief occur once the numbness of the loss wears away. Unfortunately, this is also the time when support usually declines. People must experience this pain in order to be able to reinvest in life.

Adjusting to the changes

A person’s ability to cope depends partly on accepting the changes and challenges. This may mean coming to terms with living alone, managing finances, making major decisions, or taking on housekeeping. For example, if your spouse did all of the cooking

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and housekeeping, you would need to learn new skills and adapt to this new role. Failure to accomplish this task may result in helplessness, overdependence, and/or inability to cope.

Reinvesting emotional energy

One benchmark that grief is being worked through is when the person is able to think about the loss without the “stabbing pain” and can reinvest his or her emotions back into life. Successful grief work requires time, effort, and energy on the part of the person experiencing the loss. Time alone does not heal.

Seeking Help

Some may find it helpful to seek help to deal with grief. Grief counseling can help individuals, families, schools, and communities to deal with loss and death by offering psycho-education and clinical skills. Counseling can help the bereaved to cope with the loss, to draw personal meaning from the experience, and to find closure and renewal.



Grief therapy can help to assist clients who are having trouble dealing with the process. These may be individuals who are in excessive denial, behave as if the deceased is still alive, and/or have obsessive thoughts and preoccupation with the deceased. Some therapeutic approaches may include art therapy, music therapy, stress management, and the use of coping skills.

If you have a friend who is grieving, it can be difficult to know what to say or do. It is important to be a good listener, and if the

person doesn't feel like talking, don't force the conversation. Sometimes we may think we are giving good advice by using statements such as, “You were so lucky to have had so many years together”, or “It's better now. She's no longer suffering.” However, these statements tend to minimize the loss and the bereaved may resent such clichés. Try to communicate caring by providing continuous support. Give the bereaved time and expect slow, gradual improvement with occasional setbacks. Time alone may not heal all wounds, but we all have the capacity to heal.

Some local bereavement groups:

- St. Peters University Hospital
254 Easton Avenue
New Brunswick, NJ
1st and 3rd Thursday of each month
7:00-8:30pm
Conference Room 3
732-745-8565
- “Journey Through Grief” bereavement support group
Queenship of Mary Church
Dey Rd. and Scudders Mill Rd
Plainsboro, NJ
Call Lorie Quinlan
732-821-8447
(a non-denominational support group for the recently bereaved)
Meets 2nd Mondays of month,
7:30-9:00pm
- St. James Bereavement Support Group
For meeting information, call Sister Marie Pierson
732-634-0500, ext. 614

2008 Legislative Event Underscores Issues of Underage Drinking

On Tuesday evening, April 29th, over 160 individuals came together at Crossroads Theater in downtown New Brunswick to discuss the issue of underage drinking. Parents, educators, government and law enforcement officials, healthcare professionals and others were there to listen to speakers share information about this problem and discuss possible solutions.

This year's event, titled "Underage Drinking in Our Communities - A Focus on Solutions," was put together through the combined efforts of the Somerset Council on Alcoholism and Drug Dependency as well as NCADD of Middlesex County, Inc.

The event was sponsored by centraljerseymoms.com in partnership with The Home News Tribune and the Courier News newspapers and Rutgers' Edward J. Bloustein School of Planning and Public Policy.

"We were looking to put underage drinking on the community's radar screen and identify solutions and strategies," said Steve Liga, NCADD CEO & Executive Director, "and the most effective tool we have to fight substance abuse is through education at the community level. The Legislative Event provided the perfect platform to generate awareness and educate the public."

Welcoming remarks were delivered by Middlesex County Freeholder Director David Crabiel who noted, "It is my role as father, grandfather and great-grandfather that takes priority during this evening's discussion. I'm sure you will agree that when it comes to our children and grandchildren, there is no rest until we know they are safe. That is why this dialogue tonight and the work the NCADD of Middlesex County performs throughout the year is so very critical."

Additional remarks were provided by State Senator Joseph F. Vitale and Brenda Pateman, Somerset County Alcoholism & Drug Abuse Coordinator.

A panel of experts provided relevant information about this important and timely topic and discussed solutions already being implemented or could be implemented by the community.

The panel featured:

- Barry Roberson, East Brunswick Director of Public Safety who spoke about the township's implementation of an Underage Drinking on Private Property Ordinance;
- Detective Karen Hoelzel from the Hillsborough Police Department who spoke about the enforcement of Underage Drinking on Private Property Ordinances;
- Brenda Esler, Assistant Director at the Somerset Council on Alcoholism and Drug Dependency who spoke about other community approaches to prevention;
- Steven Banden – a Rutgers University Student who presented a novel approach to reducing underage drinking from a student's perspective.

Three-time Emmy Award winner Anchor/Reporter Walt Kane from News 12 New Jersey served as Master of Ceremonies.



NCADD publishes recovery brochures

The National Council on Alcoholism and Drug Dependence, Inc. recently published three brochures that cover various facets of recovery.

One brochure, titled “I wasn’t having fun anymore” covers personal stories of young recovery. Another, titled “We realized it was beyond our control” provides personal stories of family recovery. And the third brochure, titled “I ran out of people to blame” tells personal stories of recovery.

Each brochure carries the personal stories of recovery of people affected by addiction. These personal stories of recovery came from members of the recovery community.



In anticipation of events our partners may be planning for September’s National Alcohol & Drug Addiction Recovery Month, NCADD of Middlesex County, Inc.

has obtained copies of each brochure and is able to make them available to our friends. Unfortunately, since supplies are limited, only 25 copies will be provided to each organization, of each available version.

If you are interested in obtaining copies of these brochures, please contact Linda Surks at 732-254-3344 or Linda@ncadd-middlesex.org.

Jason Surks Memorial Prevention Resource Center

We have thousands of videos, brochures and other pieces of literature to choose from at our Resource Center. We’d like to highlight a few items that might be useful for you on the topics of addiction, intervention and recovery.

Videos

- ✦ **Alcohol, Drugs and the Brain**— This video examines the roots of addiction and thoroughly explores and explains the myriad consequences of being “under the influence.”
- ✦ **Intervention: Facing Reality** — Video guides viewers through a series of scenes in which we see how one caring person begins the intervention process, and enlists help of others.

Pamphlets

- ✦ **Co-Dependence. The Partner Paradox** — An in-depth look at co-dependency; addiction; dos and don’ts, and solutions.
- ✦ **I’m Not *That* Bad, Yet!** — Short stories of people who found themselves with a drinking problem and how they got help before things got bad.

NCADD of Middlesex County, Inc. is a private, non-profit community-based health organization serving Middlesex County. Our mission is to promote the health and well-being of individuals and communities of Middlesex County through the reduction or elimination of alcohol, tobacco, and other drug use problems.

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Support from our corporate partners helps to insure that quality programs and services will continue to be provided throughout the county. Our donors demonstrate a true commitment to the community as responsible corporate neighbors. They recognize that our services benefit their customers, their employees, their families, and their future workforce.

YES! I want to support the mission of NCADD of Middlesex County, Inc.

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Please detach and mail with your donation to: NCADD of Middlesex County, Inc., 152 Tices Lane, East Brunswick, NJ 08816.

You can also donate online on the NCADD website at ncadd-middlesex.org/getting-involved/private-donations/

Thank you for your support!

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