

- PACE, Inc.: www.paceinonline.com
- atTAcK addiction: www.attackaddiction.com
- Substance Use/Dual Diagnosis Resources in the state of Delaware: www.helpisherede.org
- Partnership for Drug-Free Kids: <https://drugfree.org/>
- American Society of Addiction Medicine (ASAM)'s Criteria for Assessment & Treatment/Continuum of Care: <https://www.asam.org/asam-criteria/about>
- Delaware's 911 Good Samaritan Law: grants legal immunity to people calling 911 for someone overdosing – covers both caller & individual in distress – includes underage drinking: <https://attackaddiction.org/about/learn>

Also included in this document:

Delaware statistics on opioid use from atTAcK addiction

Reading on Denial & the process towards recovery (recommended for family members/loved ones of someone with Substance Use Disorder/Dual Diagnosis) from PACE Inc.

Information on the Connection app that PACE Inc uses to connect people in recovery to peer support remotely

Brochure from atTAcK addiction about Naloxone

atTAcK addiction®

Established February 2013

www.atTAcKaddiction.org

The Public Health Crisis of the 21st Century

Delaware Human Impact

- **FIRST in the nation** in per capita prescribing of high dosage long acting opioids for several years
- **SECOND in the nations** per capita **overdose deaths** in 2018 (43/100K, up from tied for 5th in 2017
 - Largest increase of all 50 states, up 18.3%
- **Fifth in the nation** for its rate of children affected by overdose⁽⁷⁾
- 431 overdose deaths in 2019, despite national overdose deaths going down
- 400 overdose deaths in 2018

Delaware Economic Impact

- \$100 million – *study by former Attorney General, Matt Denn*
- \$320 million – *public comment by DSAMH Director Elizabeth Romero*
- \$1.150 billion - *pro-rated from 1st ever US Surgeon General report, 2016*

Denial



Denial is the psychological process by which human beings protect themselves from things that threaten them by blocking knowledge of those things from their awareness. It is a defense, which distorts reality; it keeps us from feeling the pain and uncomfortable truth about things we do not want to face. If we cannot feel or see the consequences of our actions, then everything is fine and we can continue to live without making any changes.

Denial comes in many forms. It is not just for chemical dependents either. If you are human, you have denial about something- your relationships, your behavior, your health, your family, etc. We all want everything to “be fine.” We have denial to keep us from pain.

For persons who are chemically dependent, to keep their denial is to die. In the process, they create pain for those around them, and they have denial about that, too. To recover, they need to see their denial and see how it works so that they can loosen the grip of their addictions. Denial is replaced by the truth and acceptance. To be in denial feels like anger, fear, shame, and isolation. Instead of being cold and cut off from themselves and others, they can be warm and begin to grow again.

Defenses are the specific way we ward off attacks on our denial. Some defenses are conscious and we are aware of them. Others are subconscious. We use both to keep our denial intact. Listed below are common defenses, or forms of denial. We use all forms of denial, although there are some that become our favorites.

1. **SIMPLE DENIAL:** Simply denying being chemically dependent. Example: “You’re an alcoholic.” “No, I’m not.”
2. **MINIMIZING:** Minimizing is admitting to the alcohol-related problem to some degree but in such a way that it appears to be much less serious or significant than it actually is. “I wasn’t that bad at the party,” “Yes, I drink, but not that much,” “I had a couple but I was OK to drive,” “I only drink beer, not the hard stuff so it’s not bad” are frequently heard examples of minimizing.
3. **RATIONALIZING:** Rationalizing is making excuses or giving reasons to justify your behavior about your drinking or using. Examples: “I can’t sleep, so I drink or use pills.” “I had a hard day and was upset,” “I usually don’t drive after one drink but a friend needed a ride home – that is the last time I’m the nice guy!” are some of the examples of rationalizing. The behavior is not denied but an inaccurate explanation of its cause is given.
4. **INTELLECTUALIZING OR GENERALIZING:** Intellectualizing is avoiding emotional, personal awareness of an alcohol-related problem by using theories about your chemical dependency, keeping it general and vague. “Are those breath machines really reliable? Just the other day I was reading about problems with them.” “Lots of people have wine with meals, are they alcoholics?” “My family is alcoholic and I have the wrong genes.” “My

childhood was so bad, it's a way of coping with my underlying feelings." These all are examples of intellectualizing.

5. **BLAMING:** Blaming (also called projecting) is maintaining that the responsibility for the behavior lies somewhere else, not with us. "You would drink too, if you were married to her!", "The cop was out to get me," or "I lost my job, that's what made me drink" are examples of blaming. The behavior is not denied, but its cause is placed "out there", not within the person doing it.
6. **DIVERSION:** Diversion is changing the subject to avoid a subject that is felt to be threatening. A common example of diversion is responding with a joke, such as "You wouldn't expect me to walk in that condition, would you?" Other examples of diversion: "Yeah, I got drunk last night, so what's for dinner?" "My drinking bothers you? Your weight bothers me!"
7. **BARGAINING:** Bargaining is cutting deals or setting conditions for when things will be right to deal with the problem. Examples: "I'll quit drinking if you quit smoking." "I'll quit when there is less stress at work."
8. **PASSIVITY:** Passivity is ignoring the situation, or being its victim. "I've tried to quit before, but it's stronger than me." "There is nothing I can do." "If only I had more will power..." are examples of passivity.
9. **HOSTILITY:** Hostility occurs when the person becomes angry or unpleasantly irritable when the subject of his drinking or using is mentioned, scaring or threatening people away from discussing it. A classic example is the situation where the drinker asserts that his wife does not mention that he drinks too much. In fact she used to mention it, but hasn't for years because every time she mentioned it in the past he got angry and they had a fight – so, she doesn't mention it any more. Examples of hostility: "I'm lousy in bed when I'm drunk? Fine, no more sex." "Get off my back!" "You like my paychecks, don't you?"

Denial is automatic; it is not usually a matter of deliberate lying or willful deception. Most dependent people do not know what is true or false concerning their drinking or drug use and its consequences. They are blinded to the fact that their view of the situation does not conform to reality. The denial system distorts their perception and impairs their judgment so they become self-deluded and incapable of accurate self-awareness.

Denial is progressive. The denial system becomes increasingly more pervasive and entrenched as the illness of chemical dependency progresses. In the very early stages it is minimal, and with encouragement, such people can usually view their problem fairly realistically. However, by the time a person's illness is sufficiently advanced that the problem appears serious in the eyes of others, an elaborate system of defenses shields him/her from seeing what is really happening.

TO GET STARTED



THE CONNECTIONS APP SUPPORTS YOU IN EVERY STEP OF THE RECOVERY JOURNEY

With real Connections you can;

- Stay in touch with your care team and peers to avoid isolation
- Check motivations for recovery so you know where you stand and can reach out for help as necessary
- Receive reminders for appointments and medications to stay on schedule
- Have an easy way to track goals and keep a journal right on your phone!
- Reach out for urgent help with one click
- Have direct access to supportive audio and video content
- Give your counselor updates automatically

AN OPPORTUNITY TO HELP OTHERS BY SHARING YOUR EXPERIENCE, STRENGTH AND HOPE

1. On your smartphone, go to www.ConnectionsApp.com

2. Tap  or 

3. Download the Connections App

4. Tap **"I have a Provider Code"** and then **"I need to sign up"**

5. Enter Provider Code: _____ , your first name, last name, & phone #

6. Create a username and password

7. When your provider approves the account, you'll receive this text message

Your request to use the Connections application has been granted. You may now open up Connections to continue on-boarding.

8. Once approved, follow the setup steps and **YOU'RE IN!**

For more information or if you have any questions send us an email at:
support@chess.health



www.chess.health



**ALWAYS CONNECTED.
NEVER ALONE.**

**Recovery Support
On Your Phone &
At Your Fingertips**



Profile is where you set up your profile with your own alias, interests, and photos to share!

Message is the perfect way to message your peers and counselor. Whether through individual or group messages, this is a quick way to contact those who support your recovery.

Teams is the place to get to know your assigned team, review their profile, and see their latest activities.

Plan offers surveys to track your progress, contains upcoming appointments and journals and offers other tools to keep you on the road to recovery.

Discover holds motivational and relaxation files in audio and video formats to offer help when you need it most.

• **Get Help:** The Recovery Help button is the one-touch button available on every screen to reach out when you're really stressed and need assistance.

IN NO TIME, THE CONNECTIONS APP BECOMES A REGULAR PART OF YOUR DAY AS YOU...

- Send messages to congratulate a friend on continuing to stay sober
- Request an appointment with your counselor
- Record private goals or journal
- Lend a hand to others who feel challenged
- Listen to music that gives you peace
- Assign an alias so that your identity is protected
- Track your recovery progress

FINALLY—PURSUE A LIFE FREE FROM ADDICTION!



Ask your counselor for information on where to get the Connections App at no cost to you!



About Naloxone

Before administering Naloxone, ALWAYS call 911 first. Inform the call center that you are with someone who is not breathing. Brandywine Counseling and Community Services conducts 12 community trainings throughout the state each year. Once a layperson is trained they may purchase Naloxone at a subsidized price.

In 2015, public high school nurses began carrying naloxone. The program is being expanded to public schools at all levels. In 2017 legislation was passed that will make naloxone available in pharmacies in Delaware. A brief video training will be required, after which the medication can be purchased.

911 Good Samaritan Law

*"Kristen L. Jackson and
John M. Perkins, Jr. Law"*

This law encourages people to save a life by calling 911 in the instance of suspected overdose. Neither the caller nor person in medical distress will be arrested, charged, or prosecuted. This law also applies to underage drinking.

*First save the life. Where there is
life, there is hope.*

Contact us
for more information



(302) 723-1992



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Bear, Delaware 19701



www.attackaddiction.org



@Tylers_atTACK

Naloxone:
a life-saving
medication

Education

Information

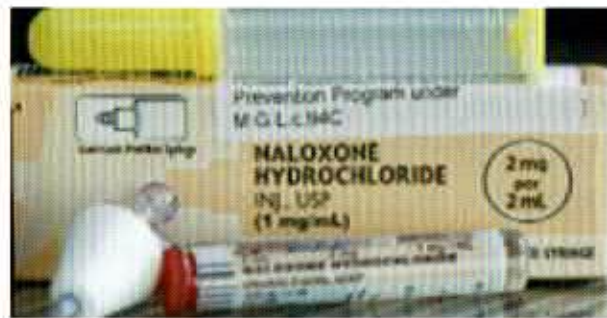
Resources



www.attackaddiction.org



"People don't die from naloxone, they die from not getting naloxone."



What is naloxone?

Naloxone is a life-saving medication. When administered, it reverses the effects of opioid/heroin overdose. It is often referred to as Narcan®.

Naloxone was patented in 1961 and approved by the FDA in 1971.

While it has been carried in Delaware by Paramedics, it has only become available to laypersons and departments of peace officers since 2014.

How is it available?

Intranasal spray. There are two intranasal sprays available in Delaware. One format comes in three parts; a vial of naloxone, a syringe like delivery piece, and an atomizer attachment. The second format comes in a single FDA approved delivery device in a bubble pack.

Intramuscular auto-injector. The auto-injector is much like an Epi-pen. It is a self-contained unit that provides audible instruction for use. There is no exposed needle.

Does it have side effects?

Naloxone is only effective when administered in the instance of an opioid/heroin overdose. It has no effect when used for other illegal drugs or alcohol. It will not reverse those effects, but it will not cause harm. The naloxone that is provided to laypersons and police is a very low dose that serves to start the victim's respiration while awaiting medical professionals. It is typical that an overdose victim will revive in a docile manner, but in some instances may be agitated.