

— NORTH DAKOTA —

BEHAVIORAL HEALTH

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Director, Behavioral Health Division



What is Behavioral Health?

Preventing and treating depression and anxiety

Preventing and treating substance abuse or other addictions

Supporting recovery

Creating healthy communities

Promoting overall well-being

a state of *mental/emotional being* and/or *choices and actions* that affect WELLNESS.



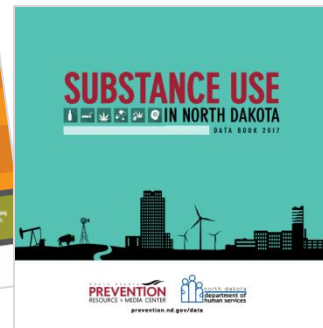
By 2020, mental health and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

SAMHSA

State Epidemiological Outcomes Workgroup (SEOW)

SEOW Mission Statement:

Identify, analyze, and communicate key substance abuse and related behavioral health data to guide programs, policies, and practices



DATA RESOURCE

**WHAT'S HAPPENING
IN YOUR REGION?**

SUND.ND.GOV

SUBSTANCE USE DATA AT YOUR FINGERTIPS.

[Home](#)

[By Substance](#)

[By Location](#)

[By Demographic](#)

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Select an Option to the
Right to Start Viewing
Data 

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By Substance

Substance Type

[Alcohol](#)
[Tobacco](#)
[Marijuana](#)
[Prescription Drugs](#)
[Other Drugs](#)

By Location

National / North Dakota

[North Dakota](#)
[United States](#)

Regional

[View Regional Map](#)

[Northwest](#)
[North Central](#)
[Lake Region](#)
[Northeast](#)
[Southeast](#)
[South Central](#)
[West Central](#)
[Badlands](#)

By Demographic

[Adult](#)
[Youth](#)

Grade

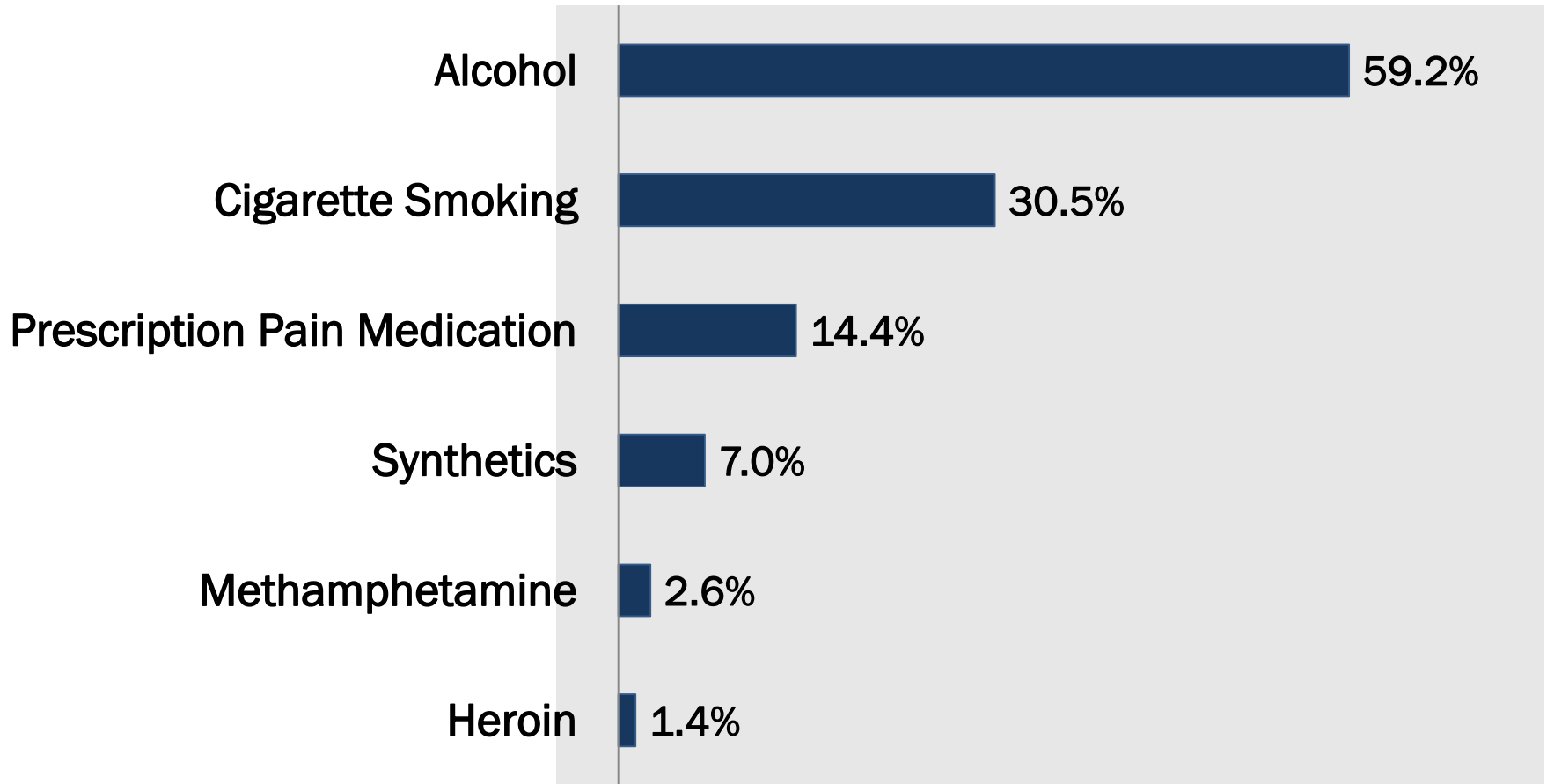
[Middle School](#)
[High School](#)
[University](#)

Age

12+	
12-17	<18
12-20	18-24
18-25	18+
25-34	26+
35-44	45-54
55-64	65+

Reported LIFETIME Use Among ND High School Students

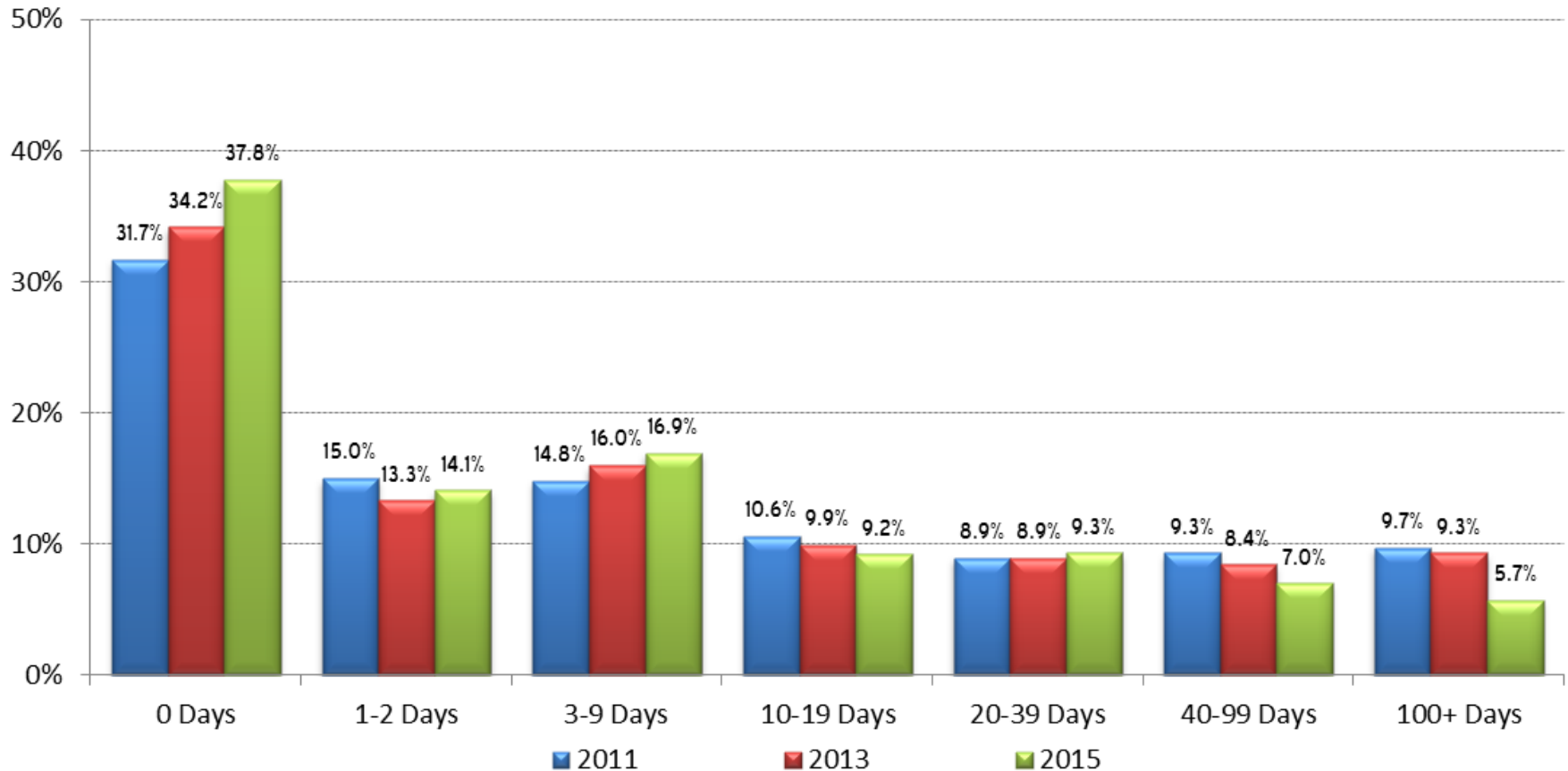
2017 YRBS



In 2009 (the last time the question was asked), lifetime use of **MARIJUANA** among ND high school students was 30.7%

Substance Use Prevalence

Alcohol Lifetime Use, ND YRBS



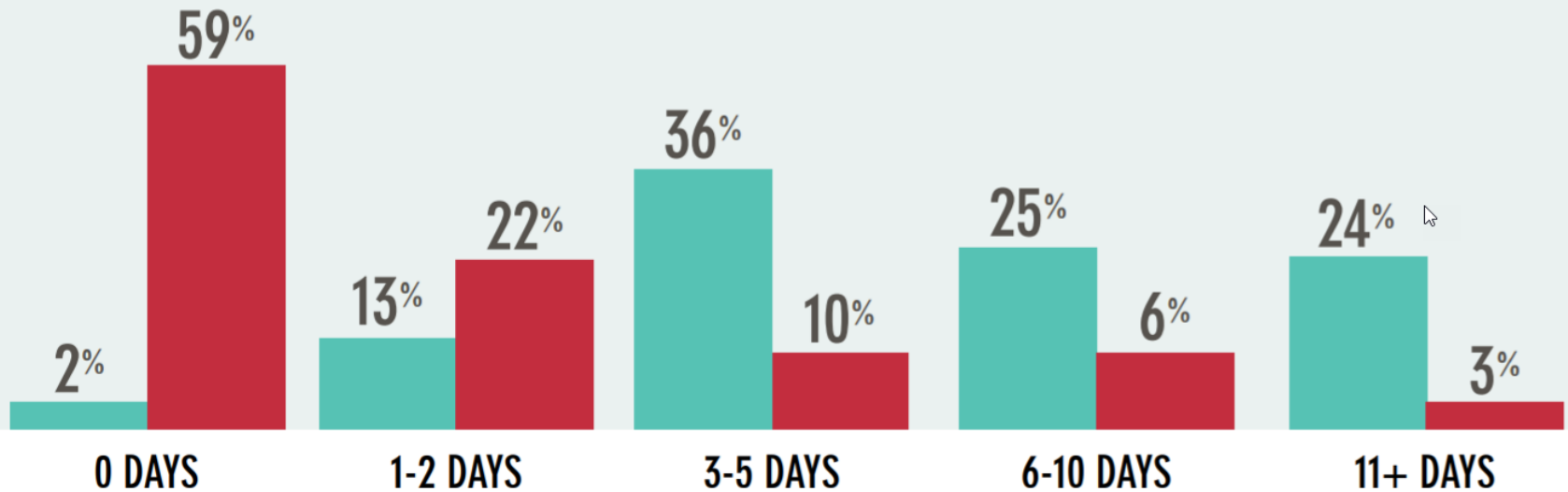
Number of days students report consuming alcohol in their lifetime.

A significant misperception is revealed when perceptions of how frequently peers binge drinking are compared to actual binge drinking rates.


ND Young Adult Survey, 2016

PERCEIVED VERSUS ACTUAL BINGE* DRINKING BEHAVIOR AMONG YOUNG ADULTS

(Number of days in past 30 days)

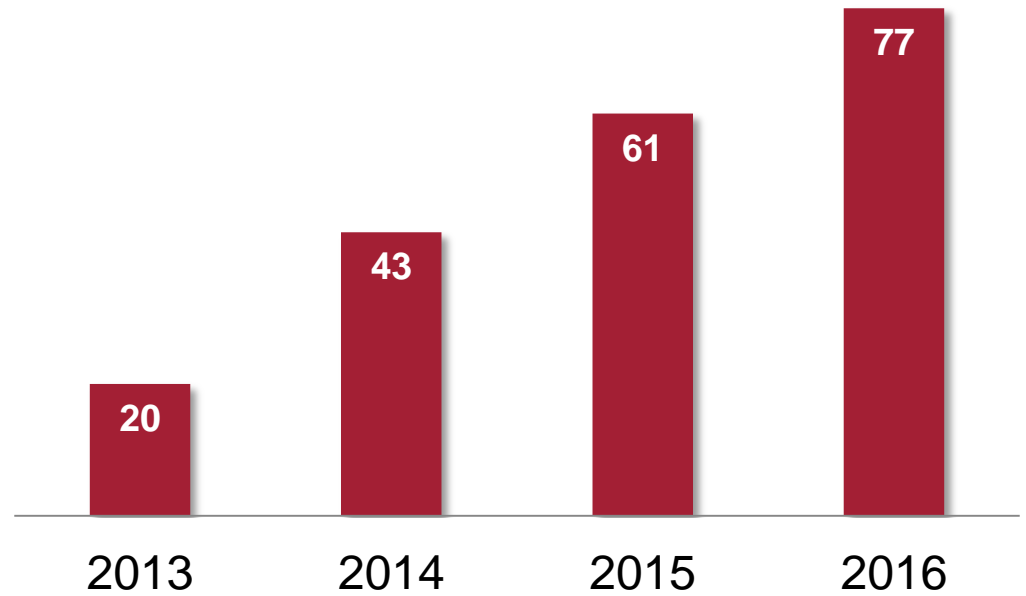


*5 or more drinks on an occasion or in a row

 Perceived peer use  Actual use

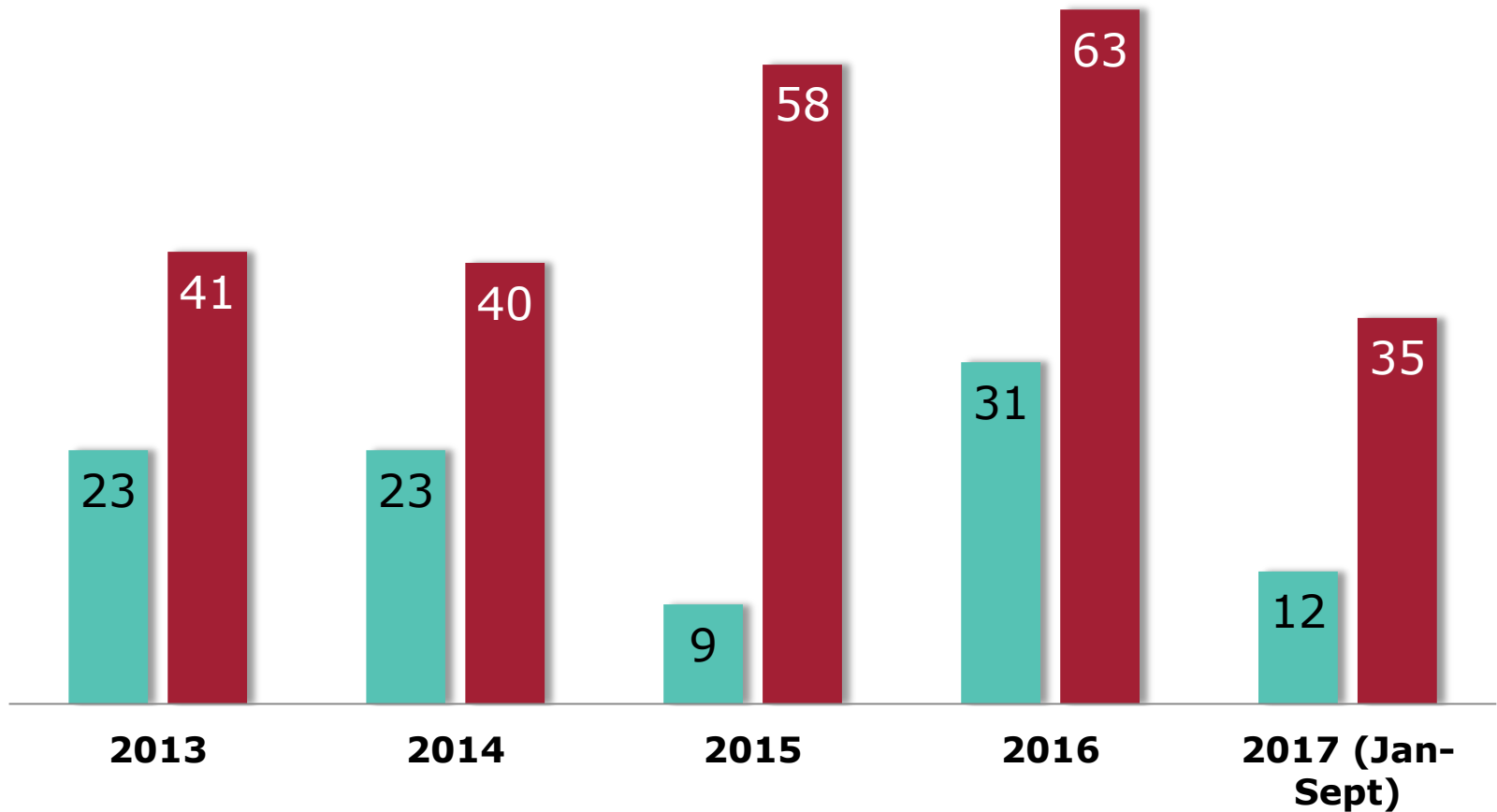
OPIOID OVERDOSE


Deaths in North Dakota



OPIOID AND ALCOHOL DEATHS - CASS COUNTY

■ Opioid-related Deaths





“Compared to national averages, North Dakota fares well on most indicators of physical and behavioral health. One exception to this is **alcohol use**; North Dakota ranks much higher than the national average in excessive drinking and alcohol-related motor vehicle crash deaths.”

ND Behavioral Health System Study 2018

North Dakota Prevention Priorities



Underage Drinking



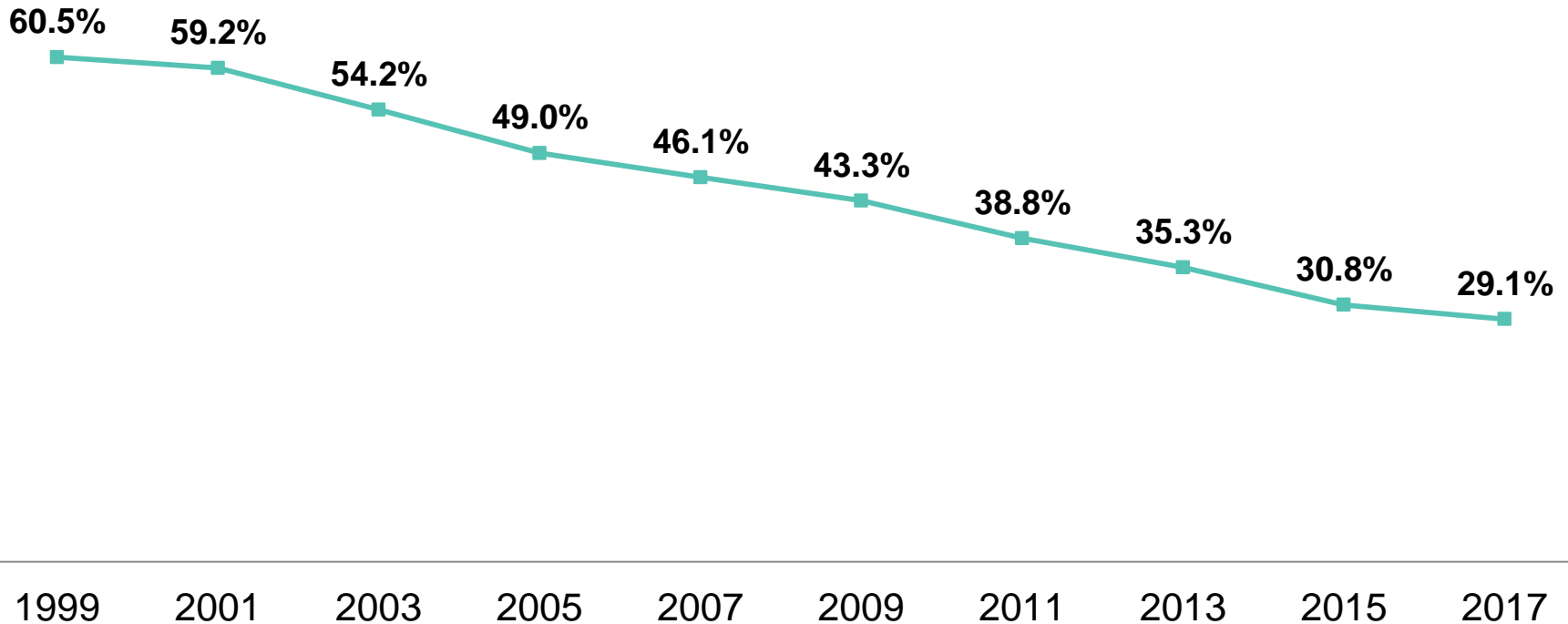
Adult Binge Drinking



Prescription Drug / Opioid Abuse

PREVENTION WORKS

Current Alcohol Use (past 30 days) among ND High School Students



Youth Risk Behavior Survey

Age of Initiation

The percentage of ND HS students who report *having their first drink before age 13* has decreased from 32.3% in 1995 to 14.5% in 2017. (YRBS)

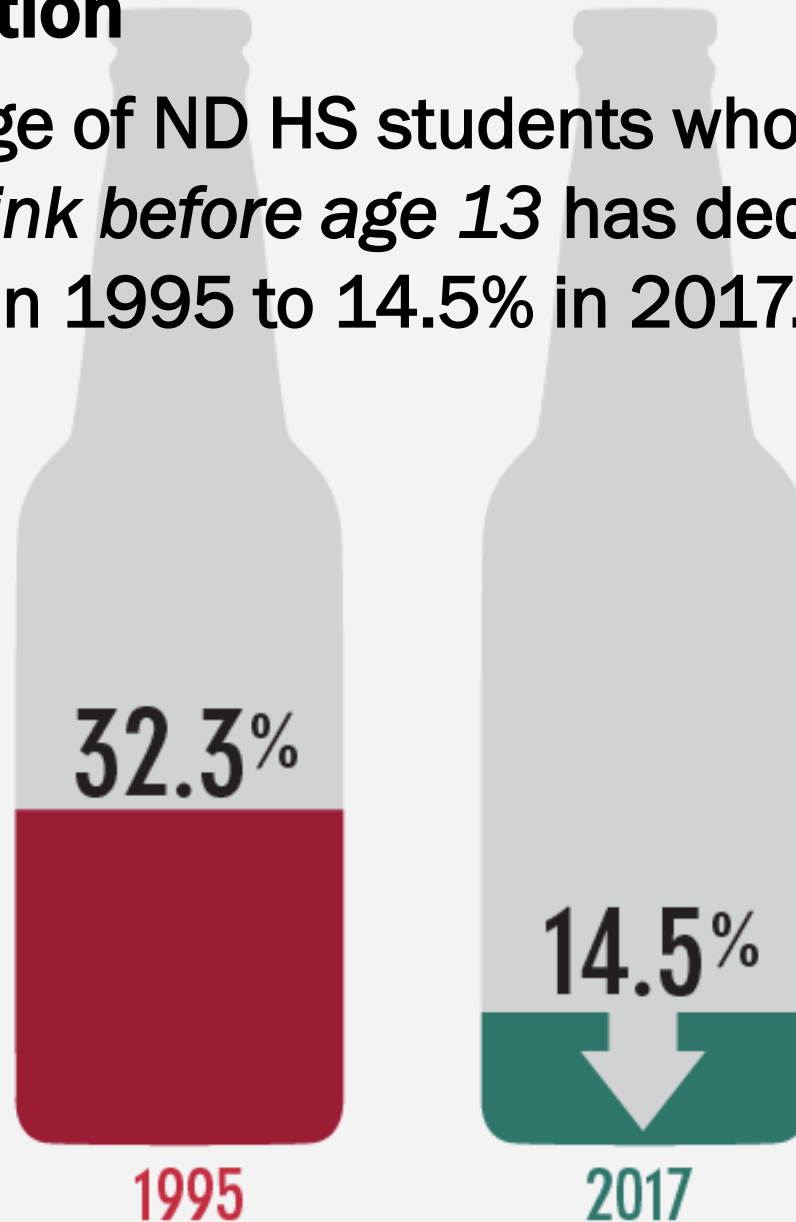
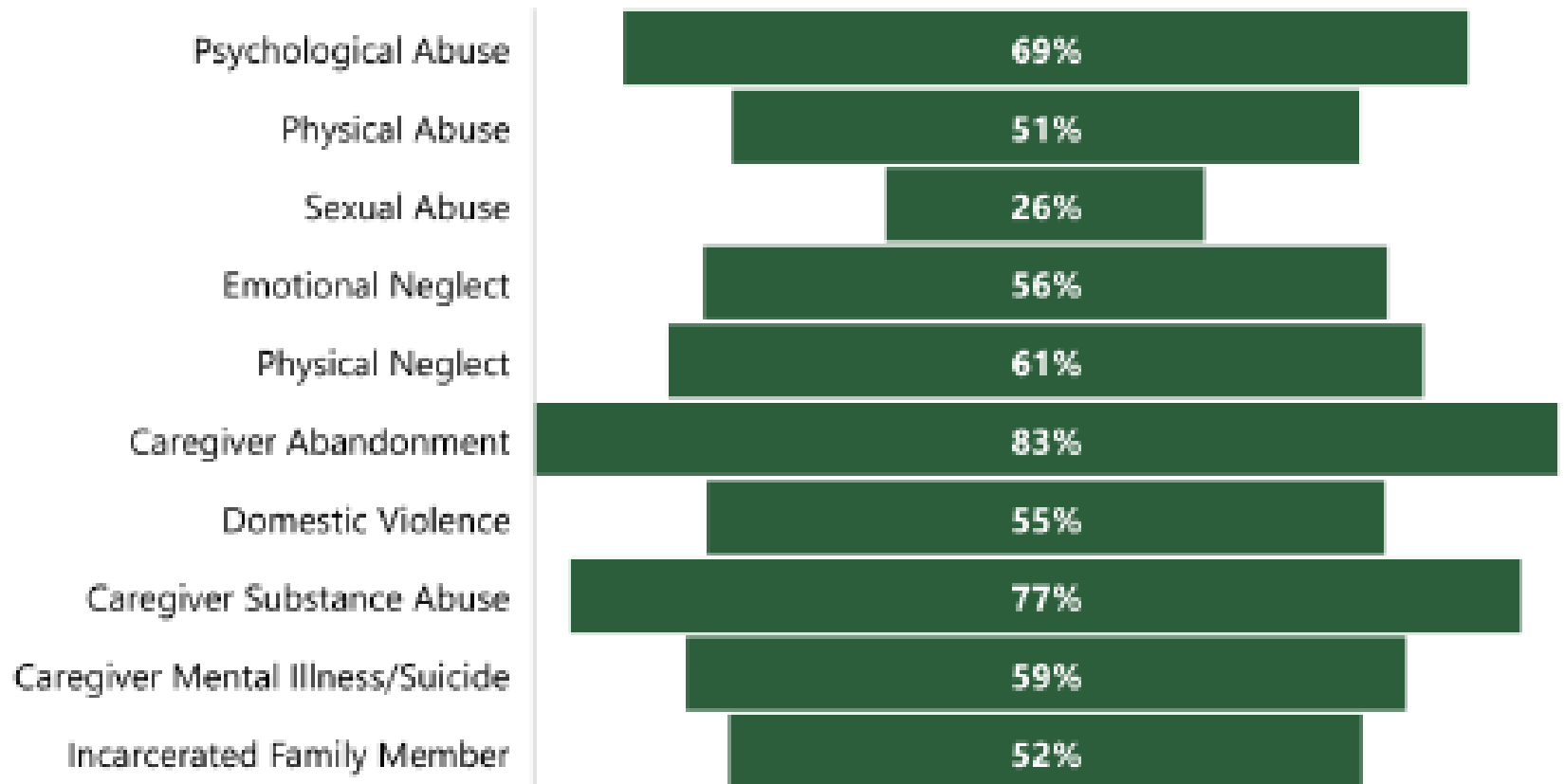


Figure 18

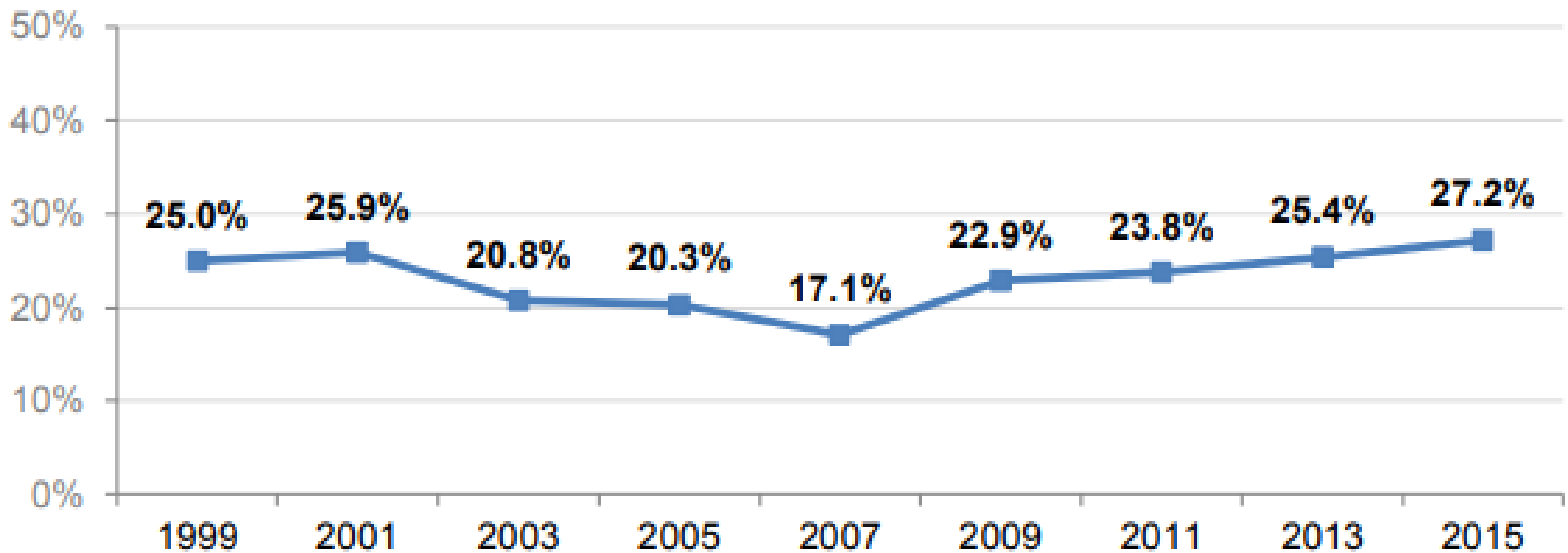
A high proportion of foster care children and youth admitted in 2016 and 2017 had indicated **adverse childhood events**.



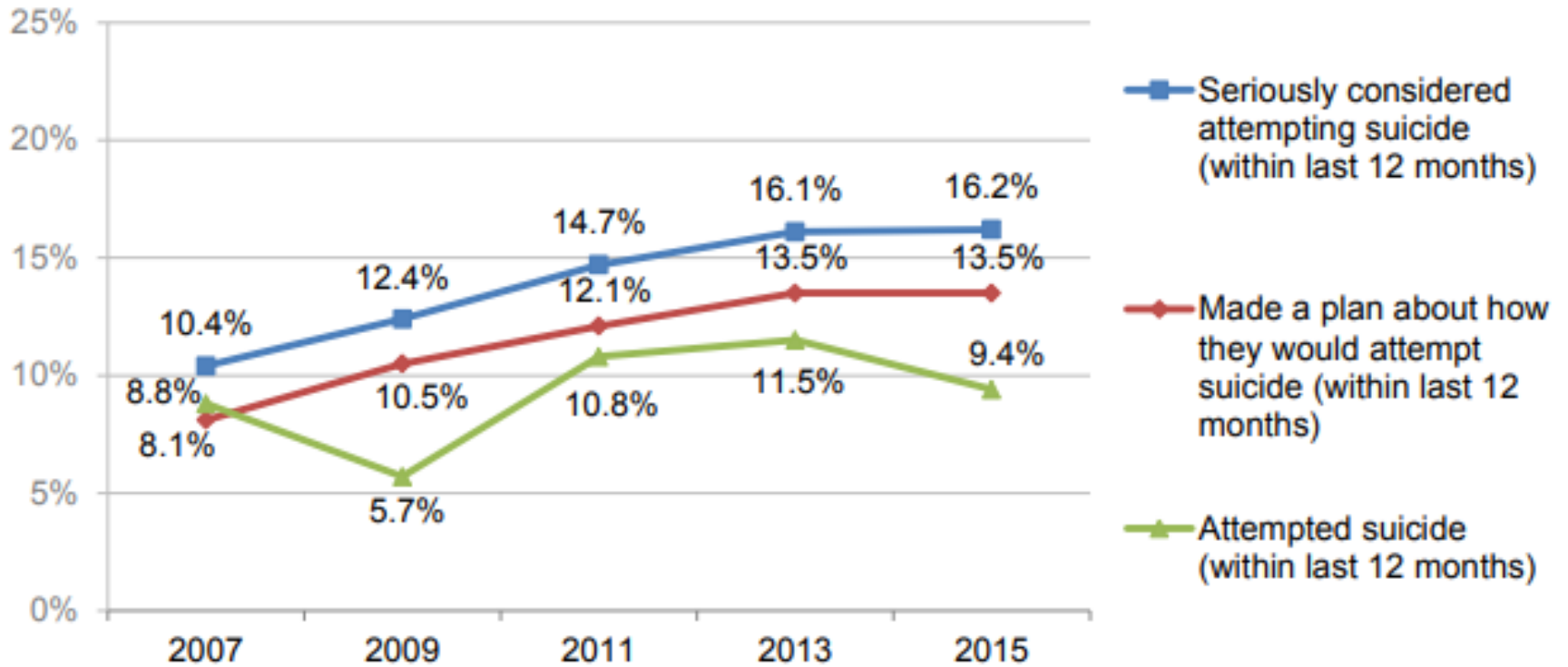
Source: PATH ND; n=386; Children and youth in the sample endorsed an average of 5.9 ACEs.

ND High School Students reported feeling sad or hopeless
(almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the last 12 months)

YRBS



ND High School Students - Suicide YRBS



EFFECTIVE CHILDREN'S BEHAVIORAL HEALTH SYSTEM



CORE VALUES:

Community-based

Family-driven

Youth-guided

Culturally and linguistically competent



KEY PRINCIPLES

Multi-system collaboration

Integration

Least restrictive

Resist criminalizing

Broad array of services and supports

Accessible (timely)

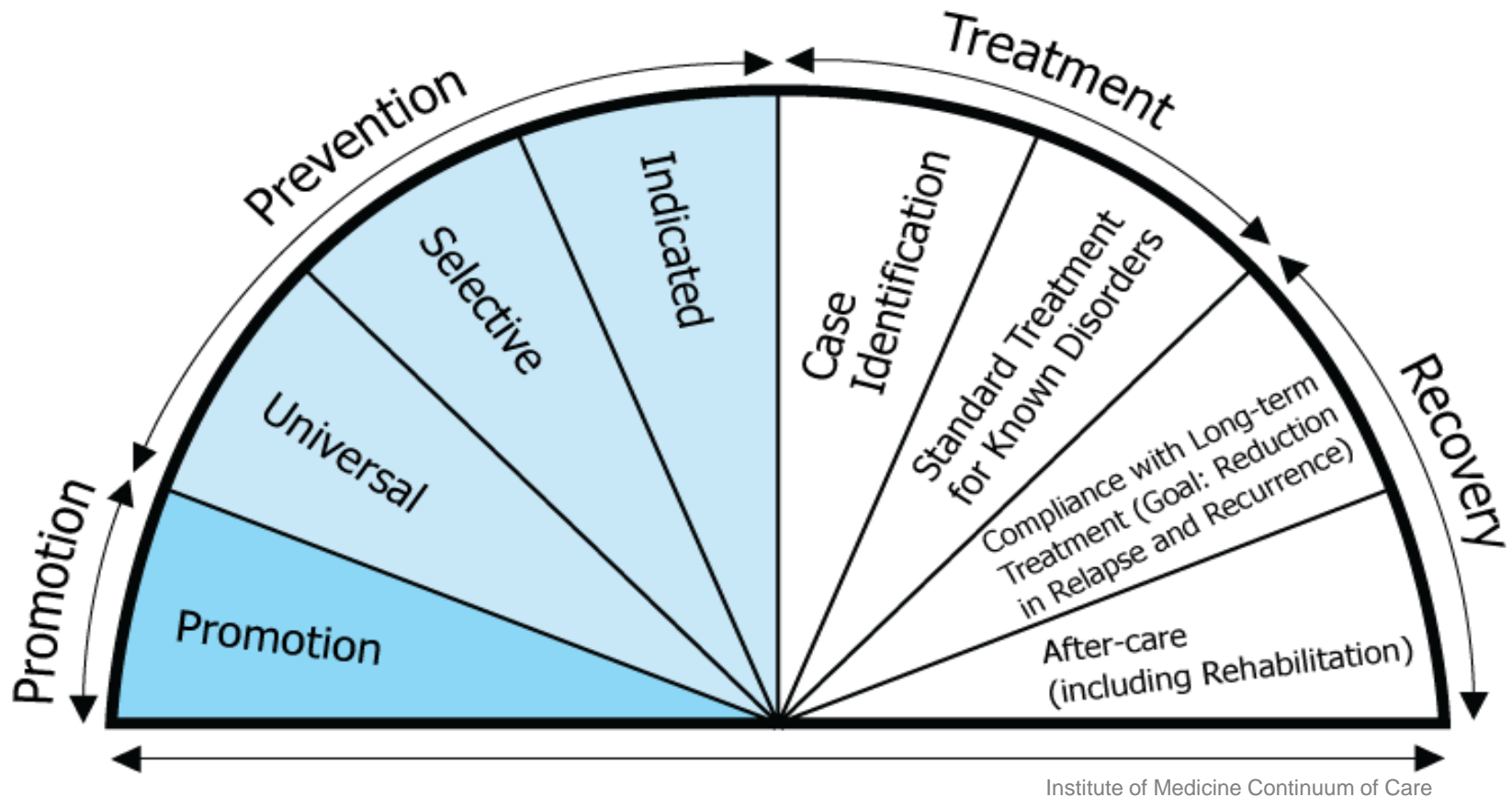
Quality (effective, show outcome)

Tailored to youth and family

Strengths based



Behavioral Health Continuum of Care Model



The goal of this model is to ensure there is **access to a full range of high quality services** to meet the various needs of North Dakotans.

PROMOTION & PREVENTION



Continuum of Care Model

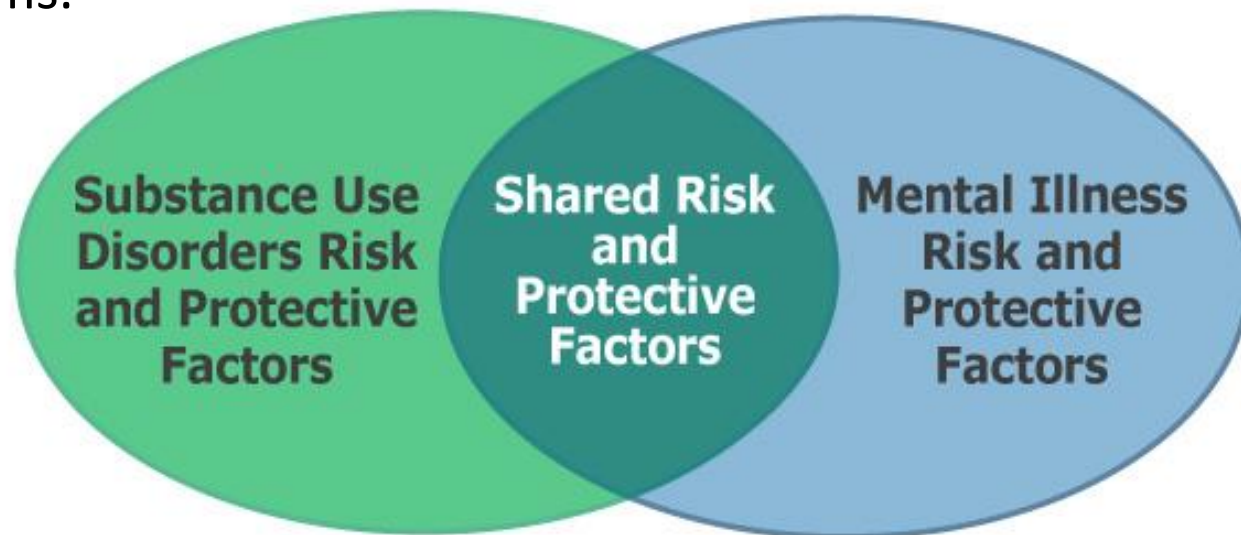
PROMOTION/PREVENTION

- Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem or preventing death.



Shared Risk and Protective Factors

- Research shows that some risk and protective factors are associated with multiple outcomes.
 - For example, negative life events, such as divorce or sustained neighborhood violence, are associated not only with substance abuse but also with anxiety, depression, and other behavioral health problems.



Resilience

Strengths-based

Focuses on providing the developmental supports and opportunities (protective factors) that promote success

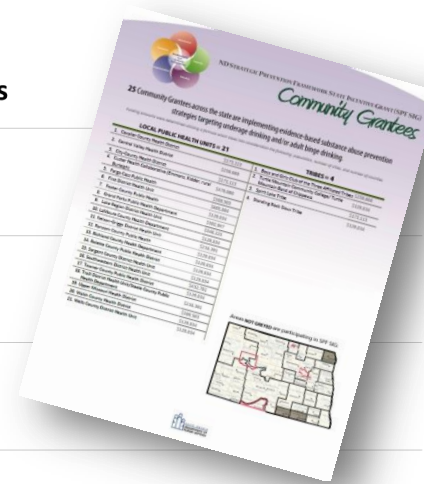
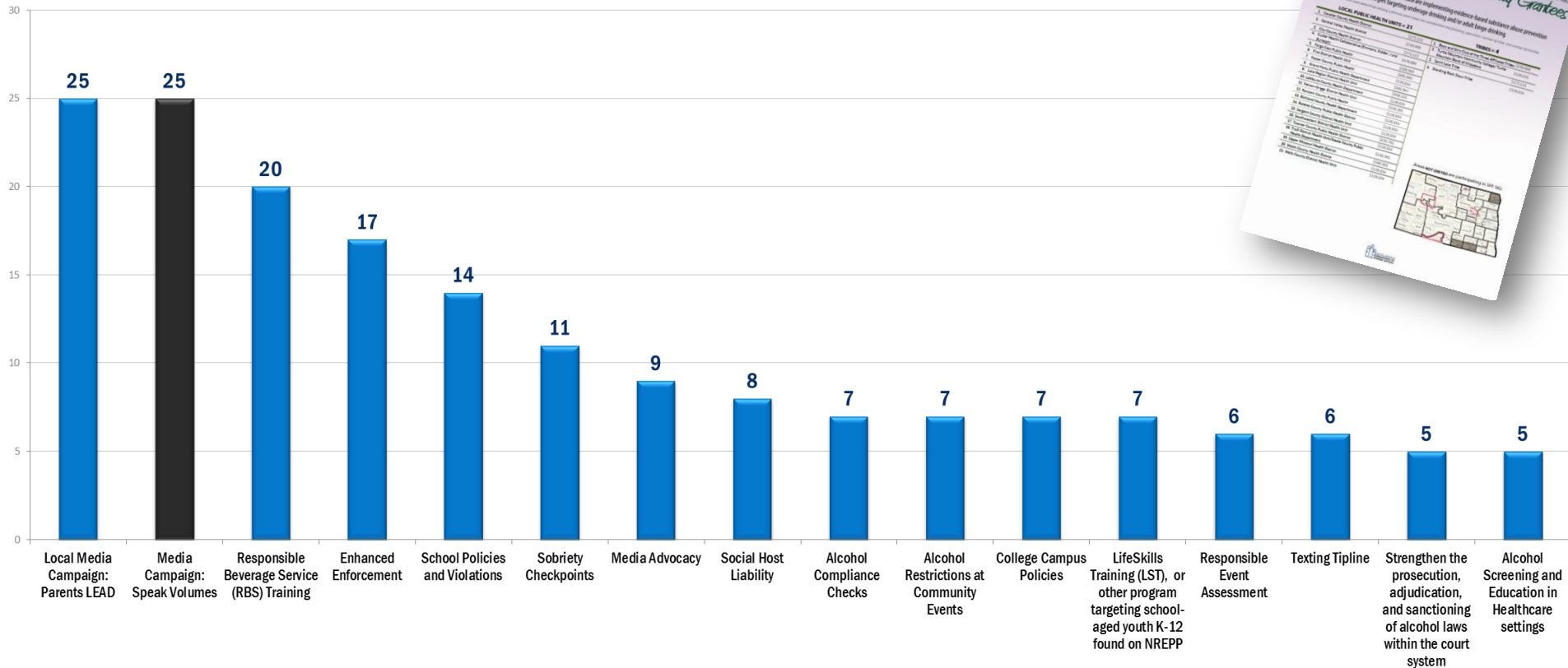


Community-based prevention

Strategic Prevention Framework State Incentive Grant (SPF SIG)

- Blue bars are strategies impacting youth in an effort to prevent underage drinking

Number of Community Grantees implementing Evidence-Based Prevention Strategies



PARENTS LEAD

PARENTS LEAD

FOR PROFESSIONALS

PARENTS LEAD.ORG



Recognizing the power of a parent to influence a child's life, ParentsLEAD.org is an evidence-based North Dakota program to support parents in taking the lead to prevent underage drinking.

Of those parents involved with the website:

93% of the respondents said they would recommend the site to others.

OVER 80% of the respondents said they would use the information in their own parenting.

Research shows that parents can reduce the likelihood that their child will drink underage through ongoing conversations, healthy role-modeling, monitoring, and support and engagement.

GOALS OF PARENTS LEAD

PROGRAM OUTCOMES

Increase ongoing conversations

Almost half (45.2%) said they are now having ongoing conversations about underage drinking.

Increase healthy role-modeling

Just over half (52.7%) of the respondents said they are more conscious of role modeling around their child as a result of the Parents LEAD website.

Increase parental monitoring

One in three (32.3%) parents said they were being more careful about monitoring their child.

Of the 675 parents signed up to receive monthly age-specific emails, 98 completed the online survey (15%).



Parents LEAD is a partnership between the North Dakota Department of Transportation, North Dakota Department of Human Services, North Dakota University System, and NDSU Extension Service.

Source: NDSU Evaluation of Parents LEAD and Parents LEAD for Professionals, Online Survey Conducted November-December 2014.



Substance Exposed Newborns Task Force

Senate Bill 2367

(2015 Legislative Session)



Task force purpose:

- Research the impact of substance abuse and neonatal withdrawal syndrome.
- Evaluate effective strategies for treatment and prevention.
- Provide policy recommendations.

Early Intervention



Continuum of Care Model

EARLY INTERVENTION

- These strategies identify those individuals at risk for or showing the early signs of a disorder with the goal of intervening to prevent progression.

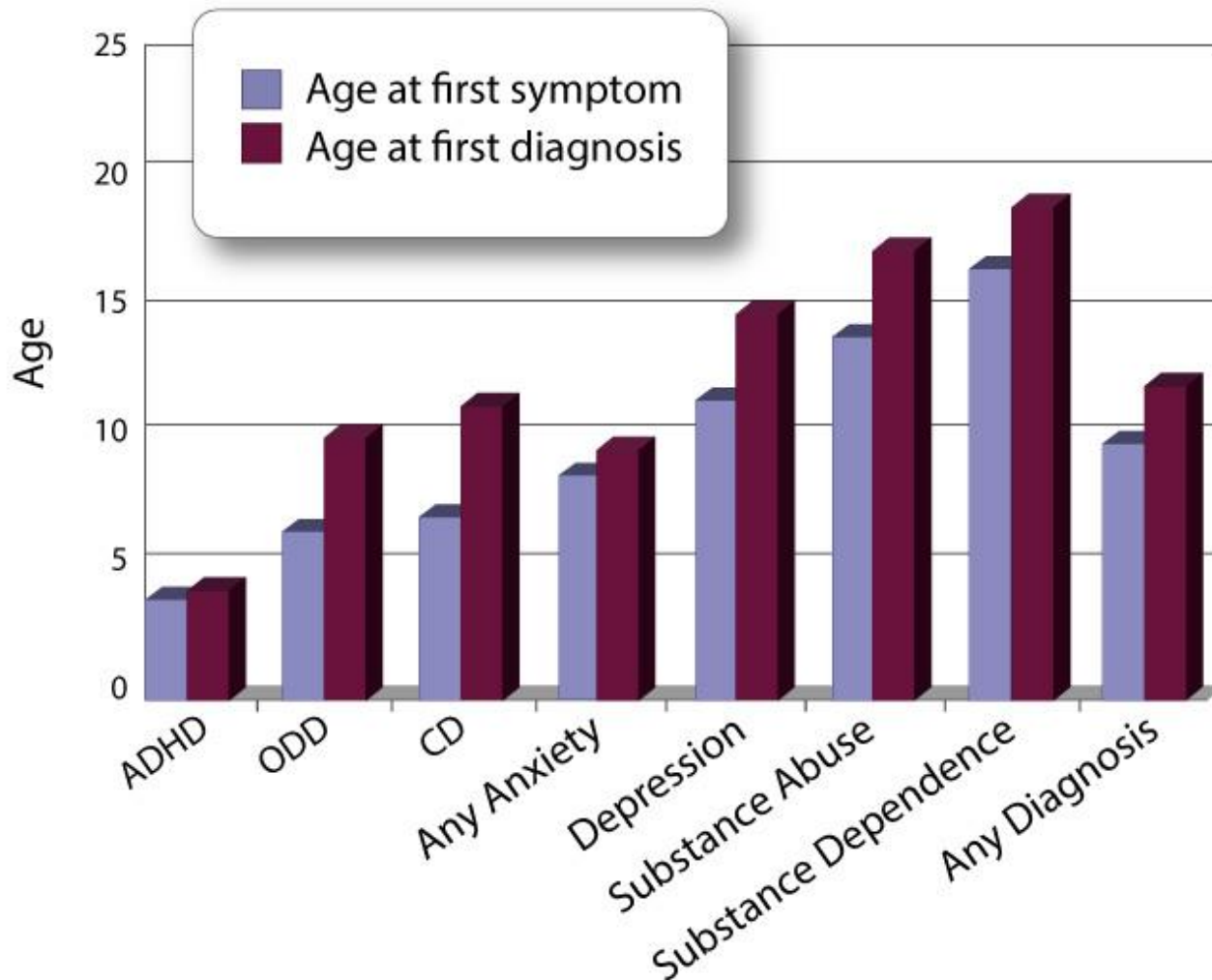


Early Intervention/Identification



- $\frac{1}{2}$ of all people with mental and/or substance use disorders are diagnosed by age 14
- $\frac{3}{4}$ of people with these conditions are diagnosed by age 24

Windows of Opportunity



Intervening during windows of opportunity—**CAN** prevent the disorder from developing.



TREATMENT



ASAM

Continuum of Care Model

TREATMENT

- These clinical services are for people diagnosed with a behavioral health disorder.



Adolescent Substance Abuse Treatment Programs

Substance Abuse Treatment Programs are licensed by the Behavioral Health Division

December 2015

NORTH DAKOTA

Licensed PRIVATE and PUBLIC

Adolescent Substance Abuse Treatment Programs

Total Number of Licensed Private and Public Adult Programs* = 47

- 22 Licensed Programs have 1 Clinician
- 11 Licensed Programs have 2-3 Clinicians
- 5 Licensed Programs have 4-5 Clinicians
- 2 Licensed Programs have 6-9 Clinicians
- 7 Licensed Programs have 10+ Clinicians

Location and Number of Clinicians per Program

LEGEND

- 1 Clinician
- 2-3 Clinicians
- 4-5 Clinicians
- 6-9 Clinicians
- 10+ Clinicians

Licensed Substance Abuse Treatment Programs are required to follow the levels of care based on the DSM and ASAM criteria and policies for client admission.

*Does not include DUI programs

NORTH DAKOTA
Department of
Human Services

December 2015

List of Programs by Region**

Region 1 (Dickinson)

Programs with 1 Clinician

- Miller Adolescent Resource Center - Towner

Programs with 2-3 Clinicians

- Northland Human Service Center - Williston

Region 2 (Minot)

Programs with 1 Clinician

- MAM Addiction Counseling Services - Minot

Programs with 2-3 Clinicians

- Goodman Addiction Services - Minot
- Prudential Resource Center - Prudis
- Dakota Boys & Girls Ranch - Minot

Programs with 4-5 Clinicians

- Trinity Hospital - Minot

Programs with 6-9 Clinicians

- North Central Human Service Center - Minot

Region 3 (Grand Forks)

Programs with 1 Clinician

- MAM Addiction Counseling Services - Grand Forks
- Grand Forks (GFP) Outpatient Services - Grand Forks

Programs with 2-3 Clinicians

- Northland Christian Counseling Center - Grand Forks
- South Dakota Psychiatric Center - Chemical Dependency - Grand Forks
- Saint Joseph's Counseling Services - Grand Forks
- Dakota Boys & Girls Ranch - Fargo

Programs with 4-5 Clinicians

- Spirit Community Counseling Services - Grand Forks

Programs with 6-9 Clinicians

- South Central Human Service Center - Grand Forks

Region 4 (Jamestown)

Programs with 1 Clinician

- South Central Human Service Center - Jamestown

Programs with 2-3 Clinicians

- Northland Human Service Center - Grand Forks

Region 5 (Bismarck)

Programs with 1 Clinician

- Heart River Alcohol & Drug Abuse Services - Dickinson
- Badlands Substance Abuse Counseling - Dickinson
- Badlands Human Service Center - Dickinson
- Home on the Range - Bismarck

Programs with 2-3 Clinicians

- St. Alois Medical Center/PP Dual Diagnosis Program - Bismarck
- Carl County Substance Abuse Services - Jankin
- ND Youth Connection Center - Bismarck

Programs with 4-5 Clinicians

- New Freedom Center, Inc. - Bismarck
- Harwin Foundation - Bismarck
- West Central Human Service Center - Bismarck

Region 6 (Fargo)

Programs with 1 Clinician

- Bismarck, Rose Counseling Services - Bismarck
- Big Bear Counseling Services - Bismarck
- Children and Elders Psychological Services, PC - Bismarck
- Bismarck, Andree Counseling Services - Bismarck
- Charles Oak Youth Services - Bismarck
- Dakota Boys & Girls Ranch - Bismarck
- Prairie Learning Center - J

Programs with 2-3 Clinicians

- St. Alois Medical Center/PP Dual Diagnosis Program - Bismarck
- Carl County Substance Abuse Services - Jankin
- ND Youth Connection Center - Bismarck

Programs with 4-5 Clinicians

- New Freedom Center, Inc. - Bismarck
- Harwin Foundation - Bismarck
- West Central Human Service Center - Bismarck

Licensed Public & Private Adolescent Substance Abuse Treatment Programs... by ASAM Level of Care

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
I	2	6	3	8	0	3	12	3	46
II.1	1	3	2	4	4	3	5	2	24
II.5		1	1	2	1	1	3		9
III.1		2	1		3		4	1	11
III.5		2	1	1	2		3		9
III.7		1	1	1	1				4

NORTH DAKOTA
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HOW THE ASAM CRITERIA WORKS

The ASAM criteria provide separate placement criteria for adolescents and adults to create comprehensive and individualized treatment plans. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over the broad range of treatment that are based on the degree of clinical management provided, the structure, safety and security provided and the intensity of treatment services.

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

- 1 DIMENSION 1: ACUTE TOXICITY AND RELATED PHYSIOLOGICAL CRISIS**
- 2 DIMENSION 2: MEDICAL CONDITIONS AND COMPLICATIONS**
- 3 DIMENSION 3: ENVIRONMENTAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS**
- 4 DIMENSION 4: READINESS TO CHANGE**
- 5 DIMENSION 5: SUPPORT, COHESIVE CARE, AND COMMUNITY PROBLEMS IDENTIFIED AND RESOLVED**
- 6 DIMENSION 6: RECOVERY/HEALTHY BEHAVIOR**

REFLECTING A CONTINUUM OF CARE

Note: Within the five broad levels of care (0, I, II, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum; meaning services can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

<http://www.asam.org/publications/the-asam-criteria/about/>

NORTH DAKOTA
Department of
Human Services

Psychiatric Residential Treatment Facilities (PRTF)

The Behavioral Health Division licenses PRTFs.

Psychiatric Residential Treatment Facilities provide 24-hour services in a facility setting for youth who have demonstrated severe and persistent deficits in social, emotional, behavioral and/or psychiatric functioning and have not responded to interventions in the community.

All facilities serve male and female residents:

Luther Hall	16 beds	age 10-18	Fargo
Ruth Meiers	10 beds	age 12-18	Grand Forks
Dakota Boys and Girls Ranch (DBGR)	16 beds	age 10-19	Fargo
PRIDE Manchester	8 beds	age 5-13	Bismarck
DBGR Western Plains	16 beds	age 10-19	Bismarck
DBGR	16 beds	age 10-19	Minot



Voluntary Treatment Program (VTP)

The Behavioral Health Division administers the Voluntary Treatment Program (VTP).

About VTP:

A program to provide out-of-home treatment services for a Medicaid-eligible child with a serious emotional disorder.

A parent or legal guardian does not have to transfer legal custody of the child in order to have the child placed in an out-of-home treatment program when the sole reason for the placement is the need to obtain services for the child's emotional or behavioral problems.

50-06-06.13. Treatment services for children with serious emotional disorders.



RECOVERY



Continuum of Care Model

RECOVERY

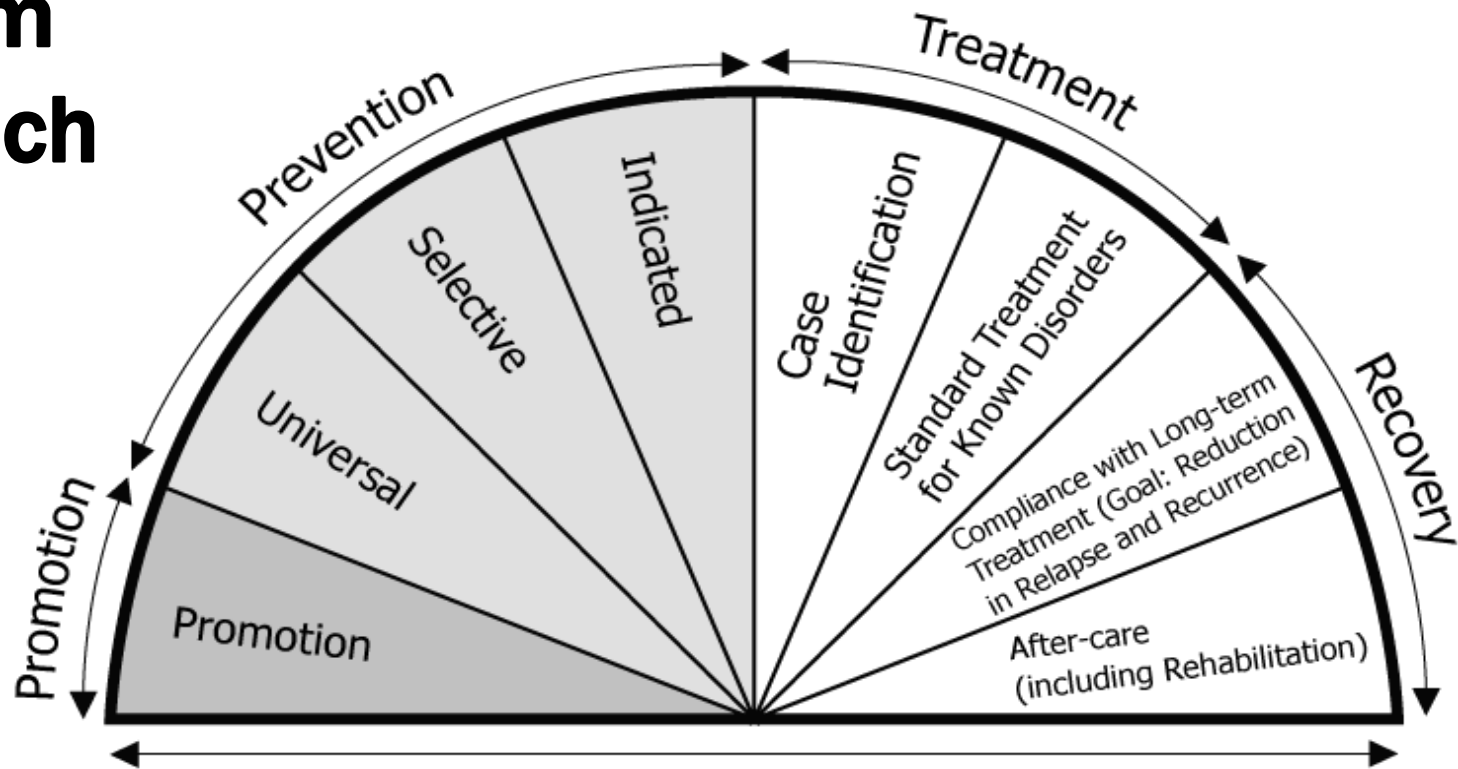
- These services support individuals' abilities to live meaningful, productive lives in the community.





Ensure availability and access to a broad, flexible array of effective, **community-based services and supports** for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.

System Approach



	Prevention/ Promotion	Early Intervention	Treatment	Recovery
FUNDING				
WORKFORCE				
BEST PRACTICE				

← **READINESS & SOCIAL DETERMINANTS OF HEALTH** →

Return on Investment

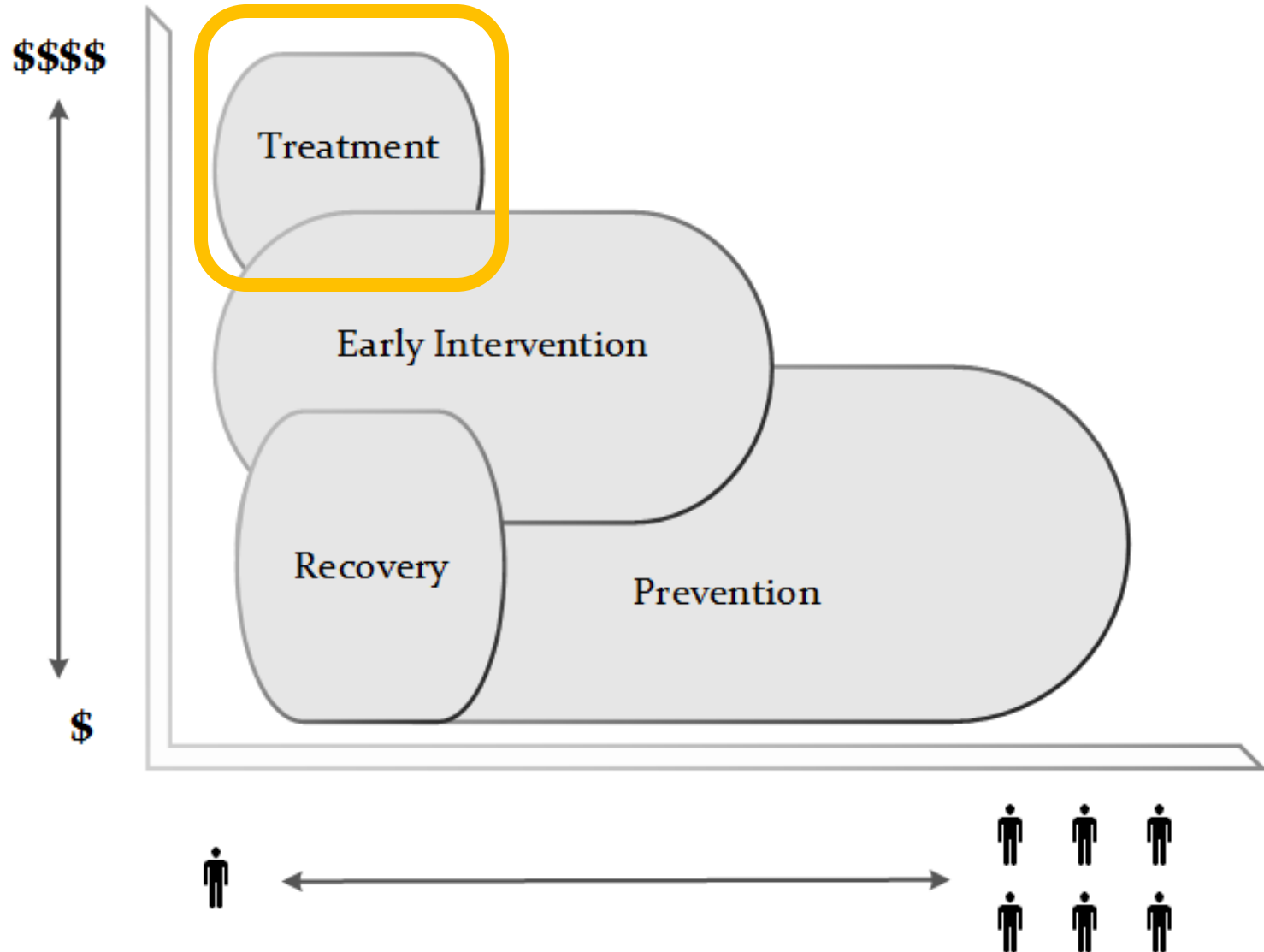
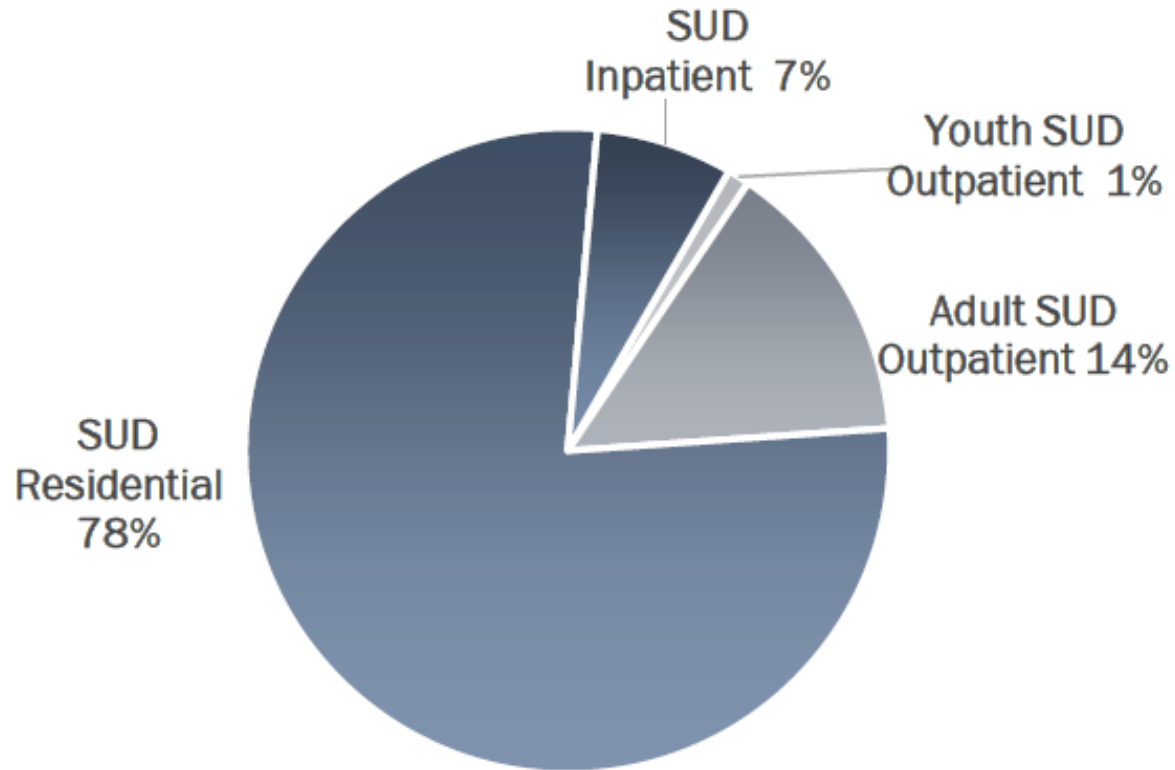


Figure 7

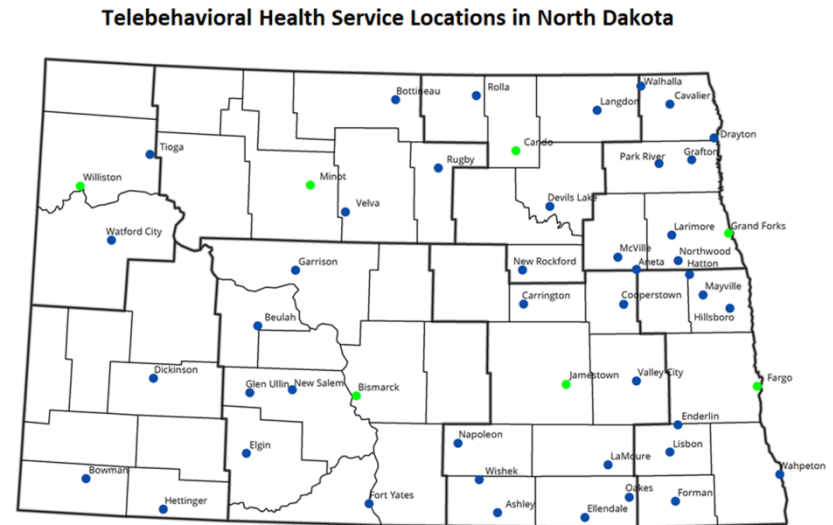
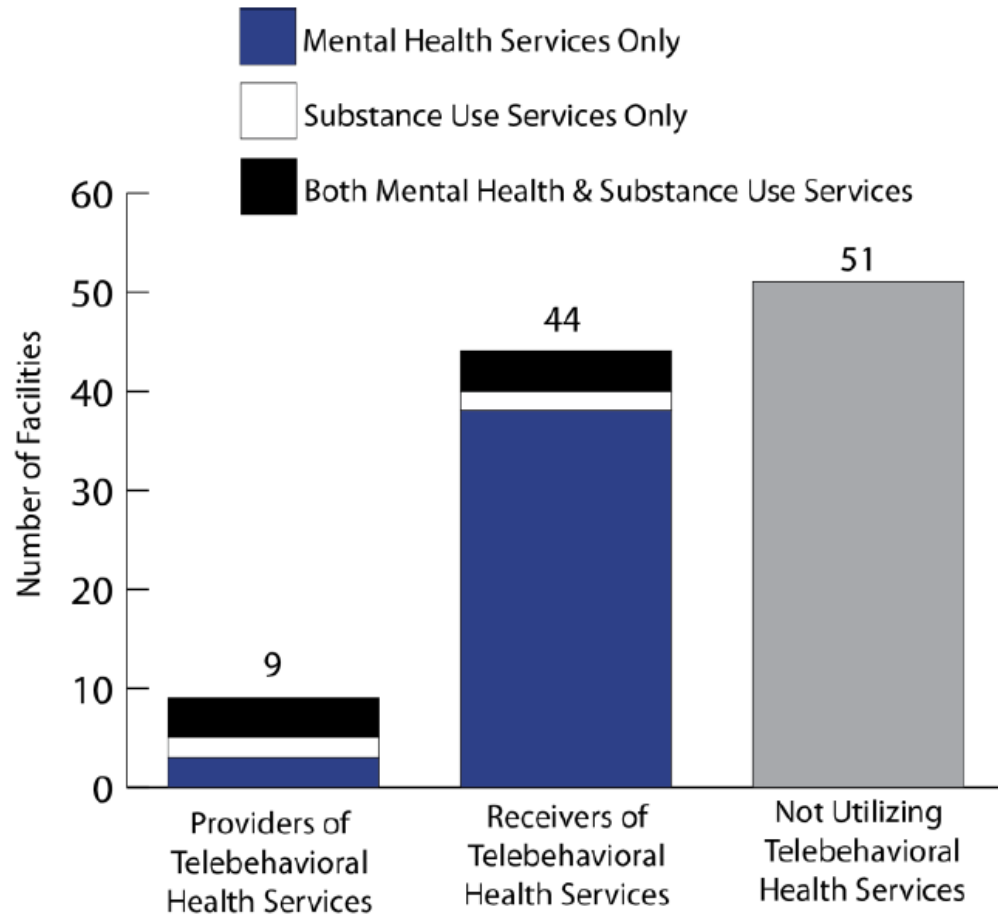
Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.



Sources: North Dakota Medicaid claims and enrollment data extracted October 2017. HSC event and demographics data extracted January 2018 from the ROAP system. North Dakota Department of Human Services, HSC Behavioral Health Contract data, July 1, 2015 through June 30, 2017.

Telebehavioral Health in North Dakota: 2017

Figure 1. Number of Facilities Providing, Receiving, or Not Currently Utilizing Telebehavioral Health Services in North Dakota (n = 101)



Key Points

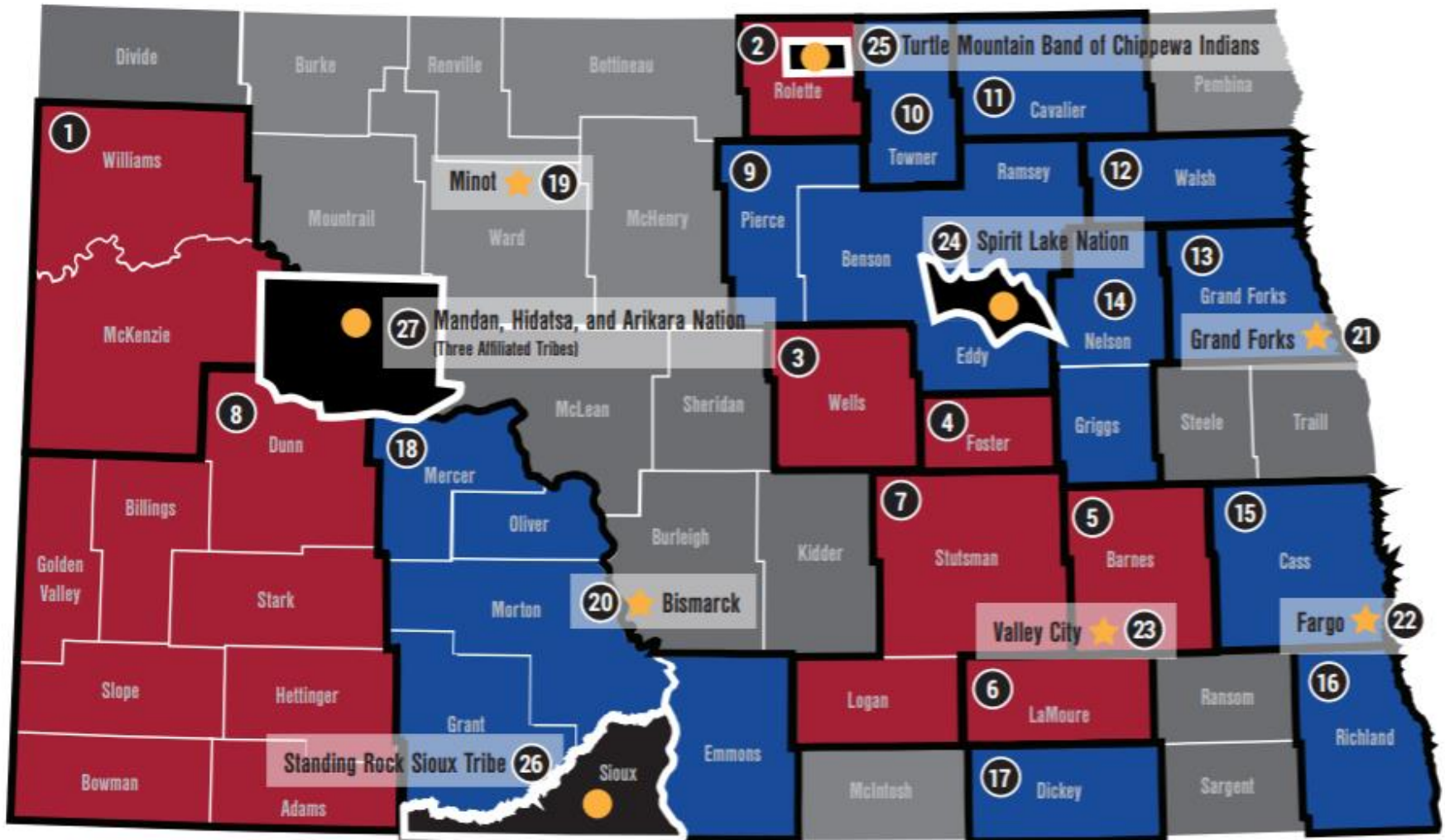
ND's Behavioral Health system is in a state of reform

Need for community based services

Stop criminalizing behavioral health

Support full continuum of care

Substance Abuse Prevention Community Funding Distribution



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Free Materials Initiatives Get Involved What Works **A Day for Prevention**

How do I build a healthy community?
[Learn How >](#)

[Underage Drinking >](#) [Binge Drinking >](#) [Prescription Drug & Opioid Abuse >](#) [Mental Health >](#)

Free resources and assistance available to ND individuals and communities

www.prevention.nd.gov

Prevention Works.

Your community can work together to become a healthier, more vibrant place to live.



The majority (72%) of North Dakota adults believe alcohol and other drug prevention programs are a good investment because they save lives and money.

CRS 2017

Get Involved!

Follow these steps to build a healthy community:



Target the problem



Find resources



Build support



Do what works

Get started now!

Visit www.prevention.nd.gov/get-involved to access tools and resources.

Prescription Drug/Opioid Abuse Prevention

Goal: Reduce access to abusable medications by raising awareness about effective ways to **safeguard and dispose of unused/unwanted medication.**

HELP PREVENT Prescription Drug Abuse

Be responsible with your medication.



LOCK

Keep medication out of sight and in a safe and secure place.



MONITOR

Keep track of medication and take only as directed.



TAKE BACK

Drop off unused medication at local Take Back locations.

To find the location near you go to www.ag.nd.gov/PDrugs/TakeBackProgram.htm.




68% of people who abuse prescription pain relievers obtain them from a friend or relative.

NSDUH National Findings, 2013



Stop Overdose

Goal: Increase evidence-based overdose prevention in North Dakota



DO YOU KNOW SOMEONE AT RISK OF AN OVERDOSE?

Ask your healthcare provider or local pharmacist for a naloxone prescription.

Naloxone can temporarily reverse the effects of opioid overdose.
It can be a lifesaver.

20 DEATHS IN 2013

61 DEATHS IN 2015

Overdose deaths in North Dakota increased from 20 deaths in 2013 to 61 deaths in 2015.
(CDC/NCHADS, National Vital Statistics System, Mortality)

For more information, visit prevention.nd.gov/stopoverdose

Division of Public Health
Department of Human Services

PREVENTION RESOURCE + MEDIA CENTER

Created in partnership with the National Overdose Response Center. Illustration by David P. Jones



IF YOU WITNESS AN OVERDOSE
The ND Good Samaritan Law protects you so you can protect your friend.

- 1 CALL 911 AND ADMINISTER NALOXONE**
- 2 DO RESCUE BREATHING OR CHEST COMPRESSIONS**
FOLLOW 911 DISPATCHER DIRECTIONS
- 3 REMAIN ONSITE UNTIL ASSISTANCE ARRIVES AND COOPERATE WITH FIRST RESPONDERS**

For more information, visit prevention.nd.gov/stopoverdose

Division of Public Health
Department of Human Services

PREVENTION RESOURCE + MEDIA CENTER

Created in partnership with the National Overdose Response Center. Illustration by David P. Jones

Stop Overdose: Good Samaritan Law

The Good Samaritan Law was passed to encourage friends, family members, and bystanders to call 911 in the event of an overdose.

The Law provides protection from prosecution for ingestion or possession of a substance or possession of drug paraphernalia for a maximum of three people, including the person overdosing.

In order to be immune from prosecution, you need to:

- 1 Call 911
- 2 Remain onsite until assistance arrives
- 3 Cooperate with law enforcement and emergency medical service personnel

Stop Overdose: Limited Liability



According to North Dakota law, any individual (family, friends, or community member) is protected from civil or criminal liability for giving naloxone for a suspected opioid overdose.

North Dakota Century Code 23-01-42



PARENTS LEAD.ORG



Why Parents LEAD?

Research has continually shown that kids identify their **parents** as having the **most influence** on their decision of whether or not to drink alcohol.



“In automobile terms, the child supplies the power but the parents have to do the steering.”

Dr. Benjamin Spock

Risk and Protection

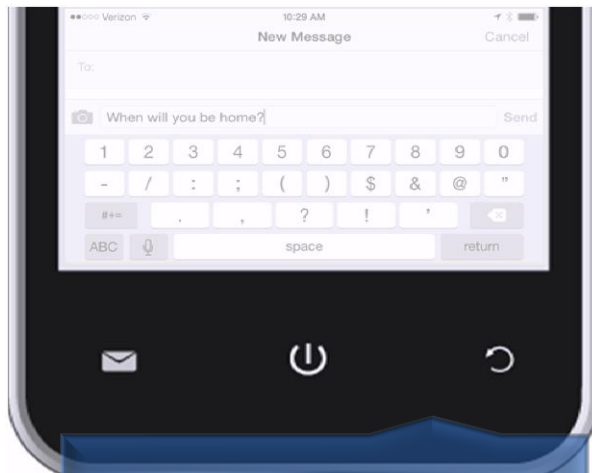
Parent-Specific Factors



Ongoing
Conversations



Positive Role-
Modeling



Monitoring



Support and
Engagement

It Works!

GOALS OF PARENTS LEAD

PROGRAM OUTCOMES



**Increase ongoing
conversations**

Almost half (45.2%) said they are now having ongoing conversations about underage drinking

After visiting the website, the proportion of parents who spoke with their child once a month or more grew by 10 percentage points (from 15.6% to 24.2%).



**Increase healthy
role-modeling**

Just over half (52.7%) of the respondents said they are more conscious of role modeling around their child as a result of the Parents LEAD website.



**Increase parental
monitoring**

One in three (32.3%) parents said they were being more careful about monitoring their child.

There is a solution to underage drinking and substance abuse — You.

Tips and tools for engaging in ongoing conversations that matter.



[Click here to access the Parents LEAD for Professional Portal](#)

Parents LEAD for Professionals is a component of Parents LEAD specifically targeting professionals working with parents and families. The website features printable handouts and resources.



News

- 10/06/16 - School Stress: Stimulant Abuse – Kids Know About It but Parents Don't
- 07/14/16 - Studies Suggest Parents Can Play Important Role in Preventing Teen Drinking
- 04/15/16 - Why letting teens sleep in could save lives



Get Email Updates

Signup for monthly emails with age-specific content.

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Marketing Tools

To help promote efforts in your community, feel free to copy and print these materials.

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Age-Specific Information

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- MY TODDLER**
- TIPS AND TOOLS
- WHAT DO I SAY?
- ARCHIVE MONTHLY EMAILS

My Toddler

Even though infants and toddlers are not yet ready to learn complex facts about alcohol and other drugs, there are still several things you can do at this age to help prevent the likelihood of your child drinking, smoking, or using drugs later on.



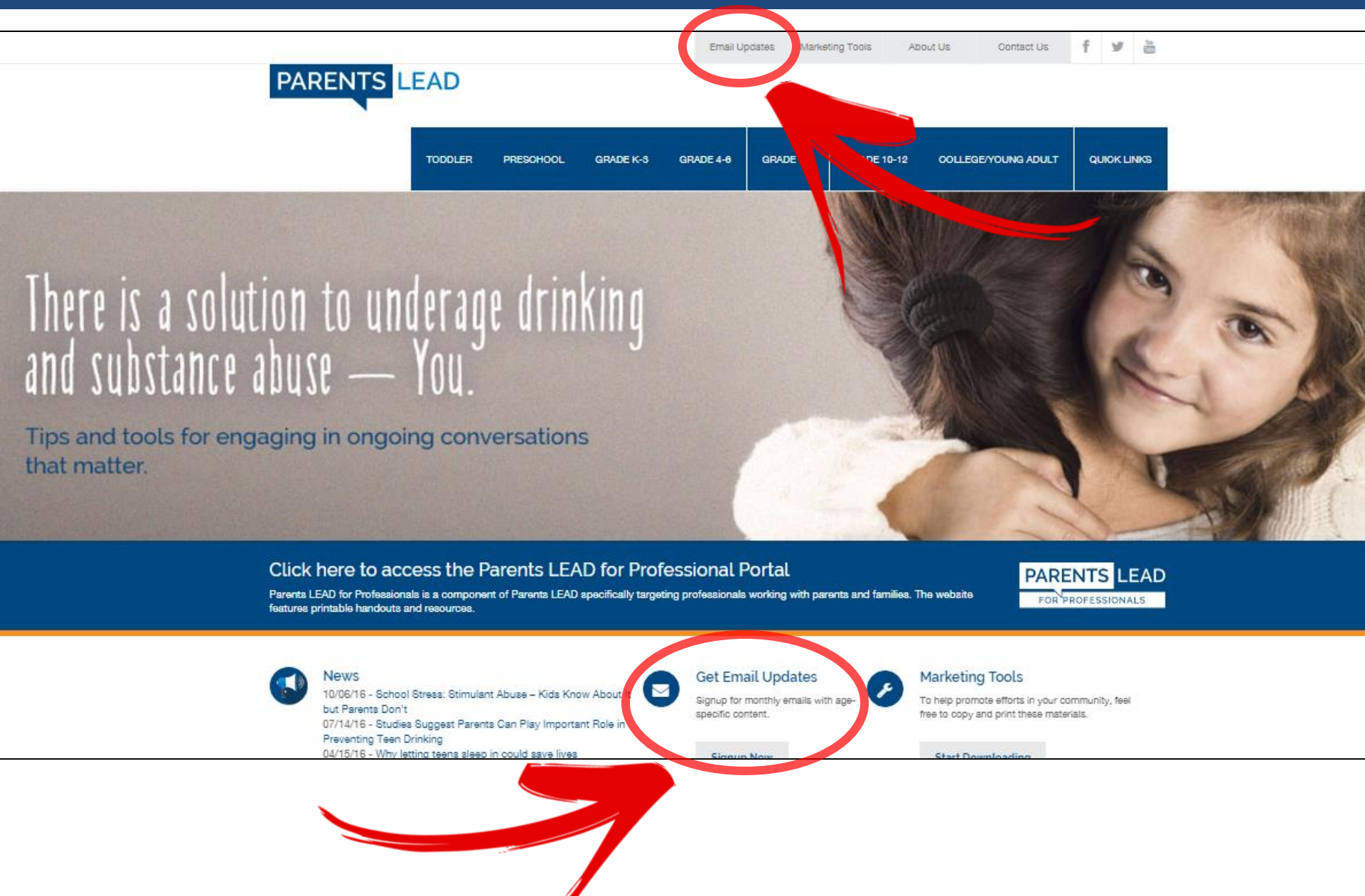
At this age, the focus is on creating a healthy beginning and fostering positive social, emotional, and moral development that will extend through your child's lifespan. According to the National Institute for Drug Abuse, effective prevention focuses on intervening early in a child's development before problems develop.

There are many factors that contribute to an individual's risk for substance abuse. For example, a lack of self-control or lack of attachment with at least one adult may make one more susceptible to alcohol and drug use later. On the other hand, there are many protective factors that reduce the risk of substance abuse in the later years. These include a strong parent-child bond, clear expectations, limits and consistent discipline, an authoritative parenting style (**Find out what your parenting style is!**), parent

YOU SHOULD KNOW...

- Tips for Prevention**
 - Build a strong bond with your child
 - Role-model health behaviors at home
 - Create a sense of safety and security for your child
- Handouts and Resources

Customized Emails



Email Updates

Marketing Tools

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PARENTS LEAD

TODDLER

PRESCHOOL

GRADE K-3

GRADE 4-8

GRADE 9-10

GRADE 10-12

COLLEGE/YOUNG ADULT

QUICK LINKS

There is a solution to underage drinking and substance abuse — You.

Tips and tools for engaging in ongoing conversations that matter.

Click here to access the Parents LEAD for Professional Portal

Parents LEAD for Professionals is a component of Parents LEAD specifically targeting professionals working with parents and families. The website features printable handouts and resources.

PARENTS LEAD
FOR PROFESSIONALS



News

- 10/06/16 - School Stress: Stimulant Abuse – Kids Know About it but Parents Don't
- 07/14/16 - Studies Suggest Parents Can Play Important Role in Preventing Teen Drinking
- 04/15/16 - Why letting teens sleep in could save lives



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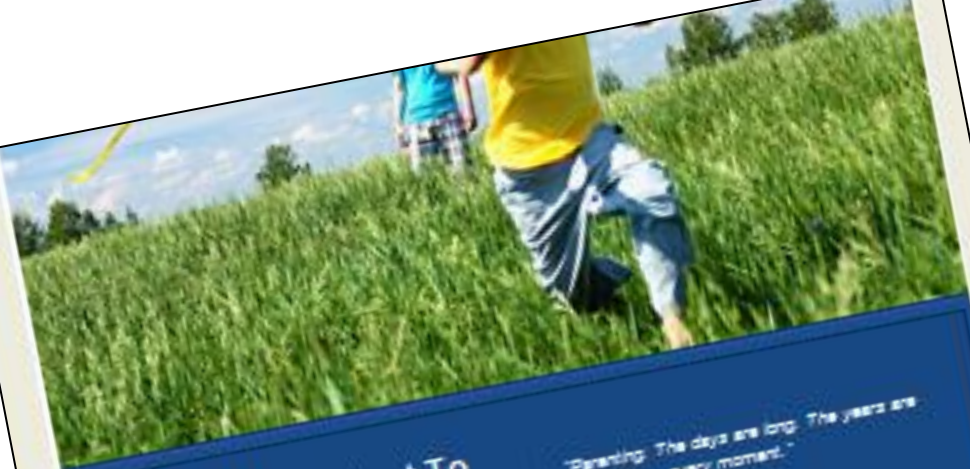


Marketing Tools

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Why Is It Important To Spend Quality Time With Your Preschooler?

"Parenting: The days are long. The years are short. Enjoy every moment."
- Luen Neeson

Your continued time and attention is extremely important to your preschooler. At this stage, your child is likely to show you art, dances, and talents he has. He is seeking your attention and encouragement. Love and approval are your attention and encouragement. Love and approval are basic needs of your child. Between work, home responsibilities, other children, and other activities, it can become difficult to find time to play with your child. By spending quality time with him, and providing a loving relationship, you are investing in his development. Do things together with your child like a craft or game that will encourage positive interactions rather than just watching him play or watching a movie. Much like adults, if children don't get the attention they need, they will find other ways to try to get your attention, which can become negative like acting out or having tantrums. Take time to build your relationship with your child by playing together and making memories. Your child will know he is loved and his behaviors will be more positive!

Did you know?

It's important for your child to get vitamins, but they are often hard to get. You can help your child know that he should take vitamins every day and strong. You can help your child know that he should take vitamins every day and strong.

Helping your Tween Make Positive Friendships

"Every kid is ONE being adult away from being a success story."
- Josh Shipp

Children at this age are moving into the interpersonal relations stage of moral development. This means they are becoming more influenced by their peers and often make decisions based on what their peers think and who will like them. That means now is the perfect time to help your child develop healthy friendships that will influence good decisions in middle and high school.

Ask your child who she finds interesting in her class or neighborhood and invite those children over for play dates. Be nearby when she interacts with her friends and listen in on some of their conversations. It can be a simple way to help your child's friends' parents, or at the very least, get to know them. Attend your child's activities and use your shared time in the car to have discussions about friends. Kids talk more freely when you talk about your experiences or something in the news. So you could say something like, "A coworker's daughter is feeling left out at school. What would you advise her daughter to do?" Encourage your child to ask questions about the situation and discuss different scenarios.

Did you know?

Wanting to fit in is a natural part of growing up. Therefore, the opinions of friends are rapidly becoming more important (perhaps more important than their parent's opinions). Children at this age should not only be taught to respect the feelings of their peers, but also to be responsible for their actions and to expect responsible behavior from their friends and peers. It is important to discuss with your child how to make good choices in the company of friends, say "no" to peer pressure, and

Handouts and Resources

News

10/06/17 - "Why Can't My Kid Stop Using Opioids?"
10/06/16 - School Stress: Stimulant Abuse – Kids Know About It but Parents Don't
07/14/16 - [Studies Suggest Parents Can Play Important Role in Preventing Teen Drinking](#)

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 Is My Son/Daughter Using?	 Substance Use in ND?	 ND Alcohol Laws	 Alcohol in the Media
 Prevent Prescription Drug Abuse	 Handouts and Resources	 Tips & Tools	 What Do I Say?

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[f](#) [t](#) [v](#)

Handouts and Resources

30-Day Parent Challenge


1 Ask "What is one thing we can do together this month?"	2 Go the whole day without raising your voice.	3 Hug your child 3 times today.	4 Ask "How was your day?" and tell him/her about yours.	5 Praise your child today.	6 Cook your child's favorite food together.	7 Be prepared: make or review your family's safety plan.
8 Today, turn off phone, computer, or TV wherever you are with your child even if for an hour.	9 Share with your child your favorite activity when you were their age.	10 Focus on health: go for a walk today.	11 Share with your child what you appreciate about them.	12 Discuss with a good friend one of your parenting struggles and find a solution.	13 Kiss your child while they are sleeping.	14 Do a household chore with your child and make it fun!
15 Practice your family safety plan. Conduct a fire or tornado drill.	16 Picture what you want your child to be like at age 25. Parent with that in mind.	17 Laugh with your child today.	18 Craft or complete an art project with your child.	19 Teach your child one thing he/she can do on their own today.	20 Practice patience with your child today.	21 Gather around the dinner table for a family meal.
22 How do you want your child to remember you? Be that parent today.	23 Forgive yourself when you make a mistake.	24 Listen (with eye contact) to your child when he/she is talking.	25 Ask your child's opinion sometime today.	26 Reward your child for his/her positive behavior.	27 Get a good night's sleep.	28 Teach your child a new word and see who can use it the most today.
29 Help your child with his/her homework.	30 Focus on health: eat healthy today.					

For ideas on how to continue the conversation, visit www.parentslead.org

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Reducing your Child's Risk for Substance Use

▶ TIPS FOR PARENTS

Have ongoing conversations with your child.
Discuss the dangers of drinking alcohol. Make sure your child knows that you disapprove of underage drinking. Promote healthy choices.

Be a good example.
You are the #1 influence in your child's life. Role-model healthy behaviors and attitudes.

Be a part of your child's life.
Regularly discuss your child's interests and take time to learn about him/her.

Get to know your child's friends and their friends' parents.
Help them problem-solve and offer encouragement.

Spend time together.
Be fully engaged with and responsive to your child; see the world from their perspective. Help your child find ways to have fun without alcohol.

Encourage your child to get involved in school or extra-curricular activities.
Keeping your child engaged in healthy and positive activities decreases the likelihood of them participating in risky behaviors.

Know where your child is and what they are doing.
Monitor your child's activity, especially during high risk times such as after school.

Set clear rules and enforce them fairly.
Encourage your child's growing independence, but set appropriate limits and follow through with consequences when rules are broken.

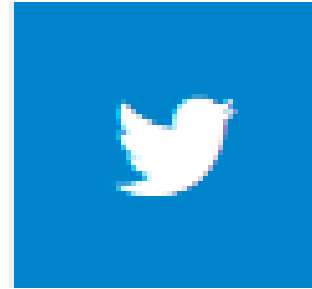
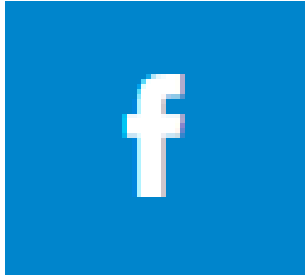
Practice refusal skills.
Help them practice how to say no even if they might not be currently experiencing peer pressure.

Make your home safe.
Do not have alcohol easily available in your home and limit guests who abuse drugs and/or alcohol. Keep track of medicines (over-the-counter and prescription) and cleaning products.

For more information: "6 Parenting Practices: Help Reduce the Chances Your Child will Develop a Drug or Alcohol Problem" www.drugfree.org/wp-content/uploads/2011/07/partnership_components_tool_revised_031612.pdf
Sources: "Help Children and Teens Stay Drug-Free." Drug Abuse and Addiction: Easy-to-Read Facts. National Institute on Drug Abuse. easyread.drugabuse.gov/drug-free-children-teens.php
"What You Can Do to Prevent Your Child From Drinking Alcohol" SAMHSA Talk, They Hear You Campaign www.samhsa.gov/underageddrinking/

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Parents LEAD - Listen Educate Ask Discuss

21 hrs · 🌐

Parenting tip: How to censor elementary, middle and high school kids from alcohol in the media.



Alcohol in the media: how to you protect your kids

Advice from Common Sense Media editors. It's in kids' movies, games, and TV, but alcohol marketing can be tamed. See our conversation starters.

COMMONSENSEMEDIA.ORG



ParentsLEAD @NDParentsLEAD - Dec 5

Take our #quiz to find out your #parenting style. The answer may surprise you! bit.ly/1EB6ff3



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PARENTS LEAD FOR PROFESSIONALS

is a component of Parents LEAD specifically targeting professionals working with parents and families. The website features printable handouts and resources.



Handouts and Resources

keep taking

Having ongoing conversations with your child is an effective way to prevent underage drinking.

Put apart the following conversation starters and put in a bowl for or beggie, like at dinnertime, in the car, anytime, anywhere!

What superpower would you like to have?	What are you most proud of?	If you had \$1000 to help others, how would you use it?	What 3 words best describe you?
Describe your perfect day.	Who do you look up to or want to be like? Why?	What is your favorite time of day? Why?	What is the best present you've ever received?
What is your favorite family tradition?	What do you like to do for fun?	What is the best thing about being ___ years old?	If you could ask the President one question, what would you ask?
If you could go back in time, what would you do/see?	What is the best way to spend a rainy day?	If you could be on any television show, what would it be?	What makes a good friend?
What is one thing you couldn't live without?	If you could be any animal, what would you be?	What is the greatest invention of all time?	What was the nicest thing you did for someone today?
What is the best compliment you've ever received?	If you could be any animal, what would you be?	What is the most courageous thing you've ever done?	Which of your 5 senses would you give up?
If you had 3 wishes, what would they be?	Where do you see yourself in 5 years?	Which person in your family are you most like?	If you could live anywhere in the world, where would it be?
If you won the lottery, what would you do?	What is your favorite food?	What is your favorite holiday? Why?	Who is/was your favorite teacher and what made him/her special?

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For ideas on how to continue the conversation visit www.parentslead.org

Adapted from Parents Empowered, "Conversation Jar" http://www.parentslead.org/files/resources/conversation_jar.pdf

PARENTS LEAD
FOR PROFESSIONALS

Using Medication to Treat Opioid Addiction

Medication Assisted Treatment is an effective method for achieving recovery.

- Science has proven medication treatment, when combined with other supportive services, is successful in leading patients to live productive lives in recovery.
- Medications are already used to assist with opioid withdrawal (detoxification), however, opioid withdrawal by itself is NOT treatment—it is merely the first step within the treatment process.
- Opioid addiction is associated with a high rate of relapse. Medication can effectively manage cravings, decreasing potential for relapse.

Myth: Prescribing medication for addiction is substituting one addiction for another.

Fact: When used properly, taking medication to manage the symptoms of addiction is like taking insulin to regulate diabetes.

Medications Used to Treat Opioid Addiction

Buprenorphine (Subutex, Suboxone)

- Decreases withdrawal symptoms for a longer period of time compared to methadone
- Prescribed by specialized physicians

Methadone (Methadone, Dolophine)

- Reduces cravings and prevents withdrawal symptoms
- Monitored in specialized opioid treatment programs

Naltrexone (Depade, ReVia, Vivitrol)

- Prevents feeling the effects of a drug
- Prescribed as an oral medication or monthly injections

When not treated effectively, opioid abuse can lead to potential consequences:

- Increase in heroin use
- Increased needle use
- Increased rates of HIV/AIDS
- Increase in crime
- Increased risk of overdose

6.4% in 2007 **TO** **14%** in 2014

Increase in the number of people (18 years or older) receiving treatment at ND Human Service Centers reporting prescription drug abuse (TEDS).

DID YOU KNOW? Opioid treatment is provided by medical professionals in a medical setting.

www.parentslead.org/professionals

GAMBLING DISORDER

Gambling behaviors activate reward systems similar to those activated by drugs of abuse and produce some behavioral symptoms that appear comparable to those produced by the substance use disorders.¹

SIMILARITIES BETWEEN SUBSTANCE USE DISORDER & GAMBLING DISORDER²

- A state of euphoria resulting from engagement in the behavior. Thus, the behavior, at least early in the course of the chronic condition, is pleasurable (engagement in the behavior for purposes of reward).
- Preoccupation when engaging in the activity.
- Loss of control at times when engaging in the activity.
- Progression of problems and symptoms over time.
- Stages of change, readiness to change, and interest in changing levels, usually manifesting as diminished recognition of problems associated with addictive behavior.
- The behavior is continued in spite of adverse consequences.
- Tolerance develops with repeated engagement in the behavior.
- Urges and cravings develop regarding further engagement in the behavior.
- There is enhanced cue responsiveness, which can trigger relapse to the behavior.
- Withdrawal symptoms occur when the activity is unavailable.
- Psychological drives of escape, self-medication, and avoidance exist (engagement in the behavior for purposes of relief).
- Committing illegal acts to fund ongoing engagement with the behavior (substance use or gambling) can be episodic, chronic, or in remission.

Nationally, 2-3% of people struggle with problem gambling. This means 14,000 TO 21,000 North Dakotans may be struggling with problem gambling.

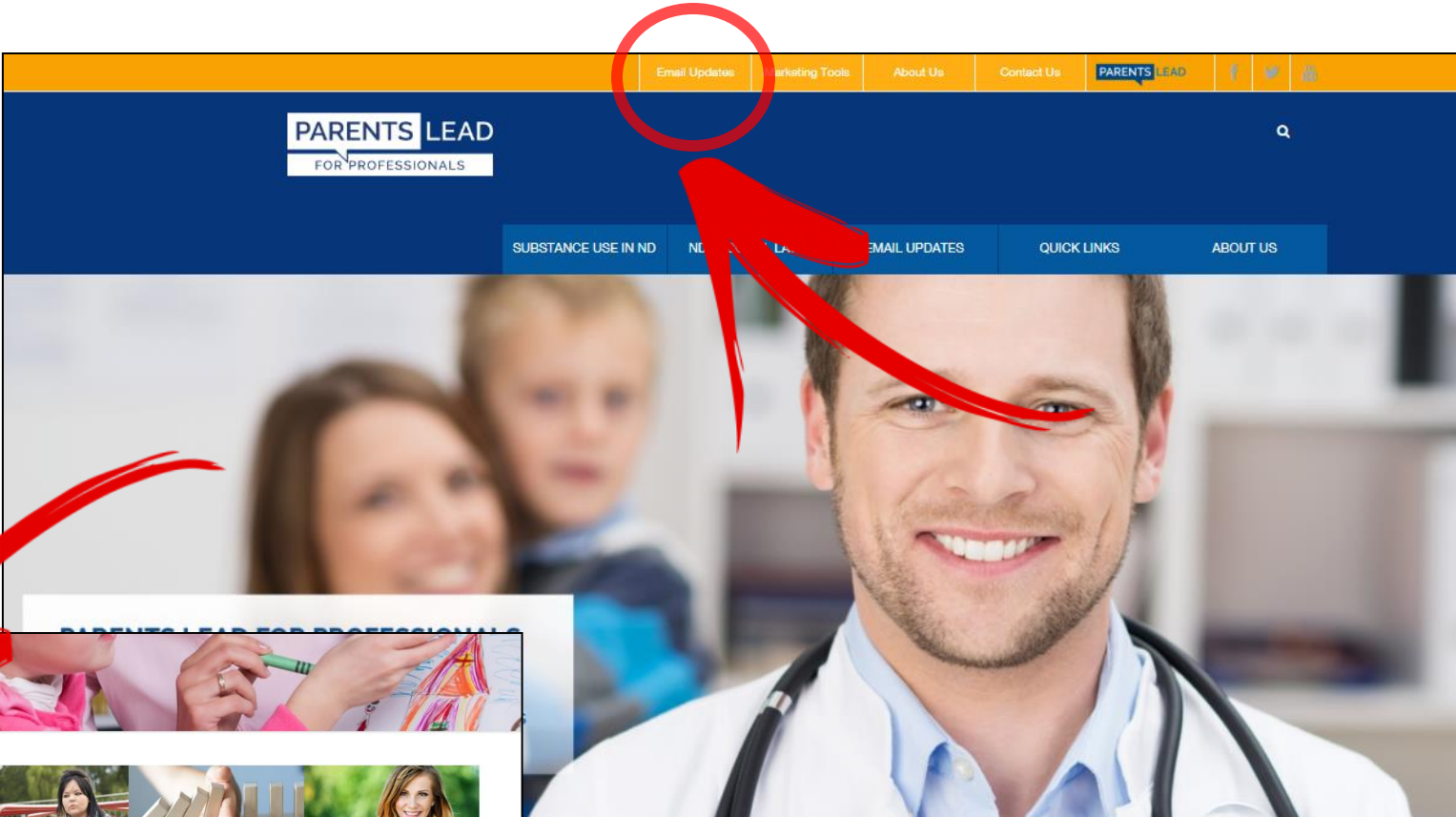
Individuals with gambling disorder have HIGH RATES OF COMORBIDITY with other mental disorders, such as substance use disorders, depressive disorders, anxiety disorders, and personality disorders.

Up to half of individuals in treatment for gambling disorder have suicidal ideation, and about 17% have attempted suicide.

1. American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Washington, VA: American Psychiatric Association, 2013.
2. Hasin, D., Stinson, G.D., Miller, M.G., Grant, K.E., & Nelson, K.B. (2007). The 12-Step Criteria Measure for Addiction, Self-Medication, and Psychological Distress. *Journal of Clinical Child and Adolescent Psychology*, 36(2), 157-167.

Created by the North Dakota Problem Gambling Advisory Council
For more information or to help help, please call GAMBLER ND 1-800-368-7273

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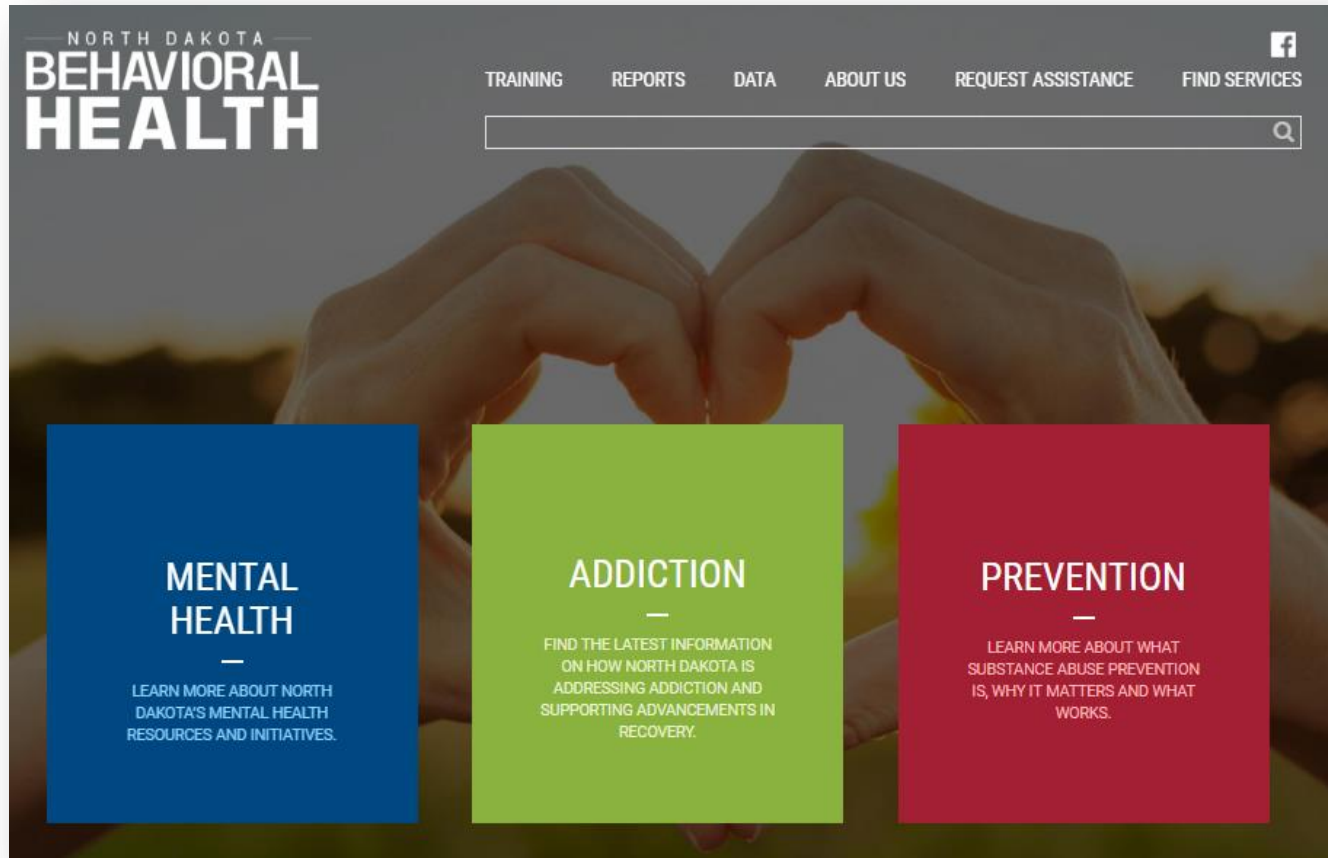
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ND Behavioral Health Division



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QUESTIONS?

