



From The Director's Desk:



The first decade of the millennium is gone!

It was just "yesterday" that we welcomed the 21st century full of hopes and dreams.

It seems incredible but we are in 2011 and during the last ten years, technology has changed the way we communicate with each other regardless of distance and time.

I-Pads, I-Phones, text messaging, email, MMS, Facebook, Twitter and other social media web sites enable us to re-connect with friends and families that we lost contact with due to our busy lives, careers, and life changes. The new technology enables us to re-organize our lives and the way we conduct business.

All of us at SFSNJ have also been re-organizing to improve efficiency in the work we do with our clients and referral sources. This year, we were able to offer psychiatric services to our co-occurring and family service clients in our Beaverson Blvd office in Brick, instead of having to make an outside referral.

This has increased our client compliance with treatment resulting in an improvement in clients outcomes. We also have increased the use of

technology to provide services and staff education and we were able to implement anger management services. In 2011, we will be offering medication assisted services and expand our mental health treatment capacity.

In addition to receiving our second national accreditation with CARF, SFSNJ was the recipient of a new contract with Ocean County to provide substance abuse services for adults and also to Spanish speaking clients for 2011. This new contract enables SFSNJ to provide additional services to clients in Ocean County, especially in during these tough financial times in which funding is becoming scarce

In 2010, we lost some very good staff members. However, we were able to recruit a new generation of professionals that are eager to work and prove themselves in the counseling field. Their creativity and willingness to assist our clients is outstanding.

We also plan to continue to collaborate with educational organizations such as Monmouth University, Georgian Court University, New Jersey Prevention Network and Ocean County College. We plan to expand our internship program for professional counselors, social workers and addiction counselors. This effort has paid off handsomely for SFSNJ since it has enabled us to re-evaluate our procedures and supervision to accommodate challenging new ideas that are emerging in the field.

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Youth: RX and OTC

Teens might be turning away from street drugs, but now there's a new threat. The family's medicine cabinet: That's where the abuse of prescription (Rx) and over-the-counter (OTC) drugs start.

What's the problem?

Teens are abusing some prescription and over-the-counter drugs to get high. Every day 2,500 youth age 12 to 17 abuse a pain reliever for the very first time. More teens abuse prescription drugs than any illicit drug except marijuana. In 2008, more than 2.1 million teens ages 12 to 17 reported abusing prescription drugs. Among 12- and 13-year-olds, prescription drugs are the drug of choice. Because these drugs are so readily available, and many teens believe they are a safe way to get high, teens who wouldn't otherwise touch illicit drugs might abuse prescription drugs.

Teens are abusing some OTC drugs, such as cough and cold remedies, to get high. Many of these products are widely available and can be purchased at supermarkets, drugstores, and convenience stores. Many OTC drugs that are intended to treat headaches, sinus pressure, or cold/flu symptoms contain the active ingredient dextromethorphan (DXM) and are the ones that teens are



using to get high. When taken in high doses, DXM can produce a "high" feeling and can be extremely dangerous in excessive amounts.

What are the dangers?

There are serious health risks related to abuse of prescription drugs. A single large dose of prescription or over-the-counter painkillers or depressants can cause breathing difficulty that can lead to death. Stimulant abuse can lead to hostility or paranoia, or the potential for heart system failure or fatal seizures. Even in small doses, depressants and painkillers have subtle effects on motor skills, judgment, and ability to learn.

The abuse of OTC cough and cold remedies can cause blurred vision, nausea, vomiting, dizziness, coma, and even death. Many teens report mixing prescription drugs, OTC drugs, and alcohol. Using these drugs in combination can cause respiratory failure and death.

How to prevent RX and OTC abuse.

Think about your home. What prescription and over-the-counter (OTC) drugs do you have? Where are they kept? Would you know if some were missing? The good news is that you can take steps immediately to limit access to these drugs and help keep your teen drug-free:

1. Safeguard all drugs at home. Monitor quantities and control access. Take note of how many pills are in a bottle or pill packet, and keep track of refills. If your teen has been prescribed a drug, be sure you control the medication, and monitor dosages and refills.
2. Set clear rules for teens about all drug use, including not sharing medicine and always following the medical provider's advice and dosages. Make sure your teen uses prescription drugs only as directed by a medical

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provider and follows instructions for OTC products carefully. Teens should never take prescription or OTC drugs with street drugs or alcohol.

3. Be a good role model by following these same rules with your own medicines. Examine your own behavior to ensure you set a good example. If you misuse your prescription drugs, such as share them with your kids, or abuse them, your teen will take notice. Avoid sharing your drugs and always use them responsibly.
4. Properly conceal and dispose of old or unneeded medicines in the trash. Unneeded prescription drugs should be disposed of properly. So that teens or others don't take them out of the trash, you can mix them with an undesirable substance (like used coffee grounds or kitty litter) and put the mixture in an empty can or bag. Unless the directions say otherwise, do NOT flush medications down the drain or toilet because the chemicals can pollute the water supply.
5. Ask friends and family to safeguard their prescription drugs as well. Make sure your friends and relatives, especially grandparents, know about the risks, too, and encourage them to regularly monitor their own medicine cabinets.
6. Talk to your teen about the dangers of abusing prescription and over-the-counter drugs. These are powerful drugs that, when abused, can be just as dangerous as street drugs. Tell your teen the risks far outweigh any "benefits."

To help combat teen substance abuse, Seashore Family Services of New Jersey (SFSNJ) offers Adolescent Substance Abuse Treatment which incorporates:

- Didactic and Therapy Group Services
- Individual and Family Counseling
- Anger Management/Truancy
- Support Building for Teens and Family Members
- Relapse Prevention Planning

We believe that the earlier one seeks help for their teen's behavioral or drug problems, the better the outcome.

SFSNJ also offers family counseling services which are designed to assist in managing family conflicts, develop communication strategies, and cope with issues within the family unit. These services include individual sessions for each adult member and their children, based on their needs.

From The Director ... Continued

We also welcomed, Mrs. Marni Elson-Victor, MS, LCADC, Clinical Supervisor at the Chambers Bridge office in Brick. She comes with a great experience in the areas of addiction, residential treatment and women issues. Read about her on page 4.

We also welcome our new counselors, Christopher Larres, Cindy Kelly, Laurel Rhoades, Candace Tocci, Lisa Fobian, and Kate Crowley, and our new secretarial staff, Barbara Stopfer, Ana Gomez, and Georgette Breslin who help to function effectively every day.

We are expanding and improving our services and we are looking forward to serving our community with the dedication and passion as we have provided in the past and will continue to do in the future. Keep an eye on our web site, www.sfsnj.org. We are using this technology to keep our referral sources and our clients informed of the new changes and trends in the field.

Featuring the Newest SFSNJ Employee: Marnie Elson- Victor, MSW, LCADC, CCS



Marnie Elson-Victor is a Licensed Clinical Alcohol and Drug Counselor, having worked in the field of addiction for over 11 years. She also holds certification as a substance abuse counselor in New

York State. She obtained a Bachelor and Master Degree in Counseling from Pace University, with a focus on substance abuse. She recently became a Certified Clinical Supervisor in New Jersey, and, for over 9 years, she was a Counselor and Clinical Supervisor at the Discovery Institute for Addictive Disorders. Her experience also includes working with survivors of sexual abuse and student assistance programs in both NY and NJ. Marnie also has been a speaker for the Marlboro Township Alliance to Prevent Substance Abuse in the topics of addiction and women issues.

Concerning her new duties, Marnie stated: "Joining Seashore Family Services of New Jersey, as a Clinical Supervisor, is an opportunity to work in a well known outpatient program that continues to encourage client's recovery and assist in the professional growth of their staff. I am proud to contribute to this organization and to the clients they served".

Marnie was raised in New Jersey, yet after college, she remained in New York to work in outpatient programs in Westchester County. There, she specialized in working with women that experience substance abuse as well as sexual abuse issues.

Her career goals include to complete her post-master's certificate, become a Licensed Professional Counselor and obtain training and knowledge in trauma counseling using EMDR techniques. She is also a member of the National Association of Alcohol and Drug Addiction Counselors, NAADAC. As a wife and mother of two boys, she also spends her time taking care of her family and enjoying leisure activities.

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Underage Drinking

Alcohol is the most widely used substance of abuse among America's youth. A higher percentage of young people between the ages of 12 and 20 use alcohol than use tobacco or illicit drugs.

The physical consequences of underage alcohol use range from medical problems to death by alcohol poisoning, and alcohol plays a significant role in risky sexual behavior, physical and sexual assaults, various types of injuries, and suicide. Underage drinking also creates secondhand effects for others, drinkers and nondrinkers alike, including car crashes from drunk driving, that put every child at risk. Underage alcohol consumption is a major societal problem with enormous health and safety consequences and will demand the Nation's attention and committed efforts to solve.

Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking; this includes about 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drownings. Yet drinking continues to be widespread among adolescents, as shown by nationwide surveys as well as studies in smaller populations. According to data from the 2010 Monitoring the Future (MTF) study, an annual survey of U.S. youth, three-fourths of 12th graders, more than two-thirds of 10th graders, and about two in every five 8th graders have consumed alcohol.

Alcohol affects every part of the body. It is carried through the bloodstream to the brain, stomach, internal organs, liver, kidneys, muscles – everywhere. It is absorbed very quickly (as short as 5 - 10 minutes) and can stay in the body for several hours. Alcohol affects the central nervous system and brain. It can make



users loosen up, relax, and feel more comfortable, or can make them more aggressive.

WHY DO ADOLESCENTS DRINK?

In a sense, just being an adolescent may be a key risk factor not only for starting to drink but also for drinking dangerously.

- **Risk-Taking**—For some teens, thrill-seeking might include experimenting with alcohol. Developmental changes also offer a possible physiological explanation for why teens act so impulsively, often not recognizing that their actions—such as drinking—have consequences.
- **Expectancies**—An adolescent who expects drinking to be a pleasurable experience is more likely to drink than one who does not. Before age 9, children generally view alcohol negatively and see drinking as bad, with adverse effects. By about age 13, however, their expectancies shift, becoming more positive. As would be expected, adolescents who drink the most also place the greatest emphasis on the positive and arousing effects of alcohol.

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- **Sensitivity and Tolerance to Alcohol**—Many young drinkers are able to consume much larger amounts of alcohol than adults before experiencing the negative consequences of drinking, such as drowsiness, lack of coordination, and withdrawal/hangover effects. This unusual tolerance may help to explain the high rates of binge drinking among young adults. At the same time, adolescents appear to be particularly sensitive to the positive effects of drinking, such as feeling more at ease in social situations, and young people may drink more than adults because of these positive social experiences.
- **Personality Characteristics and Psychiatric Comorbidity**—Young people who are disruptive, hyperactive, and aggressive—often referred to as having conduct problems or being antisocial—as well as those who are depressed, withdrawn, or anxious, may be at greatest risk for alcohol problems. Other behavior problems associated with alcohol use include rebelliousness, difficulty avoiding harm or harmful situations, and a host of other traits seen in young people who act out without regard for rules or the feelings of others.
- **Hereditary Factors**—Some of the behavioral and physiological factors may be directly linked to genetics. For example, being a child of an alcoholic or having several alcoholic family members places a person at greater risk for alcohol problems. Children of alcoholics (COAs) are between 4 and 10 times more likely to become alcoholics themselves.

Many kids start drinking in middle school. In fact, one out of every two 8th graders has tried alcohol. Additionally, more kids use alcohol than use tobacco or illicit drugs and more children are killed by alcohol than all illegal drugs combined. But the risky behavior does not end there. Research

shows that individuals who reported starting to drink before the age of 15 were four times more likely to also report meeting the criteria for alcohol dependence at some point in their lives. In fact, serious drinking problems (including what is called alcoholism) typically associated with middle age actually begin to appear much earlier, during young adulthood and even adolescence. Finally, more than 67 percent of young people who start drinking before the age of 15 will try an illicit drug.

Parents and care givers can take the following steps to encourage their children to abstain from alcohol:

- Spend time together regularly.
- Listen and talk with your children. Try to understand the pressures placed on them and don't criticize their beliefs.
- Keep track of where your children are, what they are doing, and who their friends are.
- Get them involved in after-school activities so they won't be able to just "hang out" with friends in the afternoon. This is when children are most likely to experiment.
- Praise or reward children often. If they feel good about themselves, they will be more confident and better able to resist peer pressure.
- Be a positive role model for your children. Don't abuse alcohol or drugs.

Source:

- www.theantidrug.com