



Email us at: mcleodmeada@yahoo.com

<http://mcleodmeada.org/>

CHEMICAL HEALTH TREND CORNER:

FREE NEEDLE DISPOSAL

MAY 2, 2019

12:30PM – 5:30PM

GRHS PARKING LOT

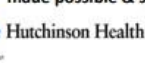
(Glencoe Hospital North Parking Lot – Watch for Signs)
1805 HENNEPIN AVE N. GLENCOE

Needles **MUST BE** in a **screw top – hard plastic** container
(if needles are not brought in proper containers they will not be accepted)

All Needles, Sharps and Epi-pens Accepted



Volunteers and law enforcement will be present to help guide, process and answer questions but **WILL NOT** help carry, handle or touch your container(s) of needles.



made possible & sponsored by:

This event is free and open to the public.

If you have questions please contact us at mcleodmeada@yahoo.com OR 320-864-1257

Letter of advice to Parents from: Hutchinson's Police Chief and the Districts Chemical Health Specialist:

Dear Parents:

It seems we are always in the midst of celebrating one thing or another – prom,

graduation, end of the school year, summer, and more. This is good, but it can also be worrisome. We want to take this opportunity to remind you that as parents you have a particularly important role in shaping these events.

Please help keep your teen and his or her peers stay safe and alcohol-free.

Alcohol use is illegal by those in Minnesota who are under the age of 21 years. The only exception is that parents may provide alcohol to their own children in their own homes. Surveys of teens indicate that adults are teens' primary source of alcohol: at home, in bars and restaurants or on the street. To help reduce underage alcohol use, you can:

- Refuse to supply alcohol to underage young people when you host your own celebration. Do not buy a keg of beer for teens at a high school graduation or other party. This is illegal and it also invites young people to drink illegally. Teen alcohol use is not a rite of passage into adulthood. In fact, alcohol has kept too many teens from becoming adults.

- Make sure that alcohol is not available at events your teen attends. Talk with other parents and party hosts to ensure alcohol-free celebrations. Be proactive. When parents stand together on this issue, they present a united front to teens.

- All law enforcement agencies within McLeod County are participating in the Zero Adult Provider program (ZAP). With

this program law enforcement agencies will be actively investigating and prosecuting adults who provide alcohol to underage drinkers. Please take an active role in assisting us in protecting your child.

Remember that as a parent, you play an important role in preventing underage alcohol use. In research studies, teens say that their number one reason for refusing to drink alcohol is centered on worrying about what their parents would think. That is a powerful statement about the importance of your message and role modeling.

Dan Hatten-Hutchinson Police Chief Carmen Morrow-District #423 Chemical Health Specialist

Purple Drank "LEAN" is gaining popularity with teens.

This is a very dangerous and life threatening trend. Purple Drank, also known as "Lean", is a mixture of a prescription cold medication with a soda drink like Sprite or Mountain Dew, plus ice and Jolly Rancher candies often added for color and taste. The cold medication is one that contains promethazine (an antihistamine) and codeine an opiate. These ingredients combined make a purple liquid that is then sipped until euphoria and dissociation from one's body occur. The effects of taking Purple Drank will last between three and six hours.

It is common for the high associated with this combination to be called a "swooning euphoria." The combo also has a sedative effect and makes a person woozy. There are other effects of Purple Drank abuse that are not so sought-after.



Effects of Purple Drank include:

- Constricted pupils that do not respond well to light
- Rough, raspy voice
- Slow, slurred speech
- Uncontrolled eye movement
- Droopy eyes
- Slowed heart rate
- Drowsiness
- Loss of balance
- Loss of coordination
- Paleness
- Constipation
- Urinary tract infection
- Dental problems
- Addiction



"nearly 1 in 11 U.S. students have used marijuana in electronic cigarettes."

The following are some common physical side effects associated with marijuana use:

- Red eyes
- Anxiety
- Poor muscle and limb coordination
- Delayed reaction times and abilities
- An initial liveliness
- Increased heart rate
- Distorted senses

Substance Use + Mental Health: Your Guide to Addressing Co- occurring Disorders

FEBRUARY 12, 2019 BY THE PARTNERSHIP

It's difficult enough if your teen or young adult is struggling with a substance use disorder, but what if they also are struggling with a mental health disorder, like depression or anxiety, at the same time?



Formerly referred to as "dual diagnosis," someone struggling with a substance use

It is possible to take an overdose of codeine when abusing Purple Drank, resulting in an opiate overdose and death. If the use of the drink is combined with alcohol or other drugs, the combination can also contribute to death.

Read more [here](#)

Students Vaping Marijuana Oils

Our latest chemical health trend is showing an increase of students vaping marijuana oils.

Unlike pipes or blunts, a weed vape pen creates virtually no smell. E-cigarettes typically contain nicotine, but many of the battery-powered devices can vaporize other substances, including marijuana. According to Health News 2019, "A National school-based survey shows

disorder and a mental health disorder at the same time has a co-occurring disorder. 30% – 45% of adolescents and young adults with mental health disorders have a co-occurring substance use disorder, and 65% or more of youth with substance use disorders also have a mental health disorder. Often, it can be challenging to determine which one came first – a sort of ‘chicken or egg’ situation – and how to treat the symptoms and underlying causes of each.

It’s for parents and other caregivers in this situation that we collaborated with Child Mind Institute on our new PDF guide, *Substance Use + Mental Health in Teens & Young Adults: Your Guide to Recognizing & Addressing Co-occurring Disorders*. What may be behind a young person’s change in behavior is often hard to pin down, particularly when substance use and mental health are both factors. But understanding how these challenges can manifest in a child’s life, and sometimes entwine to create new problems or complicate treatment, is essential to keeping kids healthy.

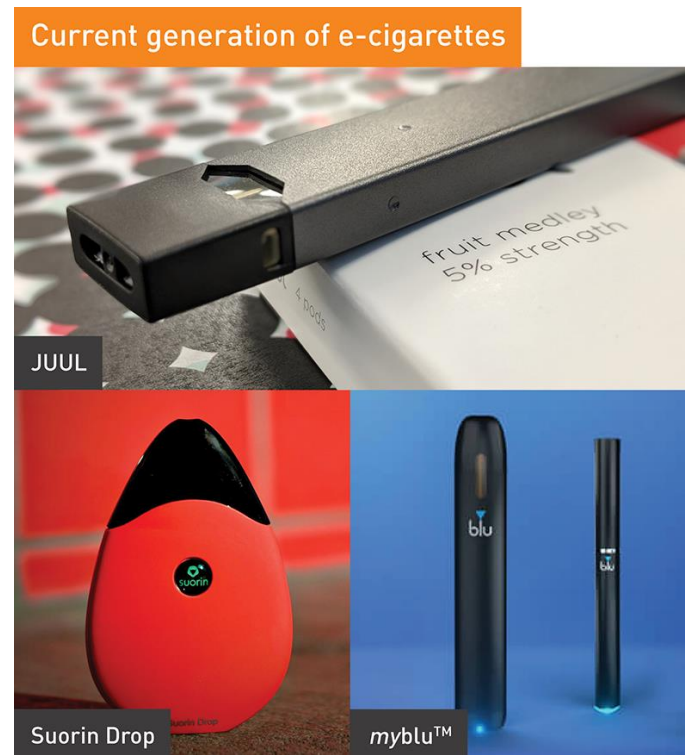
A mother recently shared a comment about seeking treatment for her daughter: “When I first realized my daughter was struggling with depression as well as vaping and drinking, I wasn’t sure what to tackle first. After a lot of false starts, I learned that integrated care addressing both her mental health and substance use was needed to help her. With this approach, we were finally on a path to wellness.”

This guide is intended to provide useful information, insights and resources that can help make this journey easier and help you get quality care for your child.

To download your own “Co-occurring disorder guide, [click here](#).

E-Cigarettes: Facts, Stats and Regulations

July 19, 2018 Truth Initiative-Inspiring tobacco Free Lives



Brief:

Electronic nicotine delivery systems go by many names. The most common name is “e-cigarettes,” but others such as e-cigs, vapes, vape pens, mods and tanks are

also common terms. Most recently, new products, such as JUUL, have created brand-centric terms for product use ("JUULing"). For this resource, the entire category will be referred to as "e-cigarettes."

WHAT IS AN E-CIGARETTE?



E-cigarettes are devices that operate by heating a liquid solution to a high enough temperature so that it produces an aerosol that is inhaled.

Solutions, sometimes called e-liquids, typically include nicotine, flavoring and a humectant, such as propylene glycol, to retain moisture and create an aerosol when heated.

Many of the flavorings and humectants used in e-liquids have been approved by the Food and Drug Administration for oral consumption, but not for inhalation, due to the lack of research regarding the safety of these compounds when inhaled.

Some newer e-cigarettes on the market have nicotine salts in e-liquids — prompting questions about the use, purpose and safety of this novel form of nicotine. The makers of JUUL claim that their nicotine salt formulation increases the rate and amount of nicotine delivered into the blood, compared with other formulations.



While using an e-cigarette is often called "vaping," the devices produce an aerosol, not a vapor. Unlike vapor, which is simply a substance in gas form, the aerosol from an e-cigarette can contain tiny chemical particles from both the liquid solution and the device (e.g., metals from the heating coil).

Read more [here](#).

What to Do (and Not Do) When Children Are Anxious

How to respect feelings without empowering fears
Clark Goldstein, PhD

When children are chronically anxious, even the most well-meaning parents can fall into a negative cycle and, not wanting a child to suffer, actually exacerbate the youngster's anxiety. It happens when



parents, anticipating a child's fears, try to protect her from them. Here are pointers for helping children escape the cycle of anxiety.

1. The goal isn't to eliminate anxiety, but to help a child manage it.

None of us wants to see a child unhappy, but the best way to help kids overcome anxiety isn't to try to remove stressors that trigger it. It's to help them learn to tolerate their anxiety and function as well as they can, even when they're anxious. And as a byproduct of that, the anxiety will decrease or fall away over time.

2. Don't avoid things just because they make a child anxious.

Helping children avoid the things they are afraid of will make them feel better in the short term, but it reinforces the anxiety over the long run. If a child in an uncomfortable situation gets upset, starts to cry—not to be manipulative, but just because that's how she feels—and her parents whisk her out of there, or remove the thing she's afraid of, she's learned that coping mechanism, and that cycle has the potential to repeat itself.

3. Express positive—but realistic—expectations.

You can't promise a child that his fears are unrealistic—that he won't fail a test, that he'll have fun ice skating, or that another child won't laugh at him during show & tell. But you can express confidence that he's going to be okay, he will be able to

manage it, and that, as he faces his fears, the anxiety level will drop over time. This gives him confidence that your expectations are realistic, and that you're not going to ask him to do something he can't handle.

4. Respect her feelings, but don't empower them.

It's important to understand that validation doesn't always mean agreement. So if a child is terrified about going to the doctor because she's due for a shot, you don't want to belittle her fears, but you also don't want to amplify them. You want to listen and be empathetic, help her understand what she's anxious about, and encourage her to feel that she can face her fears. The message you want to send is, "I know you're scared, and that's okay, and I'm here, and I'm going to help you get through this."

5. Don't ask leading questions.

Encourage your child to talk about his feelings, but try not to ask leading questions— "Are you anxious about the big test? Are you worried about the science fair?" To avoid feeding the cycle of anxiety, just ask open-ended questions: "How are you feeling about the science fair?"

6. Don't reinforce the child's fears.

What you don't want to do is be saying, with your tone of voice or body language: "Maybe this is something that you should



be afraid of." Let's say a child has had a negative experience with a dog. Next time she's around a dog, you might be anxious about how she will respond, and you might unintentionally send a message that she should, indeed, be worried.

7. Encourage the child to tolerate her anxiety.

Let your child know that you appreciate the work it takes to tolerate anxiety in order to do what he wants or needs to do. It's really encouraging him to engage in life and to let the anxiety take its natural curve. We call it the "habituation curve"—it will drop over time as he continues to have contact with the stressor. It might not drop to zero, it might not drop as quickly as you would like, but that's how we get over our fears.

8. Try to keep the anticipatory period short.

When we're afraid of something, the hardest time is really before we do it. So another rule of thumb for parents is to really try to eliminate or reduce the anticipatory period. If a child is nervous about going to a doctor's appointment, you don't want to launch into a discussion about it two hours before you go; that's likely to get your child more keyed up. So just try to shorten that period to a minimum.

9. Think things through with the child.

Sometimes it helps to talk through what would happen if a child's fear came true—

how would she handle it? A child who's anxious about separating from her parents might worry about what would happen if they didn't come to pick her up. So we talk about that. If your mom doesn't come at the end of soccer practice, what would you do? "Well I would tell the coach my mom's not here." And what do you think the coach would do? "Well he would call my mom. Or he would wait with me." A child who's afraid that a stranger might be sent to pick her up can have a code word from her parents that anyone they sent would know. For some kids, having a plan can reduce the uncertainty in a healthy, effective way.

10. Try to model healthy ways of handling anxiety.

There are multiple ways you can help kids handle anxiety by letting them see how you cope with anxiety yourself. Kids are perceptive, and they're going to take it in if you keep complaining on the phone to a friend that you can't handle the stress or the anxiety. I'm not saying to pretend that you don't have stress and anxiety, but let kids hear or see you managing it calmly, tolerating it, feeling good about getting through it.