

# TAKE A STAND AGAINST DRUGS

## The Official Newsletter of the SENECA NATION



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## DRUG EPIDEMIC - SPECIAL EDITION

### A MESSAGE FROM PRESIDENT PAGELS

Nya:wëh sgë:nö'. I want to thank the Seneca Nation Drug Taskforce for developing this special edition of the newsletter, and also for working to raise awareness about the ongoing drug epidemic that has been plaguing our communities for years.

The societal pressures and temptations facing our people - particularly our youth - have never been greater. The dangers that illicit drug sales and use pose to our safety, our health and our overall way of life continue to be a significant concern. Illegal drugs have robbed us of far too many lives, leaving an emptiness in our community that can never be filled, and scars on the hearts of countless families that will never fully heal.

The individuals who promote and support this activity - both outside our community and within it - are committing some of the most egregious and offensive crimes against our people and our Seneca families. They are devaluing Seneca lives for their own selfish purposes. They are putting Seneca lives in danger with no remorse. We cannot and will not stand for it.

The statistics are devastating. Native people, as you know, are almost twice as

likely to die of an opioid overdose than non-Natives. Behind these numbers are names - far too many for me to list here. And each of those names tells a story of pain, of struggle, of hopes and dreams cut short.

Thankfully, we have resources and individuals to help those who need support. If you are having troubles and need a place to turn, please, tell someone. If you know of someone who is hurting and may be in danger of making a bad decision, please say something. If you see, hear or know of illegal activity taking place on our territories, please speak up. Help us root out this problem that threatens to undermine the very foundation of our community and our culture.

***To be silent is to be complicit.***

Our community can only reach our greatest potential if we are able to help and protect those who are most at risk. We cannot let our friends, family and neighbors fall. We have to hold one another up. The Seneca Nation Drug Taskforce, programs like Seneca Strong, organizations like SMAD and our first responders, along with countless individuals and neighbors, and our Nation's government will continue doing whatever we can to keep bad actors out of our community. But that is not enough. We must unite as a community, rise up as one,

to defend and protect each other.

The responsibility lies with each and every one of us and can start with something as simple as having an open and honest conversation with our youth about the dangers posed by illegal drug use. Our young people are looking to us for guidance, but we also must lead by example. These kinds of small and proactive actions can have a big impact in the long term.

It is also crucial that as we take every action to prevent drug use - including sending a strong message to those intent on harming our communities by selling illegal substances on our Territories - that we do so in the confines of our own regulations and laws. Vigilantism is not a solution; it merely puts more people in unnecessary danger and makes a bad problem worse.

Thank you to everyone who has shared a personal story as part of this newsletter. We appreciate your honesty, knowledge and experience. Hopefully, through communication, dedication and action, we can rid our Seneca community of the people and activities that only serve to drive us apart. I know we can do it if we all work together.

**Nya:wëh,  
President Matthew B. Pagels**

### Who is the Seneca Nation Drug Taskforce and what is their mission?

The Seneca Nation Drug Taskforce (SNDT) began meeting in the summer of 2020. We are comprised of Seneca Nation executives, executive staff, Seneca Nation Marshals and a variety of Seneca mothers and members from our communities. Our mission is to establish systems of deterrents which impact and impede the illegal sale of drugs on our sovereign territories. In order to accomplish this goal, we partner with community organizations in our region, as well as local, county, state and federal law enforcement agencies.

**CONTENT WARNING: this newsletter contains articles and information about drug addiction, alcoholism, trauma and where to find help. Parents are advised to review this information carefully. If you are struggling with drug addiction or alcoholism and want help, please reach out to the Seneca Nation Behavioral Health Unit: Cattaraugus (716) 532-5583 or Allegany (716) 945-9001. HELP IS AVAILABLE AND ACCESSIBLE.**

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## A Message From Treasurer Armstrong



In August of 2020, a group of Seneca mothers gathered in front of a residence on Route 438, on the Cattaraugus Territory, in protest of illegal drug activity. That was the formation of the Seneca Mothers Against Drugs (S.M.A.D.). In September of 2020, the Council established the Seneca Nation Drug Taskforce (SNDT), to address the drug epidemic and formulate plans to establish systems of deterrents which will impact and impede the illegal sale of drugs on our sovereign territories.

The drug taskforce consists of Seneca Nation Executives, Executive staff, Seneca Nation Marshals Department, Councillors and some key members from the SMAD group. In September of 2020, I was serving as President of the Seneca Nation, and felt strongly that I should chair the taskforce and assist in any way I could to help. In November of 2020, I became the Treasurer and have continued in my role as Chair of the taskforce.

As I'm sure everyone must be aware by now, we are not alone in this drug epidemic. The same thing is happening all over the U.S., as well as all over the world. Dealing with this issue can be challenging at times and can get very frustrating - knowing that we are limited in our capacity to combat this drug epidemic without assistance from the surrounding outside law enforcement agencies at the city, county, state and federal levels. Recently, the Seneca Nation Council approved a resolution to activate the Seneca Nation Law Enforcement Commission to develop some options for Council to consider, which could provide our Marshals with stronger law enforcement powers. We have made very good strides in fortifying relationships with outside law enforcement and will continue to rely on the resources they provide.

As far as the work of the drug taskforce goes, in order for any initiatives or plans to be effective, they must be carried out as

covertly as possible. If they are not, we risk alerting any illegal drug activities prior to any attempt at combatting this problem. For instance, the nation has recently been in discussions with private companies whom provide drug detector dogs on a contract basis. This could prove to be an excellent deterrent to illegal drug activity within our borders. In addition, our Marshals Department has purchased a state of the art drone to assist with surveillance and collect data in known/suspected drug sale locations, which we all know exist on our territories. We need to be able to substantiate all reports of illegal drug activity, as the penal system does not accept hearsay or rumors as evidence. We must be willing to do whatever we can to assist with prosecutorial actions, if we want to make an impact on this. As I mentioned earlier, we have been consistent with repairing relationships with outside law enforcement agencies to enlist their assistance with removing drug selling houses from our territories. This includes providing them with data, tips and other logistical information about illegal drug activity, which is being reported on a weekly basis. In addition to the above mentioned items, there are additional initiatives under consideration, which include, but are not limited to legislative options. I firmly believe we should leave no stone unturned.

In my role as a leader in our community, and as a father and a grandfather, the main problem I see with this drug epidemic is the self-destruction of so many of our people, which now includes many of our youths. I see this as the number one destroyer of the family unit. This drug epidemic has brought undesirables to our territory and they prey on our people on "check day", which puts us all in jeopardy. The taskforce may not be able to provide all of the solutions we need, but we can continue to plug away at establishing deterrents, remaining vigilant. We do not have to live with this in our communities. I'm grateful for the opportunity to be serving the people in this capacity and am hopeful we will be able to reduce the presence of drug dealers on our territories.

Respectfully,

Rickey L. Armstrong, Sr.

## A Message From Our Council

*Submitted by: Seneca Nation Councillors*

The drug epidemic has ravaged families within our community resulting in far too many untimely deaths and causing considerable heartbreak and sorrow. Council is committed to confronting this epidemic and we believe that a broad community-based approach is necessary to stop the death, destruction, and anguish. Council has taken action through passing some recent council resolutions:

**Council Resolution R-08-08-20-08** does two things: 1. It makes Nation members convicted of drug-related felonies ineligible to receive their annuity payments during the duration of their sentences, and 2. It makes Nation members ineligible to receive annuity payments for up to a one-year period if they are found aiding or abetting non-members who are subject to an exclusion order due to drug activity on territory. The forfeited annuity funds based on #1 and #2 above shall be deposited into a special account to be used for the purpose of drug rehabilitation and treatment of Seneca Nation members.

**Council Resolution R-08-08-20-09** adopts an expedited foreclosure and eviction process to be used against mortgagors who are convicted of drug-related criminal offenses while participating in the Seneca Nation Mortgage Program.

**Council Resolution R-05-08-21-08** authorizes the Law Enforcement Commission to develop agreements with local outside

law enforcement agencies to investigate drug overdose deaths that occur on territory as possible homicides.

Additionally, Council recently directed the Nation's Salamanca lease administrator to send notices of default to three different leaseholders in the City of Salamanca for drug activity that was occurring on their leased parcels. When these leaseholders responded that it was their renters who were involved in the activity, a subsequent notification was sent by the Nation to the leaseholders demanding that they evict the renters immediately or the leaseholder risked Seneca Nation cancellation of the lease due to nuisance and illegal activity. All leaseholders quickly complied, evicting their renters who were involved in drug activity. These leaseholders are now required to institute criminal background checks on future renters. The Nation will continue to utilize the option of notices of default, up to and including lease terminations, to combat drug activity in Salamanca.

Council appreciates all of the community input and strong support in confronting the drug epidemic. Please continue to tell us your personal stories and to offer us your suggestions. We must continue working diligently, together, to eradicate the drug trafficking and drug abuse in our community; and to make certain that all those who want treatment receive it.



# Am I an Addict?

*Only you can answer this question...*

This may not be an easy thing to do. All through our usage, we told ourselves, "I can handle it." Even if this was true in the beginning, it is not so now. The drugs handled us. We lived to use and used to live. Very simply, an addict is a person whose life is controlled by drugs. Perhaps you admit you have a problem with drugs, but you don't consider yourself an addict. All of us have preconceived ideas about what an addict is. There is nothing shameful about being an addict once you begin to take positive action. If you can identify with our problems, you may be able to identify with our solution. The following questions were written by recovering addicts in Narcotics Anonymous. If you have doubts about whether or not you're an addict, take a few moments to read the questions below and answer them as honestly as you can.

Do you ever use alone?

YES ☐ NO ☐

Have you ever substituted one drug for another, thinking that one particular drug was the problem?

YES ☐ NO ☐

Have you ever manipulated or lied to a doctor to obtain prescription drugs?

YES ☐ NO ☐

Have you ever stolen drugs or stolen to obtain drugs?

YES ☐ NO ☐

Do you regularly use a drug when you wake up or when you go to bed?

YES ☐ NO ☐

Have you ever used a drug without knowing what it was or what it would do to you?

YES ☐ NO ☐

Has your job or school performance ever suffered from the effects of your drug use?

YES ☐ NO ☐

Have you ever been arrested as a result of using drugs?

YES ☐ NO ☐

Have you ever lied about what or how much you use?

YES ☐ NO ☐

Do you put the purchase of drugs ahead of your financial responsibilities?

YES ☐ NO ☐

Have you ever tried to stop or control your using?

YES ☐ NO ☐

Have you ever been in a jail, hospital, or drug rehabilitation center because of your using?

YES ☐ NO ☐

Does using interfere with your sleeping or eating?

YES ☐ NO ☐

Does the thought of running out of drugs terrify you?

YES ☐ NO ☐

Do you feel it is impossible for you to live without drugs?

YES ☐ NO ☐

Is your drug use making life at home unhappy?

YES ☐ NO ☐

Have you ever thought you couldn't fit in or have a good time without drugs?

YES ☐ NO ☐

Have you ever felt defensive, guilty, or ashamed about your using?

YES ☐ NO ☐

Do you think a lot about drugs?

YES ☐ NO ☐

Have you had irrational or indefinable fears?

YES ☐ NO ☐

Has using affected your sexual relationships?

YES ☐ NO ☐

Have you ever taken drugs you didn't prefer?

YES ☐ NO ☐

Have you ever used drugs because of emotional pain or stress?

YES ☐ NO ☐

Have you ever overdosed on any drugs?

YES ☐ NO ☐

Do you continue to use despite negative consequences?

YES ☐ NO ☐

Do you think you might have a drug problem?

YES ☐ NO ☐

"Am I an addict?" This is a question only you can answer. We found that we all answered different numbers of these questions. "Yes." The actual number of "Yes" responses wasn't as important as how we felt inside and how addiction had affected our lives. Some of these questions don't even mention drugs. This is because addiction is an insidious disease that affects all areas of our lives - even those areas which seem at first to have little to do with drugs.

The different drugs we used were not as important as why we used them and what they did to us.

When we first read these questions, it was frightening for us to think we might be addicts. Some of us tried to dismiss these thoughts by saying, "Oh, those questions don't make sense," or "I'm different. I know I take drugs, but I'm not an addict. I have real emotional/family/job problems," or "I'm just having a tough time getting it together right now," or "I'll be able to stop when I find the right person/get the right job, etc."

If you're an addict, you must first admit that you have a problem with drugs before any progress can be made toward recovery. These questions, when honestly approached, may help to show you how using drugs has made your life unmanageable. Addiction is a disease which, without recovery, ends in jails, institutions and death. Many of us came to Narcotics Anonymous because drugs had stopped doing what we needed them to do. Addiction takes our pride, self-esteem, family, loved ones and even our desire to live. If you have not reached this point in your addiction, you don't have too. We found that our own private hell was within us.

If you want help, you can find it in the Fellowship of Narcotics Anonymous.

"We were searching for an answer when we reached out and found Narcotics Anonymous. We came to our first NA meeting in defeat and didn't know what to expect. After sitting in a meeting, or several meetings, we began to feel that people cared and were willing to help. Although our minds told us that we would never make it, the people in the fellowship gave us hope by insisting that we could recover. Surrounded by fellow addicts, we realized that we were not alone anymore. Recovery is what happens in our meetings. Our lives are at stake. We found that by putting recovery first, the program works. We faced three disturbing realizations:

1. We are powerless over addiction and our lives are unmanageable.
2. Although we are not responsible for our disease, we are responsible for our recovery.
3. We can no longer blame people, places and things for our addiction. We must face our problems and our feelings.

***"The ultimate weapon for recovery is the recovering addict."***

*Reprinted from: Narcotics Anonymous Service Pamphlet #7: "Am I an Addict?"*

## Drug-Related Overdoses And Deaths

The Seneca Nation has experienced an alarming number of opioid-related deaths. In the past three years there have been 17 recorded deaths for the city of Salamanca, the Cattaraugus Territory, and the Allegany Territory; 14 of those 17 deaths (82.4 %) were Native American individuals. The Seneca Nation’s Cattaraugus Territory experienced an increased number of overdoses and opioid-related deaths in 2020. These increases are likely due, at least in part, to the collateral effects of the coronavirus pandemic. The following table illustrates the 2020 increase:

Seneca Nation Marshals – Cattaraugus Territory				
Year	Total Calls	Drug-Related	Overdoses	Deaths
2020	2,345	36	12	2
2019	2,553	45	1	0
2018	2,540	49	6	0
2017	2,528	54	8	1
2016	2,288	48	14	4
2015	2,458	27	2	1

After three years (2017, 2018, and 2019) during which the number of overdoses and drug-related deaths at the Cattaraugus Territory decreased significantly, the number of overdoses jumped to 12 in 2020, almost reaching the high of 14 in 2016, when, according to the U.S. Department of Health and Human Services, “Opioid overdoses [in the United States] accounted for more than 42,000 deaths in 2016, more than any previous year on record” (<https://www.hhs.gov/opioids/about-the-epidemic/index.html>). Similarly, the Allegany Territory recorded the largest number of overdoses during 2020: a 71.4% increase over the next highest number in 2017. The second highest number of drug-related fatalities (three deaths) also occurred in 2020, exceeded only by four fatalities, also in 2017. The table below details data for the Allegany Territory:

Seneca Nation Marshals – Allegany Territory				
Year	Total Calls	Drug-Related	Overdoses	Deaths
2020	913	49	24	3
2019	1,078	33	7	2
2018	697	14	0	0
2017	806	35	14	4
2016	1,764	58	9	1
2015	1,233	51	13	0



The overwhelming challenges we face, in combatting the opiate epidemic in our communities, are multi-faceted. One very important way that our community members can help is to educate yourselves and your families about the disease of addiction. Understand that nobody ever decided they would like to become a drug addict. The disease of addiction is insidious and does not distinguish itself by age, social class or skin color. Understand that we have predatory drug dealers coming on to our territories every day – for the sole purpose of selling drugs to our members. This is not their community. They do not care about the lives of our members or our community. If you are interested in helping to combat this issue in our communities, please review the information on the back page of this edition and get involved. Your help is needed and appreciated!

# “The Original Cure for Addiction”

By Robert Wayne Jones

The black walnut is a very, very bitter nut, especially when it has the green hull and first falls to the ground. I welcome anyone to try and eat a green hull sometime to see what I'm talking about. I was doing research on Senecas at Buffalo and came across a diary of a Jesuit priest from like the 1650's that wrote – (Paraphrased) – "The natives are cooking their food in black walnut oil. There are no sick among them and they attribute their health and well-being to this practice". The thought came over me, and most know this already, that most times, the thing that can best help health-wise is a medicine that tastes horrible and is bitter and makes you uncomfortable. Medicinal herbs are mostly all bitter. So there are things that can help an unhealthy person to overcome some physical health challenges and make them better, like black walnut.

One subject, I think not concentrated on enough though, is the mental aspect of overcoming any addiction for natives. What a struggle this can be! Some will buy a self-help book to try and figure out how to overcome their bad habits or go to church. Some think they have it figured it out for a time, but have a relapse and after that, hate themselves for it even more. Some are dry drunks and become hateful when anybody around them is suffering from addiction and are really outspoken about it. I think relapse is a good indication you not have had the right remedy for yourself or enough will power, and many fail. I know I struggled a lot trying to figure this all out, but with the help of my father, Hugh Jones, I finally accomplished it at the age of thirty. I was taught as a youngster by my father, Hugh Jones, about many topics. None that I enjoyed listening to or put to good use at the time, for the most part. That is, until life got real and smacked me in the face with a lot of problems. My father taught me lots of ways to look at things, like overcoming drinking, doing drugs, smoking and drinking coffee - all in one shot; and I haven't gone back to that way of life in almost 25 years. I also know my wife, Sheri, had it really rough as I tried to figure this out over time; but she hung in there and deserves some type of “Patience

Award” for sure. At this point, I'm trying to maintain, but I also know if I don't control my thoughts (since every action first starts as a thought), I could get into trouble and have a relapse.

***"A huge obstacle to overcoming addiction is that most don't know where to look for help and often go to a clinic where someone from the medical field lays out a plan that isn't in harmony with who we are."***  
*-Robert Jones*

My story probably won't help everyone, but why not share and take the chance that it just might, ennit? I totally recall the pain and anguish that tortured my soul when trying to convince myself I was worth it, while attempting to overcome my addictions. That seemed for me, to be the biggest struggle - to believe that wholeheartedly. I had to feel like changing first and recognize the life I was living, for myself and my family, wasn't what it should be. I had to have a sincere desire to change it. I also felt I had let the Creator down - to the point of shedding some serious tears. I got to the point of dam near having a heart attack from feeling bad about what I had been doing and the way I was living. I made promises to myself and Creator that I wouldn't do those things ever again. I had to be absolutely sincere on that. As much as possible, I also had to right the wrongs I knew I had done to others. (A simple example of that is if you borrowed someone's lawn roller and haven't returned it – you need to return it.) These steps sound simple enough to some, right? Believe me, **THEY ARE NOT!**

In the Code of Handsome Lake, it talks about repentance. This repentance thing in Handsome Lake is the key to beating the problems of addiction and is mentioned more than a few times in the Code. One

absolute helpful pointer is to learn how to pray for the help needed. Some people think prayer is for non-native Catholic priests, or something. Communicating with the Creator and the “powers that be” was our way of life - long before the Ha-deet nyohs got here, so don't be skat to do that or feel ashamed.

For me, alcohol certainly had me in its grip and could make me do a lot of things I never would have done, otherwise. A huge obstacle to overcoming addiction is that most don't know where to look for help and often go to a clinic where someone from the medical field lays out a plan that isn't in harmony with who we are. I have called this, "trying to fit a square peg into a round hole” syndrome. Let's look at this: Creator made all kinds, right? Red and yellow, black and white. Creator had laid out his own clinical plan for his original Onkwehonweh people years ago (in the beginning). First, with Great Law, then in the Code of Handsome Lake. In my belief, a person can overcome addiction using the specific plan laid out for them by the Creator, by following these two specific standards. Look to your roots first! Try and convince yourself to live up to the role of being a drug-free Red man or Red woman, to the best of your ability. It's a lot of hard work, but it can be done. I know, because I did it and I do it. We never accomplish becoming perfect, but can learn to be on that path. Will you make mistakes while in the path? Certainly you will. But, by a certain point, you will know what you have to do take care of it before it can take you back to a life of drinking and doing drugs.


What an amazing feeling it was - to have that fire back in my chest and that feeling that I was putting a smile on creators face and to feel forgiven, because that's when the real change happens and I could progress, spiritually. Creator wants the best for all of us and absolutely cares about each and every one of us. Our lives matter! Your life does matter! It was all worth it for me and I know it will be worth it for you too.

I apologize if this offends anyone. These

are my thoughts and the core of what has worked for me and I took the chance that sharing some personal information might help someone searching for answers, or ways to look at their addiction to drugs or alcohol or anything else. I know all my conversations with my mentors, when trying to overcome addiction, were private; but the drug dealers on our territories and this drug epidemic is getting out of hand. I know I have put myself out there, but I did it because I sincerely hope it helps another Seneca, truly searching.

Nya:wëh

*"Everything is laid out for you. Your path is straight ahead of you. Sometimes it's invisible, but it's there.*



*You may not know where it's going, but still, you have to follow that path. It's the path to the Creator. That's the only path there is."*

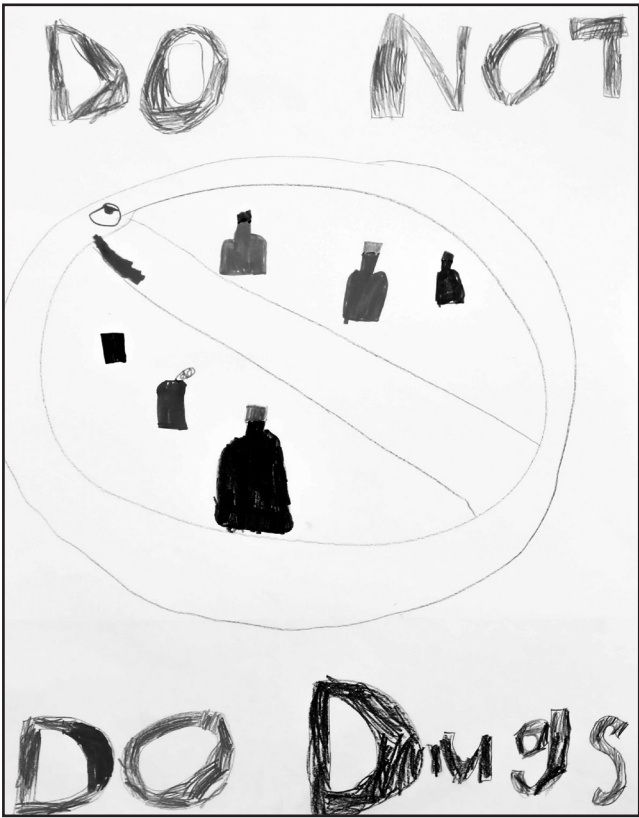
*-Leon Shenandoah, Onondaga*

## The Triangle Of Self-Obsession

When we are born we are conscious only of ourselves, we are the universe. We perceive little other than our basic needs, and if these needs are met we are content. As our consciousness expands we become aware of a world outside ourselves. We discover that there are people, places and things around us, and that they fulfill our needs. At this point we also begin to recognize differences and develop preferences. We learn to want and choose. We are the center of a growing universe and expect to be provided with the things we need and want. Our source of contentment shifts from basic needs miraculously met to the fulfillment of our desires.

Most children, through experiences over a period of time, come to realize that the outside world cannot provide all of their wants and needs. They begin to supplement what is given to them with their own efforts. As their dependency on people, places and things decreases they begin to look to themselves more and more. They become more self-sufficient and learn that happiness and contentment come from within. Most continue to mature; they recognize and accept their strengths, weaknesses and limitations. At some point, they usually seek the help of a Power greater than themselves to provide the things they cannot provide for themselves. For most people, growing up is a natural process.

As addicts, however, we seem to falter along the way. We never seem to outgrow the self-centeredness of the child. We never seem to find the self-sufficiency that others do. We continue to depend on the world around us and refuse to accept that we will not be given everything. We become self-obsessed; our wants and needs become demands. We reach a point where contentment and fulfillment are impossible. People, places and things cannot possibly fill the emptiness inside of us, and we react to them with resentment, anger and fear.



Resentment, anger and fear make up the triangle of self-obsession. All of our defects of character are forms of these three reaction. Self-obsession is at the heart of our sanity.

Resentment is the way most of us react to our past. It is the reliving of past experiences, again and again in our minds. Anger is the way most of us deal with the present. It is our reaction to and denial of reality. Fear is what we feel when we think about the future. It is our response to the unknown; a fantasy in reverse. All three of these things are expressions of our self-obsession. They are the way that we react when people, places and things (past, present and future) do not live up to our demands.

In Narcotics Anonymous we are given a new way of life and a new set of tools.

These are the Twelve Steps, and we work them to the best of our ability. If we stay clean, and can learn to practice these principles in all our affairs, a miracle happens. We find freedom - from drugs, from our addiction, and from our self-obsession. Resentment is replaced with acceptance; anger is replaced with love; and fear is replaced with faith.

We have a disease that, in the end, forces us to seek help. We are fortunate that we are given only one choice; one last chance. We must break the triangle of self-obsession; we must grow up, or die.

The way we react to people, places and things

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NEGATIVE		POSITIVE
Resentment	Past	Acceptance
Anger	Present	Love
Fear	Future	Faith

*"When at the end of the road we find that we can no longer function a human being, either with or without drugs, we all face the same dilemma. What is there left to do? There seems to be this alternative: either go on as best we can to the bitter ends - jails, institutions or death - or find a new way to live."*



"Mentally, we become obsessed with thoughts of using. Physically, we develop a compulsion to continue using, regardless of the consequences. Spiritually, we become totally self-centered in the course of our active addiction. The disease of addiction is progressive, incurable, and can be fatal unless arrested."

## New York State's 911 Good Samaritan Law Protects YOU

The New York State 911 Good Samaritan Law allows people to call 911 without fear of arrest if they are having a drug or alcohol overdose that requires emergency medical care or if they witness someone overdosing.

**The following are signs of an overdose. CALL 911 if the person:**

- Is passed out and cannot be woken up;
- Is not breathing, breathing very slowly, or making gurgling sounds; Has lips that are blue or grayish color.

**Why should you care about the 911 Good Samaritan Law?**

- The law empowers YOU to save a person's life.
- The law encourages anyone to call 911 when they see or experience a drug or alcohol overdose.

**Who is protected by the 911 Good Samaritan Law?**

- Everyone - regardless of age - who seeks medical help for themselves or someone else during an overdose.
- The person who has overdosed.

<p>The law <b>DOES NOT</b> protect <b>YOU</b> from the following:</p> <ul style="list-style-type: none"><li>• A1 felony possession of a controlled substance (8 ounces or more);</li><li>• Sale or intent to sell controlled substances;</li><li>• Open warrants for your arrest; and</li><li>• Violation of probation or parole.</li></ul>	<p>The law <b>DOES</b> protect <b>YOU</b> from the following:</p> <ul style="list-style-type: none"><li>• Possessing controlled substances up to and including A2 felony offenses (anything under 8 ounces);</li><li>• Possessing alcohol, where underage drinking is involved;</li><li>• Possessing marijuana (any quantity);</li><li>• Possessing drug paraphernalia; and</li><li>• Sharing drugs</li></ul>
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**What if I am accused of selling drugs?**

- Calling 911 can be used In your defense when the charge Is less than an A2 felony - as long as you don't have a prior conviction for an A1, A2, or B drug felony sales or attempted sales offense.
- Calling 911 can be a factor In reducing the length of a prison sentence for A1 and A2 felony convictions.

**What if I am under the age of 21 years, will this law protect me?**

- Yes. Nothing should stop YOU from calling 911 in a life or death situation.

## What Is Enabling And What Is An Enabler?

Enabling a loved one and being an Enabler go hand in hand. If you are someone whose behavior allows or assists a loved one to continue to participate in self-destructive patterns of behavior, you may be an Enabler. Enabling can easily be described as practicing certain behaviors which surround a drug addict and their use of illegal drugs. Simply put, enabling is different from helping and supporting, in that it allows the enabled person to be irresponsible. **It doesn't mean you support your loved one's addiction or behavior. It means you believe if you don't help them, the outcome for everyone involved will be far worse. It could also mean that you believe if you don't help them, they will face incarceration, homelessness or even death.**

One example of enabling could come every month - around "check day". How many of us make it convenient for someone that we know uses drugs - to get to the bank and cash their annuity check? We know they need to cash their check, so they can buy drugs, yet we take them to the bank, regardless. How about letting someone we know, that uses drugs - borrow our vehicle so they can go purchase drugs and can get high again? Here is an act of enabling, which is difficult to swallow - how many of us provide a roof over

someone's head that uses drugs, just so they won't be homeless and/or sleeping in the streets? We probably think we are being helpful, but in reality we are contributing to someone's active drug addiction. Perhaps you excuse or ignore troubling behavior, or lend them money, or assist in other ways. It's important to realize enabling doesn't really help. Over time, it has a damaging and devastating effect on a loved one's life and others around them; such as children.

*Adapted from an article written by: Crystal Raypole, 2019*

*"Compulsion - once having started the process with one fix, one pill or one drink, we cannot stop through our own power of will. Because of our physical sensitivity to drugs, we are completely in the grip of a destructive power greater than ourselves."*



# Signs Or Characteristics Of An Enabler

*The following signs can help you recognize when a pattern of enabling behavior may have developed.*

## 1. IGNORING OR TOLERATING PROBLEMATIC BEHAVIOR

Even if you personally disagree with a loved one’s behavior, you might ignore it for any number of reasons. If you believe your loved one is looking for attention, you might hope ignoring the behavior will remove their incentive to continue. You might avoid talking about it because you’re afraid of acknowledging the problem. You or your loved one may not have accepted there’s a problem. You might even be afraid of what your loved one will say or do if you challenge the behavior.

### *Example of this behavior:*

Say your partner struggles with alcohol misuse. They say they haven’t been drinking, but you find a receipt in the bathroom trash for a liquor store one night. The next night you find a receipt for a bar in your neighborhood. Instead of asking them about the receipts, you decide not to press the issue.

## 2. PROVIDING FINANCIAL ASSISTANCE

There’s often no harm in helping out a loved one financially from time to time if your personal finances allow for it. But if they tend to use money recklessly, impulsively, or on things that could cause harm, regularly giving them money can enable this behavior. Financially enabling a loved one can have particularly damaging consequences if they struggle with addiction or alcohol misuse.

### *Example of this behavior:*

Your adult child struggles to manage their money and never has enough to pay their rent. Helping them out each month won’t teach them how to manage their money. Instead, they will become more dependent on you.

## 3. COVERING FOR THEM OR MAKING EXCUSES

When worried about the consequences of a loved one’s actions, it’s only natural to want to help them out by protecting them from those consequences. It’s tempting to make excuses for your loved one to other family members or friends when you worry other people will judge them harshly or negatively. But this won’t help your loved one change.

### *Examples of this behavior:*

You might call your partner’s work to say

they’re sick when they’re hungover or blackout drunk. Or you may call your child’s school with an excuse when they haven’t completed a term project or studied for an important exam. Your actions may seem to help in the moment: they keep your partner from facing a reprimand or even losing their job (and source of income); they prevent your child from experiencing academic consequences that could affect their future. But your actions can give your loved one the message that there’s nothing wrong with their behavior — that you’ll keep covering for them.

## 4. TAKING ON MORE THAN YOUR SHARE OF RESPONSIBILITIES

You might be enabling a loved one if you find yourself frequently picking up their slack: doing household chores, looking after their children, or taking care of essential daily activities they leave undone.

There’s a difference between supporting someone and enabling them. Someone struggling with depression may have a hard time getting out of bed each day. Temporary support can help them make it through a difficult time and empower them to seek help. You can’t enable depression since it’s not a behavior. But if your help allows your loved one to have an easier time continuing a problematic pattern of behavior, you may be enabling them.

### *Example of this behavior:*

You might let your teen avoid chores so they can “have time to be a kid.” But a young adult who doesn’t know how to do laundry or wash dishes will have a hard time on their own. It’s important to strike a balance.

## 5. AVOIDING THE ISSUE

Whether your loved one continues to drink or do drugs to the point of blacking out or regularly takes money out of your wallet, your first instinct might be to confront them. You want the behavior to stop. But after thinking about it, you may begin to worry about their reaction. You might decide its better just to ignore the behavior or hide your money. It’s often frightening to think about bringing up serious issues like addiction once you’ve realized there’s a problem. This can be particularly challenging if you already tend to find arguments or conflict difficult. But avoiding discussion prevents you from bringing attention to the problem and helping your loved one address it in a healthy, positive way.

### *Example of this behavior:*

Your loved one tends to drink way too much when you go out to a restaurant. Instead of

talking about the issue, you start suggesting places that don’t serve alcohol. Or perhaps your loved one gets angry and says mean and hurtful things, when confronted about their behavior - so you just don't bother to bring it up.

## 6. BRUSHING THINGS OFF

People dealing with addiction or other patterns of problematic behavior often say or do hurtful or abusive things. They might insult you, belittle you, break or steal your belongings, or physically harm you. You might tell yourself this behavior isn’t so bad or convince yourself they wouldn’t do those things if not for addiction. But the reason for the behavior doesn’t really matter. If the behavior causes harm, it causes harm. Minimizing the issue implies to your loved one that they can continue to treat you similarly with no consequences. By pretending what they do doesn’t affect you, you give the message they aren’t doing anything problematic.

### *Example of this behavior:*

Your partner frequently ridicules you in public. Because they also struggle with alcohol addiction, you tell yourself it’s the alcohol talking and they don’t really mean it. Even though it’s starting to affect your emotional well-being, you even tell yourself it’s not abuse because they’re not really themselves when they’ve been drinking.

## 7. DENYING THE PROBLEM

It can be hard to admit a loved one needs help. They could say they’ve only tried drugs once or twice but don’t use them regularly. They might also ask if you think they have a problem. You reassure them you aren’t concerned, that they don’t drink that much, or otherwise deny there’s an issue. You may choose to believe them or agree without really believing them. You might even insist to other family or friends that everything’s fine while struggling to accept this version of truth for yourself. But by not acknowledging the problem, you can encourage it, even if you really want it to stop. Denying the issue can create challenges for you and your loved one. For one, it isolates both of you. It also makes it harder for your loved one to ask for help, even if they know they need help to change.

### *Example of this behavior:*

Your partner has slowly started drinking more and more as stresses and responsibilities at their job have increased. You remember when they drank very little, so you tell yourself they don’t have a problem. They can quit at any time.

## 8. SACRIFICING OR STRUGGLING


*Continued on page 9*

**TO RECOGNIZE YOUR OWN NEEDS**


Missing out on things you want or need for yourself because you're so involved with taking care of a loved one can also be a sign you're enabling that person. Do you struggle financially after giving your loved one money? Do you lack time for your work, self-care, or other relationships since you're doing more at home? Sometimes we want to make sacrifices for the people we care about. This doesn't always mean you're enabling someone. The reason you're letting your needs go unmet matters. It's certainly important to take care of yourself first, especially when taking care of a sick loved one. You may not mind missing out on some of your typical activities for several days or a few weeks. But if you're consistently struggling to get things done or feel worn down by your attempts to take care of a loved one, it may help to consider your reasons for helping and the effect they're having on your loved one. Does your sacrifice allow their behavior to continue?

***Example of this behavior:***

Your teen spends hours each night playing video games instead of taking care of their responsibilities. You fill your evenings with their laundry, cleaning, and other chores to ensure they'll have something to wear and a clean shower to use in the morning. But you also work full time and need the evenings to care for yourself. You've let this slip by the wayside. You figure it's just a fact of life.



**STRONG CHILDREN, STRONG FAMILY,  
STRONG NATION**



**LET'S HEAL TOGETHER**

**9. NOT FOLLOWING THROUGH ON CONSEQUENCES**

If you state a consequence, it's important to follow through. Not following through lets your loved one know nothing will happen when they keep doing the same thing. This can make it more likely they'll continue to behave in the same way and keep taking advantage of your help.

***Example of this behavior:***

There may come a time in your relationship when you've had enough. You might say, "If you spend this money on anything other than rent, I'm not going to give you any more money." Or, "I can't stay in this relationship if you don't get professional help." You might also say, "I'm only paying my share of the rent this month, so if you can't pay yours, you'll need to find somewhere else to live." But you don't follow through, so your loved one continues doing what they're doing and learns these are empty threats.

**10. NOT MAINTAINING YOUR STATED BOUNDARIES**

Healthy boundaries are important in any relationship. Some boundaries you might express to a loved one experiencing addiction, abuse, or another concern might include:

- "I don't want to be around you when you're shouting, so I'll only listen when you talk calmly."
- "I don't feel comfortable being intimate with you, when you've been drinking."
- "I don't want to hang out when you've been doing drugs, so please don't come over when you're high."

If you or your loved one crosses a boundary you've expressed and there are no consequences, they will most likely keep crossing that boundary.

***Example of this behavior:***

If your loved one starts shouting during a discussion and you continue the discussion instead of walking away, they may get the message that the problematic behavior isn't that big of a deal to you. They may

also feel that you'll easily give in on other boundaries, as well.

**11. FEELING RESENTMENT**

When a pattern of enabling characterizes a relationship, it's fairly common for resentment, or feelings of anger and disappointment, to develop. Your resentment may be directed more toward your loved one, toward the situation, both, or even yourself. You might feel hurt and angry about spending so much time trying to help someone who doesn't seem to appreciate you. You may feel obligated to continue helping even when you don't want to. Resentment can damage your emotional well-being, but it can also help you realize the situation may not be healthy.

***Example of this behavior:***

Say your child continues to leave their kids with you when they go out. They say they have to work, but you know they're lying. You agree to babysit because you want the kids to be safe, but your babysitting enables them to keep going out. Over time you become angrier and more frustrated with them and with yourself for not being able to say no. This resentment slowly creeps into your interactions with the kids.

- **HOW TO STOP ENABLING A LOVED ONE**  
Do any of the above signs seem similar to patterns that have developed in your relationship with a loved one? These suggestions can help you learn how to empower your loved one instead.
- **BRING ATTENTION TO THE ISSUE**  
Make it clear you're aware of substance misuse or other behavior instead of ignoring or brushing these actions off. Offer compassion, but make it clear those behaviors aren't OK. Confronting your loved one can help them realize you don't support the behavior, while also letting them know you're willing to help them work toward change.
- **ENCOURAGE THEM TO GET HELP**  
They may not agree to enter treatment right away, so you might have to mention it several times. Working with your own therapist can help you explore positive ways to bring up treatments that are right for your situation.
- **SET YOUR BOUNDARIES AND UPHOLD THEM**  
Tell your loved one you want to keep helping them, but not in ways that enable their behavior. For example, you might offer rides to appointments but say no to giving money for gas or anything else.

Continued on page 10



• REMEMBER, IT’S OK TO SAY NO

This may be hard at first, especially if your loved one gets angry with you. But saying no is often essential for recovery. Remain calm, but be firm. Make consequences for crossed boundaries clear.

• TRY THERAPY FOR YOURSELF

Therapists often work with people who find themselves enabling loved ones to help them address these patterns and offer support in more helpful and positive ways.

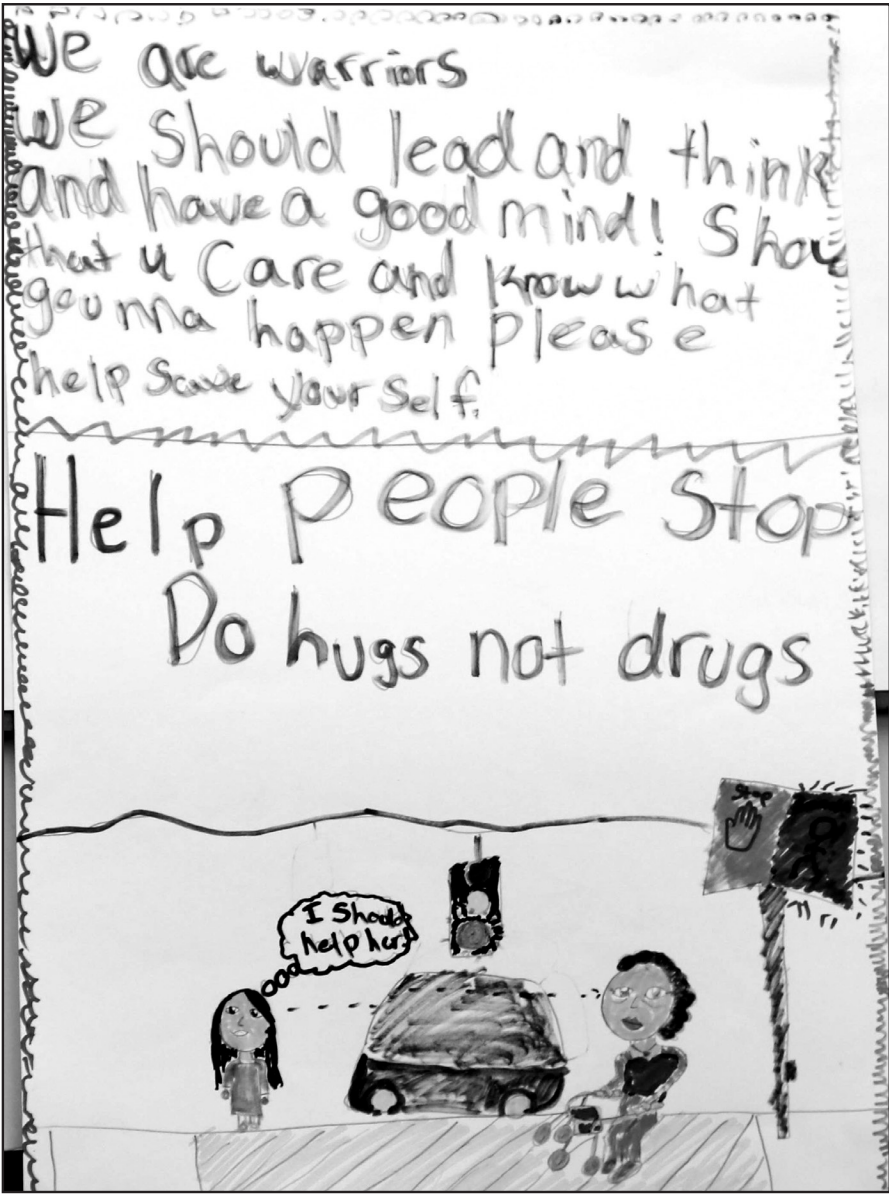
• AVOID USING SUBSTANCES AROUND THEM

If your loved one is dealing with alcohol misuse, removing alcohol from your home can help keep it out of easy reach. You may not have trouble limiting your drinks, but consider having them with a friend instead.

TAKEAWAY

Enabling someone doesn’t mean you agree with their behavior. You might simply try to help your loved one out because you’re worried about them or afraid their actions might hurt their children, themselves, you, or other family members. But it’s important to recognize this pattern of behavior and begin addressing it. Enabling can have serious consequences for your relationship and your loved one’s chances for recovery. It’s difficult to work through addiction or alcohol misuse alone. And if the problem is never discussed, they may be less likely to reach out for help. If you think your actions might enable your loved one, consider talking to a therapist. In therapy, you can start identifying enabling behaviors and get support as you learn to help your loved one in healthier ways.

Adapted from an article by the Betty Ford Foundation.



"Giving It Away, To Keep It"

Submitted by: Darcy Scott, Cultural Peer Advocate at Allegany Seneca Strong

My name is Darcy Scott. I'm 39 years old, from the Seneca Nation - of the deer clan and I am an addict. I am not defined by calling myself an addict, it's a disease that can only be self-diagnosed and is treatable one day at a time. I have been in recovery since October 21st 2017, by the help of other addicts like me, the services of the Seneca Nation Behavioral Health Unit and the Seneca Strong peer recovery program. Through-out my recovery I've been connected to the ceremonial life of the longhouse; as well other tribal ceremonies of Turtle Island.

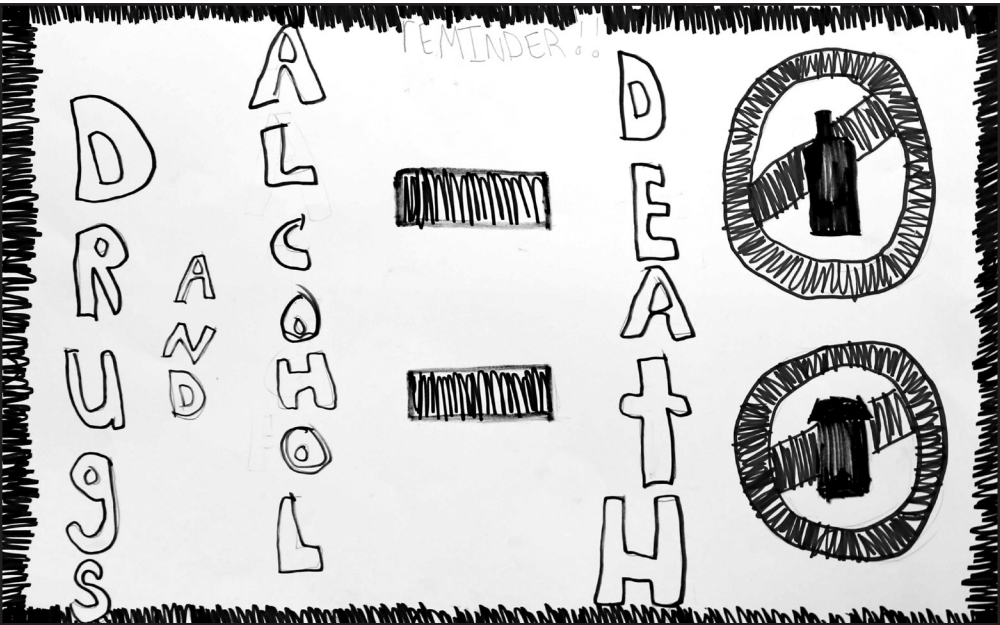
I believe I am defined by the actions I take in my life today; and not by the things I have done in my "active" using days. Once upon a time, a long time ago, I started using Oxycontin (a narcotic) at the age of fifteen years old. I can remember the feeling like it was yesterday, though I'm still not sure why I tried them. That was the start of a long journey on a road of destruction - to myself and the ones that love me. In the same breath, I can say it started the road to finding out who I really am and what I was trying to hide about myself, which I don't really like. I got

clean for the first time at the age of twenty-four and stayed clean for six years. I believe I used again, because I stopped doing the things that helped me maintain my recovery. After I relapsed, there was a number of reasons to continue to use and I continued to dig myself deeper into the addiction. Shame, guilt and remorse all play a role in my disease. Basically, I didn't know how to handle my thoughts and my emotions, so I used. My addiction got to the point of over dosing, which wasn't intended, to another time being in the hospital for eleven days; two of which I was on a ventilator.

It takes a lot of energy and a lot of resources to use! It's like starting out at a blackjack table with a hundred dollars, building up to five thousand dollars; betting a hundred a hand, and then losing it all again. That's the addict inside of me, complete unmanageability but always thinking the next hit would be the one to make me feel better. Addiction is a vicious cycle and it seemed to me that I was all alone, except I was surrounded by people who used drugs like I did. My body was breaking down, my mind was all over the place, my emotions were non-existent and spiritually, I was lost and broken.

It's scary to think of now, but at the time - I was loving the drugs I was on while in the hospital. That's my addict mind working. I continued to use for a while after those episodes, until one day enough was enough. Too much was going on in my life and I couldn't handle the struggle to continue to search, find, use and repeat.

The first few days of recovery were the fiercest. I felt like a had a bad flu bug, with cold sweats, nausea, mental torture and body aches that seemed like they were coming from the inside of my bones. I felt like I couldn't talk to anybody or go any-where to do anything for myself. I remember asking the creator for help, though. That's





who I could talk to. I began to journal my thoughts and luckily, my daughter was there and I had to take care of her It's amazing - the strength and resiliency of our children.

I began to reach out to some men that are in recovery. I began to pray again and slowly build a relationship with the Creator as I understand him. As I grew in recovery, my routines began to grow stronger as well: continued prayer, meditations, I started growing tobacco and that in itself is building a relationship. My daughter and I would talk to our baby plants often; and watered them until they grew. I planted white corn for the first time ever and various other crops; which gave me something to do with my idle time. My snowsnake teammates picked me up during the winter time to play the game I love. They shared their knowledge and gave me more instruction about of shaping sticks. I have a tremendous respect for the men at the track and the game, it helped me to heal. I have learned the techniques of making

lacrosse sticks. I even made a stick that has found its way to Poland. Hard to imagine: a hickory tree that was in the yard, in Steamburg, is now half way around the world, in Poland. I'm learning, in order to recover, I must remain teachable in the things our ancestors knew and have passed down through the generations, so I could learn.

There's a principle in recovery that resonates with me: "you have to give it away, to keep it". That is something I keep in my mind daily, because after being clean once for six years and relapsing, I understand the depth of how far I can fall. To be able to help someone else who might be struggling with their own addiction is good medicine for the both of us. In 2018, I applied to work at Seneca Strong. I was hired on the Allegany Territory and have been working there ever since. My official title is Cultural Peer Advocate, which just means I get to do the cool stuff. Currently, we have a "Red Road to Wellbriety" group every Tuesday at 10 a.m. until noon. I also


facilitate a Men's Talking Circle on Wednesdays at 1 p.m. There is a women's talking circle on Tuesdays at 1p.m. Thursdays we are currently having a moccasin making class at 10 a.m. and I have a small wood shop that is open to our individuals who are into woodworking projects. We also offer Reiki by appointment, as well as a meditation on Fridays at 10 a.m. We have canoes for up to eight people, which I'm down for anytime it's warm. I can also take people for hikes in Allegany State Park. At Seneca Strong, we also provide transportation for appointments for detox, rehabilitation and continued after care outpatient treatment. Our normal work hours are Monday through Friday from 8-4:30 and we have an on call phone where we can be reached after hours, if anything comes up. We are Seneca Strong and we are here to help. There are many paths to recovery and we are here to help you along the way on whatever path you choose to follow. If anyone has any questions feel free to call us at: (716) 945-8413.

Everything on the earth has a purpose and a reason for its existence. Every human being is a warrior and every warrior has a song written in his/her heart and that song must be sung or the soul forever remains restless. This song is always about serving the Great Spirit and helping the people. This song is always sung for the people. Many times I need to learn much about the difficulties of life. I need to know this, so I must experience it. Then, I can be of use to the people. Because I am experiencing difficulty, does not mean I have left the path or that I have done something wrong. It means I'm doing the will of the Great Spirit during these times of testing. I need to pray constantly to keep a good attitude.


Great Spirit, this I know - you will never leave me. Only my doubting makes it seem like you do. This I know - your love is always dependable. Only my doubting makes it seem like it isn't. Today, remove the doubts from my belief system and allow me to stand straight and see you with straight eyes.

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DRUG ENFORCEMENT ADMINISTRATION



# Methamphetamine



**What is Methamphetamine?** Methamphetamine is a highly addictive stimulant. It is available as a powdery substance as well as in pill form. Another version of the drug is referred to as "crystal meth." This type of methamphetamine is often smoked and resembles glass fragments or shiny blue-white "rocks."

**Street names:** Crank, crystal, glass, ice, meth, shards, speed, tweak, ventana.

**How is it used?** Methamphetamine is swallowed, snorted, injected, or smoked.

**Effects on the mind** Chronic meth users can exhibit violent behavior, anxiety, confusion, insomnia, and psychotic features including paranoia, aggression, mood disturbances, and delusions.

**Effects on the body**

- Taking even small amounts of meth can result in decreased appetite, rapid breathing and heart rate, increased blood pressure, and hyperthermia.
- High doses can elevate body temperature to dangerous, sometimes lethal, levels, and cause convulsions and even cardiovascular collapse and death.

**What is the legal status of methamphetamine** Methamphetamine is a Schedule II controlled substance. This means it has high potential for abuse, and is currently accepted medical use. As for its legitimate use, Desoxyn is the only medically prescribed methamphetamine-based drug. It is used to treat obesity and attention deficit hyperactivity disorder (ADHD).

**What are the effects of methamphetamine?** Increased energy, decreased appetite, rapid breathing, elevated heart rate, irregular heartbeat, and overheating. Long term use has been associated with irritability, anxiety, paranoia, and aggressive and violent behavior.

**What is its origin?** Mexican drug trafficking organizations have become the primary manufacturers and distributors of methamphetamine to cities throughout the United States, including in Hawaii. Domestic clandestine laboratory operators also produce and distribute meth but usually on a smaller scale. The methods used depend on the availability of precursor chemicals.

Currently, this domestic clandestinely produced meth is mainly made with diverted products that contain pseudoephedrine. Mexican methamphetamine is made with different precursor chemicals. The Combat Methamphetamine Epidemic Act of 2005 requires retailers of non-prescription products containing pseudoephedrine, ephedrine, or phenylpropanolamine to place these products behind the counter or in a locked cabinet. Consumers must show identification and sign a logbook for each purchase.

**Did you know?** In 2016, among 12th graders, 0.3 percent used meth in the past 30 days, and 0.4 percent used crystal meth (i.e., ice).

Source – 2017 Monitoring the Future Study

For drug prevention information, visit DEA's websites:

GetSmartAboutDrugs.com  
For Parents, Caregivers, and Educators


JustThinkTwice.com  
For Teens

CampusDrugPrevention.gov  
For College Professionals


dea.gov

8/2018

DRUG ENFORCEMENT ADMINISTRATION



# The Truth About Heroin



**Heroin is an illegal and highly addictive drug.**

**What is heroin**

- It is an opiate drug processed from morphine, a substance extracted from opium which is derived from certain poppy plants.
- It appears as a white or brownish powder or a black sticky substance known as black tar.

**Street Names** Big H, Black Tar, Horse, Smack, Thunder

**How is it used?**

- It is injected with a needle, smoked or sniffed/ snorted.
- Those who inject heroin **risk infectious diseases** such as HIV/AIDS, hepatitis, and liver or kidney disease.

**What are the health effects of heroin?**

**Effects on the mind**

- Since it enters the brain so rapidly, heroin is particularly addictive, both psychologically and physically.
- Heroin users report feeling a surge of euphoria or "rush," followed by a twilight state of sleep and wakefulness.

**Effects on the body**

- Drowsiness, respiratory depression, constricted pupils, nausea, warm flushing of the skin, dry mouth, and heavy extremities.
- Effects of heroin overdose are slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death.

True or False?

• Heroin is less dangerous if you snort or smoke it. FALSE

**FACT:** There is **no safe** way of using it. You can still die from an overdose or become addicted by snorting or smoking it.

• Stopping heroin use is easy. FALSE

**FACT:** Those who are addicted to heroin and stop using it abruptly may have severe withdrawal symptoms, which can begin as early as a few hours after the drug was last taken. These include restlessness, severe muscle and bone pain, sleep problems, diarrhea and vomiting, cold flashes with goose bumps, and uncontrollable leg movements.

Source: www.drugabuse.gov/publications/drugfacts/heroin

Did you know?

• Research suggests that misuse of prescription opioid pain medicine is a risk factor for starting heroin use.

Source: www.drugabuse.gov/publications/drugfacts/heroin.


• The vast **majority of teens do not use** heroin. In a 2016 national survey, only 0.3 percent of 12th graders used heroin in the past year.

Source: 2017 Monitoring the Future Study, University of Michigan.

• 85 percent of 12th graders perceive a great risk of harm from regular use of heroin.

Source: 2017 Monitoring the Future Study, University of Michigan.

For drug prevention information, visit DEA's websites:



GetSmartAboutDrugs.com  
For parents, caregivers, and educators

JustThinkTwice.com  
For teens

CampusDrugPrevention.gov  
For college students

dea.gov

4/2018



*"The progression of addiction may be rapid or slow, but it is always downhill. As long as a person is using drugs, their lives will steadily get worse."*

**Support initiatives to reduce the demand for drugs and give assistance to community coalitions and drug prevention initiatives.**



Indigenous communities demonstrate high rates of alcohol and substance abuse and suffer disproportionately from their effects on physical and emotional health (Legha & Novins, 2012). High rates of substance abuse have harmful consequences on both the individual and community, it is widely believed that few families remain unaffected, either directly or indirectly (Hawkins, Cummins, & Marlatt, 2009). In 2018 the national survey on drug use and health (NSDUH) indicted that Native American communities have the highest rate of alcohol, marijuana, cocaine, inhalant, and hallucinogen use disorders compared to any other ethnic groups.

**Some facts to keep in mind:**

- 10% of Native Americans have a substance use disorder
- 4% of Native Americans have an illicit drug use disorder
- 7.1% have an alcohol use disorder
- 25% report binge drinking monthly

Trauma is a substance abuse risk factor that affects Indigenous communities, for children, being exposed to multiple traumas increases the risk of substance use in

## Substance Abuse Prevention

*Submitted by Rodney Haring*

their future (SAMSHA). Cumulative trauma resulting from genocide, colonial oppression, displacement, and forced assimilation are just a few challenges Native communities have had to overcome. Historical events and trauma continue to have a lasting impact on current generations. Research suggests that influences of youth substance abuse stem from peer relationships, which may be more important than family influences. Youth participation in positive friend groups are less likely to find themselves involved in deviant behaviors, whereas antisocial peer association’s pressures can serve as a risk factor (SAMSHA).

The fact that substance abuse use among Native American youth often begins at an early age has resulted in growing emphasis on prevention. Primary prevention programs aim to reduce the risk factors that contribute to substance abuse, mental health, violence, and cultural identity. Family dynamics and parent behavior play a role in determining a youth’s risk for substance abuse (SAMSHA). Family history of alcohol use and adult models of substance abuse can be a risk factor for youth. Some factors that lessen the risk of youth substance abuse include parental monitoring, supportive relationships with parents, strong parental disapproval of youth substance use, and parental encouragement.

The Native Connections Prevention Team

offers programs that help boost these protective factors within the community. An example of this would be the Family Engagement Program, where they offer monthly events specifically geared towards activities that bring the family together. The Seneca Clubhouse is also a designated safe place where youth between the ages of 12-17 can gather with their peers and interact in recreational and educational activities with the support of the Prevention program, which in turn would lessen their risk of engaging in risky behavior. **For more information on these events or the clubhouse, please contact a Prevention Specialist at 716-532-5583 or 716-945-9001.**

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## Who Is an Addict?

*Most of us do not have to think twice about this question. WE KNOW! Our whole life and thinking was centered in drugs in one form or another - the getting and using and finding ways and means to get more. We lived to use and used to live. Very simply, an addict is a man or woman whose life is controlled by drugs. We are people in the grip of a continuing and progressive illness whose ends are always the same: **jails, institutions or death.***



# Seneca Strong June 2021 Group Calendars



Allegany Territory

Cattaraugus Territory

Monday	Tuesday	Wednesday	Thursday	Friday
	<div>1 Red Road 10am-12pm Men's/Women's Group 1:30-2:30pm</div> <div>Womens Talking Circle 10-11am, Moccasin Class 1-2pm</div>	<div>2 Reiki (Energy Healing) By Appointment</div> <div>Beading 12-1pm Wellbriety Group 3-4pm</div>	<div>3 Outreach Crafting 10am-2pm</div> <div>Reiki 9am-1pm, Codependency Class 10-11am, Culture Class 1-2pm, Mens Group 5:30-6:30pm</div>	<div>4 Walking Meditation/ Sound Bath 10-11am</div> <div>Outreach</div>
<div>7 Outreach Codependency 10-11am</div> <div>Outreach</div>	<div>8 Red Road 10am-12pm Men's/Women's Group 1:30-2:30pm</div> <div>Womens Talking Circle 10-11am, Moccasin Class 1-2pm</div>	<div>9 Reiki (Energy Healing) By Appointment</div> <div>Beading 12-1pm Wellbriety Group 3-4pm</div>	<div>10 Outreach Crafting 10am-2pm</div> <div>Reiki 9am-1pm, Codependency Class 10-11am, Culture Class 1-2pm, Mens Group 5:30-6:30pm</div>	<div>11 Walking Meditation/ Sound Bath 10-11am</div> <div>Outreach</div>
<div>14 Outreach Codependency 10-11am</div> <div>Outreach</div>	<div>15 Red Road 10am-12pm Men's/Women's Group 1:30-2:30pm</div> <div>Womens Talking Circle 10-11am, Moccasin Class 1-2pm</div>	<div>16 Reiki (Energy Healing) By Appointment</div> <div>Beading 12-1pm Wellbriety Group 3-4pm</div>	<div>17 Outreach Crafting 10am-2pm</div> <div>Reiki 9am-1pm, Codependency Class 10-11am, Culture Class 1-2pm, Mens Group 5:30-6:30pm</div>	<div>18 Walking Meditation/ Sound Bath 10-11am</div> <div>Outreach</div>
<div>21 Outreach Codependency 10-11am</div> <div>Outreach</div>	<div>22 Red Road 10am-12pm Men's/Women's Group 1:30-2:30pm</div> <div>Womens Talking Circle 10-11am, Moccasin Class 1-2pm</div>	<div>23 Reiki (Energy Healing) By Appointment</div> <div>Beading 12-1pm Wellbriety Group 3-4pm</div>	<div>24 Outreach Crafting 10am-2pm</div> <div>Reiki 9am-1pm, Codependency Class 10-11am, Culture Class 1-2pm, Mens Group 5:30-6:30pm</div>	<div>25 Walking Meditation/ Sound Bath 10-11am</div> <div>Outreach</div>
<div>28 Outreach Codependency 10-11am</div> <div>Outreach</div>	<div>29 Red Road 10am-12pm Men's/Women's Group 1:30-2:30pm</div> <div>Womens Talking Circle 10-11am, Moccasin Class 1-2pm</div>	<div>30 Reiki (Energy Healing) By Appointment</div> <div>Beading 12-1pm Wellbriety Group 3-4pm</div>	<div></div>	<div>ALLEGANY: Sundays - Art projects per your request w/Lynne!</div>

Contact Us! Cattaraugus Seneca Strong Office: Direct/Main Phone: (716) 532-8456, Extension: 5523.  
Allegany Seneca Strong Office: Direct/Main Phone: (716) 945-8413, Extension: 3126.

## A submission from Alice Cook, whom had direct correspondence with then first lady, Nancy Reagan, in 1983:

THE WHITE HOUSE

March 14, 1983

Dear Mrs. Cook:

Thank you so very much for taking the time and trouble to send me such a kind message. I'm grateful, and really very touched, that you put your confidence in me and shared some of your family's trying experiences. My heart goes out to you because I know there's nothing more painful or hurtful to parents than something happening to their child.

While visiting drug treatment centers, I've been genuinely stunned by the magnitude of this terrible problem. But I also know there's hope, for it's been heartening to hear many of these teenagers say that they long to be part of a family again.

By continuing to visit these programs and speaking out about the need to help where we can, I hope to help focus the public's attention on the problem. Parents truly need special encouragement to help keep their children free from drugs or to help

them overcome their drug problems. We all try to do our best but sometimes we don't always know what that is.

Again, I appreciate your thoughtful letter. My heartfelt thanks.

Sincerely,

Nancy Reagan

Mrs. Alice Cook  
Brant Reservation Road  
Irving, New York 14081

THE WHITE HOUSE  
WASHINGTON

WASHINGTON DC  
MAR 15 1983  
ECO

Mrs. Alice Cook  
Brant Reservation Road  
Irving, New York 14081



# Message From A Seneca Mother

Submitted by Paula Hill

I'm hopeful this is going to help everyone understand the topic everyone has somehow been affected by. The drug epidemic our community is facing, and has faced for many years, seems almost endless. As Senecas, we have faced so many obstacles in our lifetimes. This is yet another one, but this is a battle that even the counties, states and United States government are having a hard time combatting.

This hits home so hard! Let's take a look, to see how it's affected the lives of one Seneca family. Some time ago, I learned that my family had been plagued by the epidemic of cocaine that secretly hides behind the scenes of our community. I'd have to say it's pretty rampant, similar to the use of crack cocaine. It's there, but you really don't know it's there; unless you're involved in it. I wasn't involved in it, but I learned about it, after the fact. It wasn't until my grown children opened up to me about their own use, that I learned about how many people use cocaine in our community. I was shocked! Needless to say, for one of my adult children, their favored drugs of choice became heroin and fentanyl. That proved to be a very destructive time in our lives. And don't get me wrong, I am not disregarding marijuana or alcohol because those were also being used as well.

Our family was led down a spiraling path of many trials and tribulations and I can honestly tell you I was terrified upon learning the truth so many years ago. My adult child had become an intravenous drug user! I didn't know much about the drugs I was hearing about. I didn't know much about the behaviors I was beginning to see. I didn't know why our family was falling so quickly into this trap of deceit, lies and theft. Unbeknownst to us, we had become part of an addict's cat and mouse game. We were bamboozled by every trick in the book; and with every move, we had to become smarter, faster, more aware of what our next move was. We had to set boundaries, not only on our family members, but on ourselves as well. It was a very trying, draining, heartbreaking,

traumatic time. And it still is, we just had learned to live with it. It's never easy and it doesn't get easier.

The hardest part is consoling my adult children as we live in this fear every day, in silence. Our fears are all right there, but we all have our lives to live. My grown children have children of their own; which means school or jobs. When those feelings of fear creep in, who do they turn to? Who can they openly talk to? I know we are not the only people living in this fear and we are not alone. So many millions of families in this country are suffering. People are dying at alarming rates and we have no answers on how to control it.

intimidation, humiliation, hatred and ridicule. We should welcome them with open arms, respect them for any attempt at recovery and listen to what they have to say. We need to accept the journey they chose for themselves; and talk with them about their fears and listen to their stories.

As a community, we have got to learn that this epidemic isn't going to go away anytime soon. We must teach our young children that with just one try, drugs **CAN AFFECT THEIR LIFE FOREVER**. It doesn't ever go away and those that have successfully gotten away have had to work hard to overcome their addiction. Also, our kids need to be taught that drugs bring

a life of unimaginable lifestyles and too many people don't survive. They need to know that drugs leave grieving families and friends and an empty place at the table during all the missed birthdays, holidays, family trips and gatherings. We need to teach them that choosing to do drugs is destructive and leaves a hole in the hearts of people who care about them.

As a mom of an adult child with a heroin addiction, I silently worry, yet, continue to function daily. I care for the family, the children, the home; but in order to move forward, I have had to imagine the unimaginable. For so many years, I lived in constant fear. I have lived with a broken heart, sleep deprivation, many nights - crying myself to sleep and waking up crying. I kept to myself. I was so afraid of the community and the stigma attached to being a family who has a loved one addicted to heroin.

The thing that has helped the most, is talking openly with my family members in active addiction and recovery. I verbalized my fears and what I was going through and what I had to do. I told them that I had to imagine losing them to move forward, because I had other family members that needed me and a home to care for. The depth of my depression was deep; and I too fell into a very dark place, but I didn't resort to substance abuse to cope. Instead, I occupied my time with hobbies. After we

## How to talk to your kids about DRUGS

It can be pure torture to get your kids to talk. Whether it's about their day at school or just the weather.

It's hard. So how do you tackle a hard conversation like drugs? Here are some tips that may help.




**TIMING IS EVERYTHING**

Don't be in a rush!  
Long car rides, family down time, make sure that you don't have a hard stop when you start this conversation.



**BE HONEST**

Tell your kid how you feel and don't be afraid to share your experiences. Tell them what worries you and be sure to tell them to be honest with you too!




**BE ACCURATE**

Do your homework and know the facts. Scare tactics don't work. Be sure to present true and accurate information.



**LISTEN**

Don't talk "at" your kid. Allow them to share openly, don't cut them off or criticize them for what they share.



**HAVE BACK-UP**

You don't have all the answers. No one does! If your kid has a question and you don't have an answer, have back up resources you can trust.



**REALISTIC BOUNDARIES**

Kids will screw up and make bad choices. Set realistic boundaries and remind them that you are there to help them and they can ALWAYS lean on you.

**Need support?**  
**We're here to help you and your family without judgment.**

**NATIVE**  
**connections**  
Honor your journey.  
716.532.5583



SENECA NATION  
HEALTH SYSTEM  
716.532.8223

Why do so many people try to shame drug addicts or turn the other way? Why do so many people pretend we don't have a drug problem, instead of learning how to be helpful? Prayers aren't enough! We need to get on the front lines and reach out to addicts, but not in an enabling way. We need to let our loved ones know we care and we are here for them when they are ready. They need to know they have a home to come back to, with family that is willing to help them learn how to live comfortably again in their own skin - without fear,

Continued on page 15



openly talked about these things and they taught me what they were going through, I was better able to understand how these things had changed their life. Once I gained that understanding, I respected their openness to tell me, adult to adult, with love in their heart. I had to let go a bit and begin living my life again.

I truly believe we, as a community with such diverse knowledge of craftsmanship in many different areas, have the ability to help so many to realize they don't need to be stuck in the destructive world of substance abuse. They can have hope and live with a clear mind. We have the ability

to heal the hearts of many with people right here in our own community. We have buildings that can be utilized with fully functioning areas to allow safe places for people in recovery to stay busy and find their niche in our communities. We have woods, creeks and hunters and fishermen. We have herbalists and people that know the medicines. We have spiritualists, naturalists and so much more. Addicts can recover and take an interest in things that don't revolve around social interactions of drinking and drugging. They can work with their minds in a broader, more elaborate mindset. I've found that the talents are broadened after recovery and awareness is

clearer. The one thing we need to realize is a family member coming home cannot come home to an environment that is the same toxic environment they left behind.

I hope we can help each other find some solutions and help our loved ones come back home. Those that aren't coming home, maybe we can help their children or families find comfort and remind them we will never forget and are still here to offer them the comforts and supports in hopes they don't repeat the traumas as they heal and grow.

Nya:wëh!



# My Experience With 12-Step Programs

Submitted by Amy Isaac, grateful member of the Seneca Recovery Community

My first experience with a 12-step program was when I was in a treatment center up north. I can honestly say that the first few days were all kind of a blur because I was going through some withdrawals and dealing with my feelings coming back. In early recovery there is a lot going on in your body, in your mind, and with your emotions. After the first two weeks in treatment, I can remember going to AA meetings. I remember there being a lot of non-native people and them talking about God. All I could think about was, “What do these people know about being Native and growing up on a reservation?” I would sit in the back with my arms folded because these people didn’t know anything about me.

After the first month of going to pretty much the same meetings and seeing the same people, my ears started to open up a bit. I could understand and relate to a lot of what was being said. I still wasn’t sold on the whole thing yet, and I still had my prejudice towards it. Then one day at a meeting, this old man came up to me and spoke to me in a way I had never been spoken to before. He was understanding and he showed me compassion, and he spoke with kind, soft words. I can’t remember what he said; I just remember feeling what he said. After he got done, he asked if I had a big book. I told him no and he gave me his. I still have that book, to this day.

After that, I started to open up a little more. I started talking in meetings and listening to what was being said. I spent 56 days in treatment and to be honest, it was and is, the best thing I have ever done for myself. I would like to say I stuck with the 12-step programs when I got home, but I didn’t. I did everything they told me not to do. Sure, I would go to a meeting every now and then. I even got a sponsor, but I never really used her. I would go to her or the meeting when my life wasn’t going the way I wanted. I wasn’t going for help; I just wanted to unload my crap to a bunch of strangers, and once I did, I wouldn’t go back until I needed to unload again. I still didn’t think these guys would understand me or what I had been through. The whole “god thing” was a big turn off, too. Being Native, I had a very difficult time with the word god because of what has been done to my ancestors “in the name of god”. Plus, my vision of a god was a punishing one and he hated me because of the way I grew up.

I lived this way for the first 7 years after I stopped using, and let me tell you, those 7 years were brutal. I knew nothing and I wasn’t getting any better. I was still stuck in my own miserable existence;

not getting any better and wondering, “Why am I still feeling like this”? “Why, after I put down the drugs and the alcohol – do I feel like killing myself still”? “Why is my life not any better”? Then, I got a new job and things started happening in my life. Good things started happening and amazing people started coming in to my life. I would like to think I got the gift of desperation and I made one change that changed my whole life.

Not too long after I got my new job, I met a Seneca woman in recovery and she became my sponsor. I started going to AA meetings and NA meetings with her and working the big book of Alcoholics Anonymous. This time things were different. Maybe I was different. Maybe living 7 years as a dry drunk in my own hell, sober, changed me. Or, like I said, maybe I got the gift of desperation. Whatever it was, all I know is I became open-minded and willing to do something different. I thought, “If I have to go back to those meetings, then that’s what I’m willing to do”. This time, going with my sponsor, I had to sit at the table. I watched all the people and saw them laughing and seen joy and happiness on their faces! I thought, “That’s what I want”!

The more I went to meetings and the more step work I did with my sponsor, the more things changed. I found out what alcoholism really is; and in doing so I found out so much more about myself. The more I sat there, the more I heard my story. The more I seen I was not alone. I am not going to lie it was hard. Opening up to people, letting people in, being vulnerable with people was hard. Working and dealing with past traumas and my childhood was hard. Finding me has been hard, but I could not have done it without other recovering alcoholics, showing me and sharing with me their stories, their lives and most of all, their recovery. You see today the people in those rooms are my family. They show me unconditional love and compassion. They show me that recovery is possible and that I don’t have to do it alone.

Today, when I go to the meetings, the laughter and joy that I first seen going in there - I have that today. I found a higher power that works for me and yeah they call him or her god and I say it is my Creator. Don’t get me wrong, life still happens - the good, the bad, and the in-between. I still deal with childhood traumas, grief, low-self-esteem, abandonment issues, and myself. All this stuff is not as bad as it once was, and I learn everyday how to cope and work through it. I have picked up a lot of tools that help on my bad days, and those days aren’t as bad as they once were.

NOBODY ever woke up one day, and thought, "I think I'll become an addict today".

# One Mom's Learning Curve With Addiction

Submitted by: Arlene Bova

It was the summer of 2014 and cash was missing here and there. Unauthorized charges kept showing up on a credit card at McDonald's, Walmart and gas stations. She has dropped out of school, but makes attempts to study for the GED. She doesn't hold a job. She has changed. People knew she was using, but nobody tells me. Winter 2015, someone tells me, and I confront her. She says, "It wasn't me. They're lying to you." I start looking around her room. Why is there a roll of aluminum foil? Why is there square sheets of foil with black soot/burn marks on them? Why are there empty cardboard toilet paper rolls laying around? Why are these large bottles of Nyquil laying around? I find some crushed powder stuff on a piece of foil. I ask a law enforcement friend what it is. They tell me, "Probably crushed pills. People snort them to get high". I ask, "What's the foil with black stuff on it?" "Probably heroin. They smoke that too, for a high." Confirmed she has been using opioids. Spring/summer of 2015, I put together a journal which chronicles credit card fraud of two cards and it totals over \$2,400.00. I speak to an attorney. I reach out to the local town judge and get an understanding of how pressing charges will go. I let her know that I will be pressing charges. She tells me it's not her stuff. She doesn't use - all the time. I proceed with the charges. The sheriff's show up one day to arrest her. She asks them, "Can I take a shower first?" (emoji-slapping head). They tell her "No!" - off she goes. She sits in county jail for the July 4th weekend, until court. Court date comes, her older sister goes with her. I refuse to take her, if released. Older sister agrees to take her in, with curfew and rules set by the court. She breaks the rules within a week - back to court and back to jail. She now wants to do a 28 day rehab program, with assistance from SNI-Behavioral Health Unit arrangements made. She waits in jail. Back to court. Judge agrees, with a warning - "you leave treatment, we proceed with original charges". She completes 28 day rehab. She has an exit plan and she comes home. Things are going okay until she chooses to go to Erie County Fair with friends and misses curfew because she is in Cheektowaga Jail. I, as mom, do not know at this time, how life with an 18 year old addict is. At this time, I start teaching/learning on my own. I can do this. (FYI - not on your own, you can't!) She ends up back in Cattaraugus County Jail. Court is more willing than me, at this time, to give her long-term rehab option. In my mind, I'm thinking, "If she's in jail, I know where she is". I'm still not understanding her illness. She sits in county jail for almost

*"We all have spirituality in our lives - at one time or another. Keep that. Search for that. Every day, pray. As mom, I cannot fix it. As mom, I love her. As mom, I am a strong" Seneca woman.*

-ARLENE BOVA

three months until a rehab facility, longer than 28 days, can be located and has a bed available. Additional challenge though - she is 18. She will be turning 19 after a few months in rehab, which means she doesn't qualify for an up to 18 year old rehab. During the 10 month rehab, I participate. For her to be accepted, it is a condition we must agree to - I am very willing. It was hard work - both painful and helpful. As I am mom, I still think I can fix this. WRONG AGAIN!

She comes home - we are all hopeful. We love her. First month home is difficult, but we are succeeding one step at a time. It is now fall of 2016. She relapses. The next five years, she has a few stints in rehab. She's sober, she relapses. She's clean, she relapses. ONLY mom's child can make the choice of sobriety. I

learned, not only is she powerless over her addiction, but so am I. Mom will give her hugs. Mom will tell her, NO! Mom will pray.

**What I know, as mom:**

- people won't tell you your loved one is using
- finally, someone tells you
- you (mom) are in denial
- mom can fix this, moms fix everything.
- they will lie, steal and break your heart

**What I did, as mom:**

- learn about her drug of choice - what it is and what the physical effect is to her
- pray
- talk to someone in recovery
- pray
- accept - her life/her choices
- pray
- heal myself of the trauma this has become to me
- pray
- take care of my own mind-body-spirit
- pray

We all have spirituality in our lives - at one time or another. Keep that. Search for that. Every day, pray. As mom, I cannot fix it. As mom, I love her. As mom, I am a strong Seneca woman.

My 24 year old daughter is addicted.

**ADDICTION** is a **CHRONIC** medical condition that makes **PROFOUND CHANGES** to the **BRAIN**.



# Alternatives to Incarceration - Pretrial Release

Submitted by Peter Wilson, Seneca Strong Coordinator/Supervisor

Pretrial Release is a program designed to alleviate jail overcrowding and provide a savings to our county taxpayers for unnecessary incarceration. It costs approximately \$125/day to house an inmate in the Cattaraugus County Jail. Under the umbrella of Pretrial Release, there are three options available to the Courts to release defendants from incarceration while they are in pretrial status. Those options are:

- **Release on Recognizance (ROR)**
- **Release Under Supervision (RUS)**
- **Bail Reduction**

Assessments of inmates are done on a daily basis to determine whether they qualify for release and recommendations are made to the Courts based upon these assessments. Those with low flight risk, with stability in the community, incarcerated on minor offenses who cannot afford bail may be recommended for ROR. Those with problem areas to be addressed may be recommended

for RUS and supervised by an Alternatives to Incarceration Specialist, who will enforce Orders and Conditions for Release imposed by the Court, including but not limited to abstinence from alcohol and drugs and alcohol/drug or mental health treatment.

County has taken this step further and offers a Native Americans Alternatives to Incarceration program. This program is stationed right here at Seneca Strong Offices. Probation Officer Collin Quigley is teamed up with our Culture Peer Advocate Darcy Scott, to provide this service. Clients come to this program by referral from the local and county courts. Prior to the COVID-19 global pandemic, they offered journaling groups and culture based groups and workshops. Right now we have Darcy conducting the Red Road Wellbriety Group.

If you have any questions about the groups or the program, please call the **Seneca Strong office at (716) 945-8413 and ask for Collin or Darcy**. They will be glad to speak with you.

## 10 Coping Skills for Addiction Recovery

Addiction recovery is not easy. But there are things you can do to make it a more positive and relaxing experience. Here are 10 coping skills to help you through your recovery and healing process:

- 1. Be honest with yourself and others**  
An addiction requires lying by default. You have to lie about getting it and using it and you have to hide the effect it has on you. Then you have to do it all over again as you plan your next hit or drink. The more you lie to others, the better you get at it and the easier it becomes to lie to yourself. This creates a horrible cycle because the more you lie, the more you hate yourself and the more you feel the need to use drugs and/or alcohol to escape your self-hatred. Being rigorously honest is one of the most powerful skills to have to immerse yourself fully into successful addiction recovery.
- 2. Learn to relax in any situation**  
One of the main reasons people start using drugs and alcohol is to relax and reward themselves. Learning new skills to relieve tension is an essential part of long-term sobriety. If you are able to calm down on your own, then you won't need to use to escape. You may think you're too busy to relax, but that is a lie! Your addiction recovery has to become the most important thing in your life, so taking plenty of time for yourself has to become the most important too.
- 3. Keep a daily journal and gratitude list**  
Seeing your thoughts and emotions on paper can help you to deal with them quicker and more efficiently. It can take away some of their sting and power if they

are negative. This is also a way to take your daily inventory and see where you can continue to improve and a gratitude list can help you to relax and stay positive.

- 4. Develop a strong support network with other recovering addicts**  
These are the people you can call and meet up with when the going gets tough! Peer support is an essential aspect of addiction treatment. You can't do this alone and you don't have too. Having a strong network of sober friends will be the net to catch you when you fall and also help you stay on track with your addiction recovery.
- 5. Avoid high-risk situations where you are likely to relapse**  
This included avoiding all bars and clubs! It would also be best to stop hanging out with the people you used to drink or use with as well, since they could trigger or pressure you into relapsing. Sobriety is all about building a new life and making new habits. Creativity and imagination are both skills and recovery is a great way to start developing them!
- 6. Help other addicts**  
It is scientifically proven that helping other helps you. It will make you feel good about yourself, which is the first line of defense against a relapse. It will also help you develop a bigger and stronger network of people you can call if you need help in your recovery. Not to mention helping others lowers blood pressure and chronic pain and can even lengthen your life!
- 7. Exercise regularly**  
Exercise naturally releases feel-good hormones and it helps you to stay healthy

and happy. Studies have shown that health is actually one of the strongest predictors of happiness! We also strongly believe that good health is an essential aspect of addiction treatment, which is why our program includes fitness and health along with more traditional addiction treatment methods!

- 8. Work with a sponsor and attend support group meetings**  
Working through the 12 Steps with a sponsor is a common and often highly effective way of coping with addiction. A sponsor is someone who you can confide in and turn to for guidance, honesty and compassion - same as with support group meetings.
- 9. Avoid the H.A.L.T. symptoms**  
Being hungry, angry, lonely and tired can be a swift gateway to relapse. Tension and stress builds when you don't take care of yourself and that is a dangerous place for someone in addiction treatment to be! If you are hungry, eat! If you are tired, then sleep, and so on. Taking good care of yourself is an essential aspect of addiction recovery.
- 10. Practice meditation**  
Meditation is scientifically proven to relax the mind and has a positive effect on the physical body as well. Meditation, when practiced properly, can bring you into the present moment and away from painful memories that often fuel relapse. It is also a very simple skill that you can do anywhere.



# Echoes from a Loved One...

Submitted by Lynne Cowher

My name is Lynne Cowher. I am submitting this piece I found on my son Robert's Facebook page, in hopes it may help someone, even one person. Even though he had this knowledge, he lost his life to this terrible disease called addiction. I just recently received his Toxicology Report. He died from a combination of amphetamine, methamphetamine, carfentanil and fentanyl!! My thoughts on this: either he bought one and all four drugs were in it because you don't know anymore. These dealers are out here playing chemist with other's lives. Or, he was hot dosed, which means on purpose. My son blew his heart. He had zero chance. So, when you are out there buying drugs you *JUST DON'T KNOW!!!*

**Love and miss my son!**  
**Lynne Cowher**

"This goes out to clear some stuff up for those that need to know it and to save those it can. I am here to help those lost in darkness, always.

It's definitely not medical fentanyl killing! Medical fentanyl is 100% stronger than morphine. It's carfentanil - this vicious killer is being placed in everything. It's a hundred times stronger than medical fentanyl, which makes it thousand times stronger than morphine. A matter of granules will kill you and to make matters worse, it's cheaper to buy than heroin.

So, it has replaced it entirely and is so cheap. It can be used as a cut and an enhancer because it gets the people addicted faster. Dealers are putting it in bud and coke. Without it, the drug would have been trash. Another benefit for dealers is that people will get sick without their product so they need it and it becomes guaranteed sales. This drug has been known to be untestable and mostly untraceable! If you have friends that use this, please warn them as I wish some of my friends had been!

If you choose to use this, always check your drugs to see if carfentanil is in it. To test for its presence, put on tin foil and introduce some heat. If it burns a red hue, it is carfentanil. If you put a sample in a spoon with some water, it will become dark pink or purple to gray. That means carfentanil is in it. If they care to proceed, be sure and have Narcan nearby with a person who knows how to use it and knows CPR. CPR can bring them back on its own but far too often, people stop giving

compressions too soon. They believe they are working to restore the pulse but this is faulty when dying of an opiate overdose. The connectors in the brain get covered by circle shaped opiates on a rectangular receiver. Narcan flicks it off the receptor and allows brain activity to take over again and tell them to breathe again. When giving chest compressions, it is keeping a person breathing manually and is preventing edema from setting in and filling their lungs with either their own blood from which they'll drown and there is no return. **DO NOT STOP CPR** if ever you have to go through this traumatic experience. It's stressful and terrifying every single time.

So with that in mind, breathe, calm yourself



and focus fully on this task. If Narcan is not available, call 911. Have someone grab some ice, frozen veggies or frozen meat. If no one is able to help then grab it on your way to them. Put the frozen thing in their arm pits and down their pants around the groin and begin CPR. They will often come back to and throw up with this method. If they do, keep them awake like a concussion victim until the ambulance has arrived. This whole process happens really fast toward death. Make sure to work fast, smart and calm until EMT's arrive with Narcan because the person can still slip under again.

You can tell if it's an overdose and people often think that the overdosed person is choking. People that are choking panic and make it known before going out. Overdose victims fall out very fast, turn blue, are straight on the floor and have a weak pulse or no pulse. Every couple of minutes they may gasp in a huge breath. Do not let anything stop you until they are responsive and leave only with EMT's.

**DO NOT BE AFRAID** of calling for help.

You **CANNOT** get arrested for any of it anymore. Families would rather get the call their loved one was in the hospital and is stable than in a morgue. They're human, so be human. Please step up and remember to follow these instructions from experiences. I'm not a medical professional but I am a drug addict with hardly any friends living because of this type of thing.

As a recovering drug addict with one year clean, I have brought back over sixteen dying people just like this. They were in the woods, in a car, on a trap house floor and on the sidewalk. As a friend that doesn't want to hear that they will never hear their best friend's voice again and never wans your family to feel the same.

As a humanitarian that is an addict, I've heard and read far too often in life, "Why save them, they made the choice?" They do not always make the choice to do this demon new drug or any other because carfentanil is secretly put in and on everything. It can kill you if it is smoked, in a shot, snorted, drank or injected in other parts of your body. It doesn't matter and they didn't make a choice because the **DO** have a legitimate, scientifically and medically proven disease. This has been proven to lead us only to jails, institutions and death.

To those judgmental people out there, if you have miraculously not been hit or affected by this, just give it time. Eventually, you will get the call someone you love has died from using carfentanil. That person is like me, though an addict, but still a good person and human who loves all creation, including you, stepped up and called for help. They begin administering life-saving measures to save their life. That's a choice I've made to do!

Next time you think of that - when you say my friends - who are people's moms, dads, kids, parents, family and friends - are damaged people. They do not deserve death from this disease. Yet, no one lobbies for those of us who are suffering from a life of torment. Please know that we are human like you and if I see you on the street after you say such trash on social media, I'll say something to you to help you understand what we go through. Thank you to those that heed this and do the right things.

***RIP to my loved ones who guide me. Praise be always to the Creator!"***

**Robert Shaffer**



Drug Use & Misuse



What are drugs? Chances are you have learned about the dangers of drugs in school. However, what are they and what do they do to your body?

Drugs are chemicals, substances or prescription medicine that will affect the way your body works. Drugs can be administered by inhaling, injecting or swallowing. After ingestion, they travel to your bloodstream where they can affect your brain function, increase or decrease your senses, cause you to become incredibly alert or extremely tired and can numb any physical or mental pain that you may be experiencing.

People choose to do drugs for many different reasons and while they may make you feel good, they are incredibly dangerous and highly addictive. You can become dependent on them and they can be very difficult to get stop using.

**Opioids**  
Opioids are prescribed to treat temporary or chronic pain. If misused, you could experience decreased cognitive function,

decreased respiratory function or death.

**Stimulants**  
Stimulants are drugs that are prescribed for ADD or ADHD. If misused, they can cause heart failure, seizures, paranoia and addiction.



**Antidepressants**  
Antidepressants are prescribed to treat anxiety or depression. If misused, you could experience slowed heart rate, seizures or even death.

**Alcohol**  
Alcohol is the most commonly used and abused drug in the United States. It is very accessible and in some cases, people don't even consider it to be a drug because they can purchase it just about everywhere. Even though you have to be 21 to purchase and legally consume alcohol, many young people, even those as young as age 12, abuse alcohol. Drinking can make you feel sociable but it can quickly get out of hand. Using alcohol can have long lasting harmful effects on the body and relationships. So what do you need to know? What does it do to your body - what are some of the

- consequences?
- One in six Native American adolescents (ages 12-17) engage in underage drinking - the highest rate of alcohol use of all racial/ethnic groups.
  - Native American youth have been found to start consuming alcohol at a younger age and in greater quantities than other youth. (*Friese and Grube, 2008; Friese et al., 2011; Spear et al., 2005*)
  - Your brain continues to develop into your early 20's. Underage drinking can impede that development.

What's in ONE DRINK?

Your Blood Alcohol Content (BAC) goes up by 2% with every drink you have. The average person can metabolize about one drink every hour. But how much alcohol is in one drink? And what constitutes one drink?



**LIQUOR**  
One Serving = 1.5 oz  
One shot = 40% alcohol



**WINE**  
One serving = 5 oz  
One glass = 12% alcohol



**BEER**  
One Serving= 12 oz (one can)  
One can = 5-10% alcohol

Importance of CPR Training in the Seneca Community

Submitted by Michele Redeye, EMT, Director of EMS Operations - Seneca EMS



Human beings should strive to make the world a better place than they found it. We hear about it almost daily, the opioid epidemic is here and it isn't going away. The Seneca Nation is no exception to this and we ask ourselves, what can we do to help? The effects of opioid overdose can be fatal as it can lead to death or brain damage due to the lack of blood flow to the brain. The victim stops breathing during an overdose and can lead to death. An overdose can also lead to an individual becoming brain dead in the process. Due to the fatal effects of opioid abuse, a single person acquiring the skills taught during a cardiopulmonary resuscitation (CPR) class would very much make the difference to help save the victims' lives.

Now think about it, if a single person can affect a

life that way, imagine us as a Nation learning these skills and how man lives we could potentially save. When persons abuse opioids through overdose and have no people to monitor them closely, they can quickly die due to the lack of blood flow to the brain and vital organs. Providing life-saving measures taught in CPR classes to the victims of an overdose brain can drastically change the outcome and their entire life. Additionally, since most cases happen in the home, having CPR experts who are friends and family is essential to the quick response necessary once an overdose is identified.

How do I know if a person has overdosed? Who do I call? What do I do? These are all questions that spin quickly through the mind of someone who discovers a victim of overdose. Opioids,

such as heroin, fentanyl, oxycodone, and many others, cause the victim to stop breathing on their own and become unconscious. This in turn can cause a person's heart to stop if it lasts too long. CPR classes teach skills that include compressions for when the heart stops, and rescue breathing for when a person can no longer breathe themselves. This alone can help to prolong someone until professional help arrives.

If you find a victim of an overdose, call 911! Professional help can arrive and assist the patient but you are there, take a class to help save a life!

Challenge yourself to make a difference, contact Seneca EMS today at 716-532-8550 to participate in the upcoming CPR classes for the community!

A Look at how the Opioid Epidemic is Affecting First Responder Personnel

Submitted by Peter Wilson, Seneca Strong Coordinator/Supervisor

EMS, Marshals, Firefighter and outside law enforcement has been at the forefront of America's public health emergencies for more than 50 years. So when the Centers for Disease Control and Prevention (CDC) announced in January 2014 that drug overdoses are now the leading cause of injury-related mortality in the US, it was no surprise to the EMS community. EMS providers have directly witnessed the increase in the rate of drug overdose deaths - estimated at 137% over the last 15 years.

Hardly a day goes by without news related to the opioid epidemic, whether on a national scale or in our local community. Working in the field of emergency medical services, you face the results of opioid addiction closer than most people. If you are a first responder, heroin, fentanyl and other opiates most likely play a role in your daily work.

Continued on page 20

As a first responder, you are trained in what information to collect when you arrive on the scene of an apparent overdose. You will attempt to find out what drug the person took, how much, how long ago and through what method. However, it is understandably difficult to gain true information from the victim or others on the scene. Often, out of fear of getting into trouble, someone will dispose of any physical evidence before you arrive. Overdose patients may go into respiratory arrest and first responders can administer Naloxone (Narcan) to save them. First responders are receiving special training for how to handle a scene where fentanyl may be present. Fentanyl, a powerful synthetic opioid prescription drug, which can pack a potency of 50 to 100 times stronger than that of morphine.

In today's epidemic, remember there is no "typical opioid addict" anymore. Forget the stereotype of the heroin addict. Some users become addicted from taking prescriptions, while others may be cocaine users that might cut synthetic opioids into their drug of choice. We cannot assume that an addict lives on the street or comes from a "broken home". Addiction is not restricted to a certain age, social group or type of person. Not every overdose call comes into the 911 center as an overdose, so EMTs must stay up to date on the knowledge of drug use and its effects. EMTs have to think on their feet and be ready to change the course of their treatment as the information comes to them most times while on scene. In smaller communities, such as ours, we all know one another; which adds to the heightened sense of the tasks at hand to provide the highest quality care in an emergency situation.

More recently, the risk of exposure is even

greater. Perhaps you may have heard of Carfentanil. It's even riskier, with a potency 10,000 times that of morphine.

EMS World reports, "Public health teams across North America are distributing naloxone kits to anyone who might come into contact with a person overdosed on narcotics." They add, however, that naloxone cannot always stand up to carfentanil. Protective equipment is important at any emergency scene, but take extra precautions against accidental overdose on a scene where opioids are present. In particular, fentanyl and carfentanil are highly potent and can be ingested from the air or through skin absorption.

The CDC warns that not only EMS workers, but also Marshals, Outside Law Enforcement, Firefighter, and those handling any evidence risk contact with fentanyl or carfentanil. The CDC explains that “responders are most likely to encounter illicitly manufactured fentanyl and its analogs in powder, tablet, and liquid form. Potential exposure routes of greatest concern include inhalation, mucous membrane contact, ingestion and percutaneous exposure (e.g., needle stick). Skin contact is also a potential exposure route, but is not likely to lead to overdose.” [3] The CDC, local and state health departments make a number of recommendations for avoiding contamination. For example, in addition to gloves and face coverings, isolation gowns, goggles, and even Tyvek suits may be used when treating patients with suspected use of fentanyl and carfentanil.

There is still a need for Opioid and Addiction Training. In many places around

the country, they are wrestling with how to address the opioid epidemic. Many areas have deemed it a public health crisis. They seek to contain the epidemic through both treatment and prevention. Some have formed task forces, comprised of law enforcement, local government, social workers, medical professionals and EMS workers. Each area of expertise provides its own perspective for how everyone, working together, can best address the situation. Each profession continues to address training, too. Some EMS workers report “compassion fatigue” after seeing so many overdose cases. They often visit the same addicts over and over again. They also witness the effects on the addict’s loved ones, including children. Several EMS workers have reported that they “have become more like counselors or big brother/big sisters or even caregivers for the children involved in an overdose.” A lot of EMS workers and First Responders seek out emotional support to handle the toll this epidemic takes on daily basics.

The opioid epidemic is such a huge part of an EMS career these days, regardless of where you live and work. Educate yourself about the drugs, the addiction, and precautions you can take. I would encourage all EMS, Marshals, Firefighter, and Outside Law Enforcement to protect your physical and mental health so you can give the absolute best care to your patients.

References  
1. Rudd RA, Aleshire N, Zibbell JE, Gladden RM. Increases in Drug and Opioid Overdose Deaths - United States, 2000-2014. MMWR, 2016 Jan; 64(50): 1,378-82; <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm> heroin-caused the majority of that increase.  
2. EMS World magazine  
3. CDC website

## A Well Worn Excuse

Submitted by a member of the Seneca Recovery Community

I have heard several times from people in the community that they would reach out to Seneca Strong more, for help, except they’ve “heard” about the breach of confidentiality that happens whenever someone seeks help from them. They don’t want everyone in the community to find out that they are working with Seneca Strong or that they need help to stop drinking or doing drugs.

Speaking from experience, when I was a heavy duty drinker and doing drugs, I simply did not care who saw me under the influence or knew what I was doing. Once I put alcohol or drugs into my body – all bets were off and the “sky’s the limit” was my motto! So, whether I was staggering down the street or I was in a physical altercation with somebody, I didn’t care who saw me. You know, we talk about passing out,

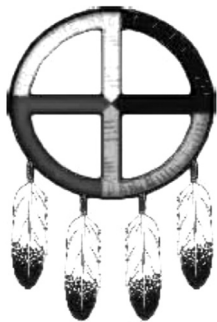
right? Well, I don’t know if anyone else has ever done this, but did you ever pass out in public? I have no idea how many people saw me like that. How about driving while drunk? I was pulled over several times for driving while drunk. I managed to never get a DWI, but I was pulled over – in public! I even got pulled over in broad daylight!

What about domestic violence? How many times have you had the Marshals or the Sheriffs show up at your door – because there’s been a domestic violence episode? You see, being under the influence of alcohol and drugs, what happens is - we lose all inhibitions and we just don’t care who sees us that way. Pee pants, puke in our hair and all over our clothes; all bloody from trying to scrap - except we got beat up because we were too drunk or too high to

know better. All out there – in public! Oh, and let’s not forget about Facebook! If you act up now, you can become famous on a very public platform – and the whole world can see you!

How about attending large gatherings, like weddings, concerts and outdoor festivals? How many times have you gone to a concert and made it home with one flip flop; or better yet, lost both your shoes? And there you were, dancing – in all your glory, in public; because everyone knows – when drunk, “nobody can dance as ace as me”! What about “falling down drunk”? I had a knack for falling down and making sure I didn’t spill a drop! That was very public!

*Continued on the back page*





# Signs of Drug Use

How can you tell if your child is using drugs or alcohol? [getsmartaboutdrugs.gov](https://www.getsmartaboutdrugs.gov)

Teens are known to have mood swings. However, some behavior may indicate more serious issues, such as abuse of drugs and alcohol. Here are some of the warning signs of drug use.

### Problems at school

- Frequently forgetting homework.
- Missing classes or skipping school.
- Disinterest in school or school activities.
- A drop in grades.

### Physical signs

- Lack of energy and motivation.
- Red eyes and cheeks or difficulty focusing - alcohol use.
- Red eyes and constricted pupils - marijuana use.
- A strange burn on your child's mouth or fingers – smoking something (possibly heroin) through a metal or glass pipe.
- Chronic nosebleeds – cocaine abuse.

### Neglected appearance

- Lack of interest in clothing, grooming, or appearance is not normal. Teenagers are



usually very concerned about how they look.

### Changes in behavior

- Teenagers enjoy privacy, but be aware of excessive attempts to be alone.
- Exaggerated efforts not to allow family members into their rooms.
- Not letting you know where they go with friends, or whom they go with.
- Breaking curfew without a good excuse.
- Changes in relationships with family.

### Changes in friends

- No longer is friends with childhood friends.

- Seems interested in hanging out with older kids.
- Acts secretive about spending time with new friends.

### Money issues

- Sudden requests for money without a good reason.
- Money stolen from your wallet or from safe places at home.
- Items gone from your home. (May be sold to buy drugs.)

### Specific smells

- Odor of marijuana, cigarettes, or alcohol on teen's breath, on clothing, in the bedroom, or in the car.

### Drug paraphernalia

- Finding items in your child's room, backpack, or car related to drug use.

(Read the guide to drug paraphernalia here: <https://www.getsmartaboutdrugs.gov/content/how-identify-drug-paraphernalia>)



The teen years are often a time to explore and learn more about themselves as they approach adulthood. Often, this involves experimenting and testing their boundaries. The desire to do something new or risky is a normal part of teen development.

Teens who perceive little risk in using **drugs** are more likely to use drugs. Teens may also use drugs or alcohol to:

- Relieve boredom
- Feel good
- Forget their troubles and relax
- Satisfy their curiosity
- Ease their pain
- Feel grown up
- Show their independence
- Belong to a specific group

### What are the Risk Factors and Protective Factors for Drug Use?

Many factors influence a child's likelihood to use illegal substances or develop a

## Why do Teens Use Drugs?

Get Smart About Drugs - A DEA Resource For Parents, Educators & Caregivers - [getsmartaboutdrugs.gov](https://www.getsmartaboutdrugs.gov)

substance abuse disorder. Effective drug prevention focuses on reducing the risk factors and strengthening the protective factors that are most closely related to substance abuse.

Risk factors are circumstances or events that increase a child's use and abuse of drugs. The more risk factors present, the more likely a child may be to use drugs and develop problems. Risk factors for drug use include:

- Low grades or failure in school
- Victim of bullying or cyberbullying
- Low self esteem
- Permissive parenting
- Parent or older sibling drug/alcohol use
- Living in a community with a high tolerance for smoking, drinking, or drug use among youth
- Attending a school without strict rules for tobacco, alcohol, or drugs and inconsistent enforcement for breaking those rules
- Belief that there is little risk in using a drug.

### Protective Factors

Protective factors are those characteristics that can reduce a person's risk for substance

abuse or addiction. Protective factors that may decrease the risk of drug use include:

- Strong bond with a parent or caregiver
- High self esteem
- Parent or caregiver who talks regularly with their child about drugs
- Active in faith-based organizations, school, athletic, or community activities
- Spending time around positive role models
- Living in a community that offers youths activities where drugs and alcohol are not tolerated
- Attending a school with an effective alcohol and drug education program and a non-tolerance policy for alcohol and drugs
- Belief that using drugs may be harmful or risky

**As a parent you can control many of the risk and protective factors in your home. REMEMBER THAT PARENTS AND CAREGIVERS ARE THE MOST IMPORTANT ROLE MODELS IN CHILDREN'S LIVES.**

(For more information see Growing up Drug Free: A Parent's Guide to Prevention - <https://www.getsmartaboutdrugs.gov/sites/getsmartaboutdrugs.com/files/publications/>)

Where are kids getting drugs? Twenty years ago, the answer to this question would only have been: from classmates at school, from friends at a party, or from a medicine cabinet. Fast forward to today and you'll find that young people are also getting drugs online, perhaps now more than ever.teen girl on cell phone

- Two Utah 8th graders overdosed and died after taking U-47700, a potent synthetic opioid also known as “pink,” they got from other teens who bought it online.
- A Minnesota teen overdosed and died after taking the synthetic psychedelic drug DPT (dipropyltryptamine) he bought online.
- The 16-year old son of famous television therapist Dr. Laura Berman died after overdosing on fentanyl. Berman believes her son bought the drug from a dealer on Snapchat.

As these tragic cases – and others like them– show, it is not hard for teens to use the internet to buy drugs without their parents' knowledge. Many

who buy drugs online do it through the so-called “dark web” – a part of the internet you can only access using a special anonymous browser. They purchase drugs using the virtual currency, Bitcoin. Because of the anonymity, sites on the dark web are harder for law enforcement to shut down.

In addition, the internet has become one of the main ways to sell synthetic opioids like fentanyl, which has become a leading cause of deadly drug overdoses due to its high potency, the New York Times reports.

With drugs being so accessible, as a parent or caregiver, you may feel a little overwhelmed when it comes to keeping your young loved ones safe.

Here are a few ways you can protect your kids and prevent them from purchasing drugs online\*:

**Keep the communication lines open.** Make sure to always have an open line of communication with your young loved ones. Let them keep you in the know about their friends,

what's happening in their school, their interests, and more. Being close to him or her also helps you to notice changes in behavior that could point to drug use.

**Make sure they know the consequences.** Because the drugs can be so readily available online, kids may believe that they aren't really that dangerous. But many times, dealers will lace pills with other substances (like fentanyl) that will increase the drug's potency and make its consumption even more dangerous. In addition to possible overdose, using and buying drugs can lead to other consequences. There have been cases where someone has been sentenced to prison for giving a pill to someone who later overdosed.

**Check out their “searches” (if you suspect drug use).** Look through their browser or Google searches (on their computer or cell phones). Keep an eye out for any “How to buy \_\_\_\_\_ online” - type searches. Bring up anything that causes strong suspicion.



This may be an uncomfortable conversation and you may also be accused of spying (which you are technically doing). But be sure to let him or her know that you are worried and only want to keep them safe. Make sure you point out recent cases in the news about young people overdosing on drugs. You may also want to invest in one of these “Parental-Control and Monitoring Apps.”

**Monitor their delivered packages (if you suspect drug use).** Drugs are often delivered in unmarked and discreet packages. If you find your loved one getting such mail, or packages that you don't expect, ask them about it. You may want to stick around when they are opening the package.

With drugs being more accessible than ever, the most important things you can do are to educate yourself on the potential danger while maintaining a good relationship with your teen.

**getsmartaboutdrugs.gov**

*April is Sexual Assault Awareness Month*

Whether at a bar, at a party, or even at a “friend’s” home – drug-facilitated sexual assault can happen to anyone at any time. For this reason, it’s important that the young people in your life understand the danger and are aware of the facts to protect themselves from becoming victims.

Although there are many substances that can cause you to pass out or lose control, certain drugs are referred to as “sexual

assault" (or "date-rape") drugs because sexual predators often use them to get control over their victims. These drugs include gamma hydroxybutric acid (GHB), Rohypnol, ketamine, and Ecstasy. Drinking a beverage spiked with one or more of these

drugs can take away a person's ability to fight back and memory.

**assault**  
**ative**  
**e**

A person who sexually assaults another person uses these drugs because they're easy to slip into a drink. They're tasteless, odorless, and colorless. Also, these drugs act fast and leave your system quickly, so if the assault isn't reported right away, it may be too late to test for the drugs. And the drugs aren't part of a routine screening, so unless the doctor knows to test for these specific drugs, they won't show up in the results. All of this makes it difficult to conduct a criminal investigation.

*Continued on page 23*



DRUGS & SEXUAL ASSAULT

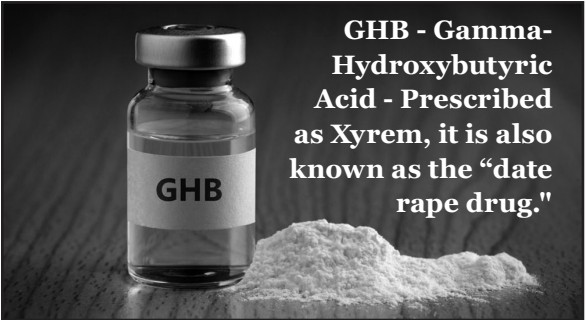
Because these drugs can affect a victims' memory, they may not remember the details or even be able to identify the person who assaulted them. In some cases, victims don't know what happened until much later.



**What Should Your Teen Look Out For?** Before a night out, give your teen the following tips to ensure they have a fun and safe time:

- **Don't** drink from a can or bottle that you didn't open yourself
- **Don't** take a drink from a punch bowl
- **Don't** drink from a container that's being passed around
- If someone offers you a drink from the bar at a club or party, don't take it. Instead, go to the bar to order your own drink, watch it being poured, and carry the drink yourself.
- **Don't** leave your drink unattended while talking, dancing, using the restroom, or making a phone call
- If you realize that your drink has been left unattended, throw it out and get a new one
- **Don't** drink anything that has an unusual taste or appearance, like a salty taste or unexplained residue
- **Don't** mix drugs and alcohol. Even over-the-counter drugs like cold medicine can react with alcohol and other substances in negative ways.
- Watch out for your friends and ask them to watch out for you. Have a plan to periodically check up on each other.
- If your friend appears very intoxicated, gets sick after drinking a beverage, passes out and is difficult to wake up, seems to have trouble breathing, or behaves in unusual ways, do what you need to do to make sure your friend is safe. **Call 911 if necessary.**

For advice specifically for TEENS on what to do if they've been drugged, go to JustThinkTwice.com.



GHB - Gamma-Hydroxybutyric Acid - Prescribed as Xyrem, it is also known as the "date rape drug."

Drug-Impaired Driving - What You Should Know

**What is impaired driving?** Any amount of a substance that impairs one's ability to operate a motor vehicle, react in a timely manner, and impairs one's judgment and attention as to other drivers and vehicles. The most common substances detected in impaired drivers are alcohol, marijuana, prescription drugs, and over-the-counter medications.

**Why is drug-impaired driving so dangerous?** Drug intoxication alters perception, mental processes, attention, balance, coordination, reaction time, and other abilities required for safe driving. With lesser reaction time and impaired judgment, crashes are more likely to occur which could result in injury or even death.

**Photo:** The driver of the car on the right, a 43-year-old male, tested positive for marijuana, cocaine, benzodiazepines, and opiates at the time of the accident, killing a 31-year old woman and injuring her three children. The driver received a ten-year prison sentence for aggravated vehicular homicide. Courtesy photo by Hope Taft, Ohio State Highway Patrol, Ohio National Guard.

What substances are used the most when driving?

After alcohol, marijuana is the drug most often linked to car crashes, including those involving deaths. A nationwide study of deadly crashes found that almost 37 percent of drivers who tested positive for drugs had used marijuana.

Source: National Institute on Drug Abuse, [www.drugabuse.gov/-publications/drugfacts/drugged-driving](http://www.drugabuse.gov/-publications/drugfacts/drugged-driving)

How dangerous is marijuana-impaired driving?

In Washington State, researchers conducted voluntary anonymous drug tests of drivers via oral and blood tests, and found that more drivers tested THC-positive one year after implementation of the retail sales law than immediately before. Statistically significant increases were observed among daytime drivers, where that rate more than doubled one year after retail legalization was implemented (7.8 percent vs. 18.9 percent).

Source: Marijuana, Other Drugs, and Alcohol Use by Drivers in Washington State. National Highway Traffic Safety Administration, July 2016.

Did you know?

According to the National Survey on Drug Use and Health, in 2017, 21.4 million people aged 16 or older drove under the influence of alcohol in the past year, and 12.8 million people drove under the influence of illicit drugs.



Source: Center for Behavioral Health Statistics and Quality. Results from the 2017 National Survey on Drugs Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, 2018.

More facts:

- Every day, almost 29 people in the U.S. die in alcohol-impaired vehicle crashes – that's one person every 50 minutes in 2016.
- Alcohol-impaired motor vehicle crashes cost more than an estimated \$44 billion annually. Source: [www.nhtsa.gov/risky-driving/drunk-driving](http://www.nhtsa.gov/risky-driving/drunk-driving)
- Marijuana-related traffic deaths increased 151 percent in the 5-year average (2013-2017) since Colorado legalized recreational marijuana. Source: The Legalization of Marijuana in Colorado: The Impact, Rocky Mountain High Drug Trafficking Area, September 2018.

For drug prevention information, visit DEA's websites:

GetSmartAboutDrugs.com

For Parents/Teachers/Caregivers

JustThinkTwice.com

ForStudents

CampusDrugPrevention.gov

For College Professionals

dea.gov 1



# How dealing with past trauma may be the key to breaking addiction

*Opening up to past trauma is difficult, but self-awareness is key to addressing issues that leave us vulnerable -- By Joanna Moorhead | Reprinted from theguardian.com*

What’s your poison, people sometimes ask, but Gabor Maté doesn’t want to ask what my poison is, he wants to ask how it makes me feel. Whatever it is I’m addicted to, or ever have been addicted to, it’s not what it is but what it does – to me, to you, to anyone. **He believes that anything we’ve ever craved helped us escape emotional pain. It gave us peace of mind, a sense of control and a feeling of happiness.**



a month in the care of a stranger. All this, he explains, gave him a lifelong sense of abandonment and loss which had an impact on his psychological health. It affected his marriage and his own parenting experience. To compensate for his buried trauma, he had buried himself in work and neglected his family.

Opening up to the trauma, exploring it and investigating it, was incredibly difficult. “The problems for me showed

And all of that, explains Maté, reveals a great deal about addiction, which he defines as any behavior that gives a person temporary relief and pleasure, but also has negative consequences, and to which the individual will return time and again. At the heart of Maté’s philosophy is the belief that there’s no such thing as an “addictive personality”. And nor is addiction a “disease”. Instead, it originates in a person’s need to solve a problem: a deep-seated problem, often from our earliest years that was to do with trauma or loss.

Maté, a wiry, energetic man in his mid-70s, has his own experience of both childhood trauma and addiction, more of which later. Well-known in Canada, where he lives, he gives some interesting reasons why Britain is “just waking up to me” and his bestselling book *In the Realm of Hungry Ghosts*. There’s a generational conflict here, he says, around being open about past trauma: he cites Princes William and Harry opening up about their mother’s death, and says it’s something the Queen’s generation would never have done. He applauds the new approach: “I think they [the princes] are right to be leading and validating that sense of inquiry, without which

life is not worth living.”

The infamous British stiff upper lip is something Maté has watched with fascination over the years. Born of our imperial past, he says, it was maintained for as long as there was something to show for it. Boarding school culture and traumatic childhoods played out into dominance of other countries and cultures, giving the “buttoned-up” approach inherent value. But once the empire crumbled, lips quavered.

“With rising inequality and all the other problems there are right now,” he says, “people are having to question how they live their lives. People in Britain are beginning to realize they paid a huge price internally for all those suppressed emotions.”

Part of that price was addiction – whether to alcohol or drugs, gambling or sex, overwork or porn, extreme sports or gaming – but essential to understanding it, says Maté, is to realize that addiction is not in itself the problem but rather an attempt to solve a problem. “Our birthright as human beings is to be happy, and the addict just wants to be a human being.”

And addictive behavior, though damaging in the medium or long term, can save you in the

short term. “The primary drive is to regulate your situation to something more bearable.” So rather than some people having brains that are wired for addiction, Maté argues, we all have brains that are wired for happiness. And if our happiness is threatened at a deep level, by traumas in our past that we’ve not resolved, we resort to addictions to restore the happiness we truly crave.

He speaks from experience: Maté is a physician who specialized in family practice, palliative care and, finally, addiction medicine. He became a workaholic and lived with ADHD and depression until, in his 40s and 50s, he began to unravel the root cause – and that took him all the way back to Budapest, where he was born in January 1944. Two months later, the Nazis occupied Hungary: his mother took him to the doctor because he wouldn’t stop crying. “Right now,” the doctor replied, “all the Jewish babies are crying.” This is because, explains Maté, what happens to the parent happens to the child: the mothers were terrified, the babies were suffering, but unlike their mothers they couldn’t understand what the suffering was about.

Later, Maté’s mother, fearing for his survival, left him for

up in the dichotomy between my success as a physician and my miseries as a husband and a father,” he recalls. “There was a big gap between them, and it’s taken me a long time to work through what I needed to work through.” As Oscar Wilde believed, pain is the path to perfection; and nearly five decades on from the day of their wedding, Maté says his marriage is better than ever.

“We’re happier, but it’s taken many years of work,” he says. In a few weeks it will be the couple’s 49th wedding anniversary. “We’ll go out for dinner and raise a glass to five happy years,” he quips. He’s already chosen his epitaph: “It’s going to say, this life is a lot more work than I anticipated. Because it takes a lot of work to wake up as a human being, and it’s a lot easier to stay asleep than to wake up.”

For Maté, self-awareness is the bottom line: when we wake up and become properly self-aware, we are able to address the traumatic childhood issues that leave us vulnerable to addiction. But because the process inevitably involves pain, we don’t address the issues until we absolutely have to – until something happens that forces us to face up to the fact



that our lives aren’t working as they should. And as with the individual, so too with society: although all around us in politics and the wider world is mayhem and chaos, Maté holds on to the fact that this discomfort – which we are communally aware of – will force us to examine what’s gone wrong in our collective psyche, and to seek to correct it.

Unsurprisingly, given his central message, Maté is in favor of drug decriminalization. He points to Portugal, where it is no longer illegal to possess a small amount of heroin or cocaine, and says the country has seen a reduction of drug-taking, less criminality and

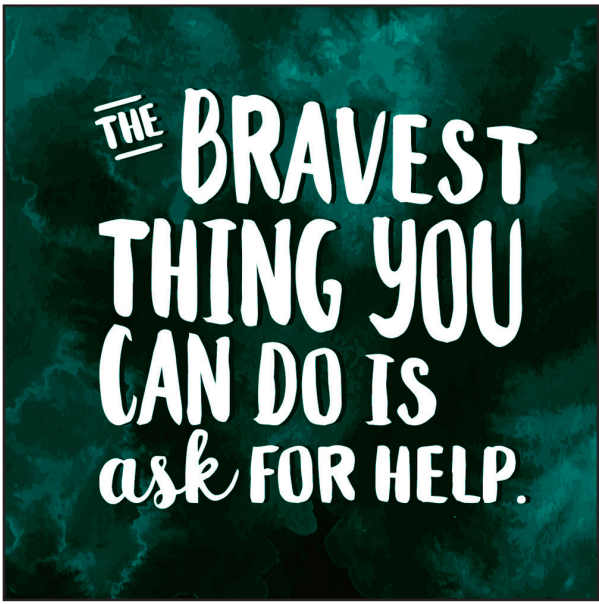
more people in treatment. In his view, it’s not really the drugs that are being decriminalized, it’s the people who are taking them – and given that they are, in his view, always victims of trauma, and never merely “bad” or “dangerous”, that’s entirely logical. But decriminalization is only the beginning: reform must cut much deeper. “The whole legal system is based on the idea

that people are making a choice,” he says. “This is false – because no one chooses to be an addict, or to be violent.”

Everything about Maté seems to be based on a workaday, efficient kindness: his message is about understanding, blue-sky thinking and common sense. However, with any philosophy that references retrospective experiences, there’s the inevitable tendency to parent-bash – the “they fuck you up” mentality. But read on in Larkin, and his approach is not so different from Maté’s: “They may not mean to, but they do.” There’s no room for blame because, says Maté, virtually all parents do their best, and



the deepest love they have is for their child. One of the best things that ever happens to him, he says, is when a parent whose child has died of an overdose comes up to him and tells him that, through his book, they can understand why it happened. And when readers tell him – sometimes accusingly, sometimes gratefully – that his work humanizes addicts, he can only answer: addicts are human. The only question for him is, why has it taken us so long to realize that?



## The Disease Concept...Submitted by a recovering Seneca Addict/Alcoholic

If you ask a doctor what addiction or alcoholism is, they may tell you that it is a chronic brain disease, characterized by compulsively seeking drugs and using them or compulsively drinking alcohol, despite harmful consequences. A doctor may tell you it’s considered a brain disease, because drugs change the brain. He/she may tell you that it’s a disorder, which is a disruption to regular bodily structure and function, caused by the drug use or drinking.

People, on the other hand, have their own opinions about what addiction is and what alcoholism is. Most of the time, people really do not understand what addiction really is. When I say addiction or drugs, I am also referring to alcohol and marijuana, because believe it or not - alcohol and marijuana are drugs too. A drug is a mood altering or mind changing substance that can be introduced to the body, in many different ways. As an addict in recovery, I can’t say anyone is right or wrong, maybe they are all right or wrong. I do know this: there is so much more to addiction and a lot of people are lacking knowledge or awareness when it comes to this matter. I was one of those people. I have learned a lot about addiction, and I have so much more to learn. I have learned that addiction is a very complex entity with a lot of contributing factors to it. Factors such as genetics, environment, and development all play a major role whether someone will become addicted or not. Being Native American, we also have intergenerational trauma on top of everything else.



Being Native American, we have the perfect storm when it comes to becoming addicts and alcoholics. Native Americans with alcoholism is 7.1% higher than the rest of the total population, which is 5.4%. 1 in 6 Native adolescents ages 12-17 engage in underage drinking. This is the highest rate of all racial/ethnic groups. These are just a few numbers reported in a 2018 national survey on the American Addiction Center website. What can we do,

as a people, to change those numbers? How can we help those in need? First off, we need to stop putting down and shaming those who suffer with addictions. They do that enough to themselves. Second, we need to educate ourselves. There are some great educational materials available - amazing books and great videos on YouTube. There is also a great community of Seneca recovering addicts and alcoholics who can share with you their stories. Third, is to take an honest look at ourselves and what goes on in our homes. How can we expect everyone else to get better, if we or the activities going on in our homes are not any better? Ask yourself, “What can I change within me - to help my people”? “What can I do to be a better person”? Because in a world filled with anger and hate, we really need to make a change. Dig deep and get connected to love and compassion, which we should have for one another. Please do the research, look inside yourself, and be that change. Every single one of us need to be that change towards love, compassion and understanding.



*"As the drug epidemic continues to impact our territories, we're committed to seeking solutions for a healthier Nation."*

Marta Kettle, SNI Clerk









**ADDICTION** affects how people think and what they do. One important sign of addiction is that a person continues to use drugs even though it's harming their life: physical health, performance at school or work, or relationships. They feel like they can't stop using drugs, no matter what happens. Most addicts spiral into a hopeless state of mind until they reach a point where they are willing to stop or make a change.

# NATIVE



# connections

Honor your journey.



Rory Honors His Journey by being a member of the Seneca Nation Volunteer Fire Department.

The mission of Native Connections/The Prevention Team is to unify Seneca Nation communities, systems and resources so that our youth and families are protected against suicide and substance misuse.

Through community-wide programs for youths and their families, we strive to create a healthy Seneca Nation today and seven generations

Follow us on Facebook or check us out at [SenecaNativeConnections.org](http://SenecaNativeConnections.org)  
To learn more about our events and programs.

CATTARAUGUS TEAM  
716-532-5583

ALLEGANY TEAM  
716-945-9001

**A Well Worn Excuse Continued** ----- Yup, been there, done a lot of crazy stuff and more – in public. So, when I had had enough and knew that I needed to change the way I was living, I didn't want anyone to know I had a drinking problem or a drug problem. The truth of the matter is that everyone all around me already knew I had a problem long before I was willing to do anything about it. Another truth I learned is: selfishness and self-centeredness are at the very root of the disease of addiction. It was my inflated ego and deep seated self-centeredness which controlled my whole life when I was doing drugs and drinking. A friend of mine in recovery said it like this: "I'm not much, but I'm all I think about".

If you identify with anything in this little story, and you want to reach out for help, please do it! Don't worry about what other people will think about you reaching out for help. Don't use that well-worn excuse: "I can't get help, because I don't want anybody to know." or "There is no confidentiality". Don't be concerned about who knows you have a drug problem. Everyone already knows. Maybe you drink or do drugs alone and you think nobody knows. Same thing – if you want help, get help. We don't need to be frightened or feel guilty or ashamed about doing something to improve our own lives and the lives of those that love us. Besides, if the people we drink and drug with are really our friends and sincerely care about us – they'll want us to be well and get the help we need. If people in the community have seen you at your worst, why not let them see you at your best? Please, get the help you need. When you can, pass it on and help someone else. That's way better than any drug or any drink!



## USEFUL WEBSITES

**Kids Escaping Drugs**  
[www.ked.org](http://www.ked.org)

**The Anti-Drug Campaign**  
[www.theantidrug.com](http://www.theantidrug.com)

**National Institute on Alcohol Abuse and Alcoholism**  
[www.niaaa.nih.gov](http://www.niaaa.nih.gov)

**National Institute on Drug Abuse**  
[www.nida.nih.gov](http://www.nida.nih.gov)

**Substance Abuse and Mental Health Services Administration**  
[www.samhsa.gov](http://www.samhsa.gov)

**New York State Office of Alcoholism and Substance Abuse Services**  
[www.oasas.ny.gov](http://www.oasas.ny.gov)

**National Council on Alcoholism and Drug Dependence Inc.**  
[www.ncadd.org](http://www.ncadd.org)




**Office of National Drug Control Policy**  
[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

**Alcoholics Anonymous World Services**  
[www.aa.org](http://www.aa.org)

**Narcotics Anonymous World Services**  
[www.na.org](http://www.na.org)

**Al-Anon/Alateen Family Group Headquarters Inc.**  
[www.al-anon.org](http://www.al-anon.org)

**FENTANYL** is a synthetic opioid or painkiller. It's about 100 times more powerful than morphine and between 30-50 times more powerful than heroin. It's also a driving force behind a sweeping drug epidemic, which has caused the number of opioid related deaths to spike in Erie County and across the nation. Fentanyl is often used to cut heroin without buyer's knowledge, resulting in lethal consequences.

HELPFUL RESOURCES		
	<u>ALLEGANY</u>	<u>CATTARAUGUS</u>
EMERGENCIES	911	911
Marshals	(716) 945-2779	(716) 532-3040
Seneca Strong	(716) 945-8413	(716) 532-8456
Behavioral Health Unit	(716) 945-9001	(716)532-5583
Health Center	(716) 945-5894	(716) 532-8223
Pharmacy	(716) 945-8240	(716) 532-8330
Crime Victim Services	(716) 532-4900, X5060	(716) 532-4900, X5060
Child and Family Services	(716) 945-5894	(716) 532-4035
Tribal Advocate	(716) 945-2655	(716) 532-4900, X5055
Gakwi:yo:h Farms	(716) 801-6249	(716) 801-0116
Conservation Dispatch	(716) 945-2779	(716) 532-3040
Crimestoppers <a href="https://www.crimestopperswny.com">https://www.crimestopperswny.com</a>	(716) 867-6161	(716) 867-6161
If you are interested in attending a Narcotics Anonymous or Alcoholics Anonymous meeting, please call the numbers below or go on-line to find a meeting.		
	<u>ALLEGANY</u>	<u>CATTARAUGUS</u>
 <div>Narcotics Anonymous Western NY Region of N.A. <a href="http://nawny.org">nawny.org</a></div>	(716) 878-2316	(716) 878-2316
 <div>Alcoholics Anonymous Buffalo Area A.A. Central Office <a href="http://buffaloaany.org">buffaloaany.org</a></div>		(716) 853-0388
 <div>Alcoholics Anonymous NY-PENN A.A. Intergroup <a href="https://nypennintergroup.org/contact-us">https://nypennintergroup.org/contact-us</a></div>	(716) 372-4800	

Please note: A.A. and N.A. meeting locations and times change often and quickly, so always check before assuming the times and locations are accurate.

