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HOLIDAY HIGHS AND LOWS

Written by: American Addiction Centers
Editorial Staff

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For many Americans, the end of the year brings images of happy families gathered around a Christmas tree, big dinners of turkey and stuffing, holiday music, and cozy fires. For others, the holidays can be a much darker and more difficult time – a time of family conflict, financial strain, loneliness, grief, and seasonal affective disorder.

If you find the holidays to be an emotionally difficult time, you are certainly not alone. A Google search for “grief and the holidays” shows nearly 2.2 million results. Seasonal affective disorder (also known as SAD and seasonal depression) affects 6 percent of Americans. Another 14 percent experience a lesser form of seasonal mood change known as the winter blues.

The emotional strains of the holidays and winter weather take a grave toll – during the holiday months of December and January, the CDC reports that alcohol-and-drug-induced deaths spike.

To better understand the emotional toll of the holiday season and how it affects those who are struggling with drug or alcohol dependency, we surveyed more than 2,000 people about their emotional state during the holidays. Our results indicate that the majority of Americans are either overwhelmingly or moderately stressed during the holidays. For someone struggling with drug or alcohol addiction, the holidays can be an especially trying time to maintain sobriety.

The Most Dangerous Time of the Year

According to the CDC, the most dangerous times of the year for drug-and-alcohol-related deaths are December, January, and March. Nearly 91,000 deaths have been reported for the month of December since 1999.

What is causing this uptick in drug and alcohol-related deaths? We asked our survey respondents about their holiday drinking habits to better understand the seasonal trends reported by the CDC.

Holiday Alcohol Consumption

Our survey data reveals that Americans drink more during the holidays. When asked how the holidays impacted their drinking behavior, nearly half of our male and female survey respondents said they consumed the same amount of alcohol. However, about 29 percent said they drink more during the holidays.

While holiday drinking may be brought on by celebration, our survey data also indicates that holiday stressors may play a role in over-consumption and the resulting spike in drug and alcohol-related deaths.

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Silent Night, Stressful Night

Our survey data reveal most of our respondents – more than 84 percent – were moderately to overwhelmingly stressed during the holidays. Does increased stress lead to more alcohol consumption? The answer is complex. The theory that people drink to reduce tension – and that life's stressors cause increased drinking – has been around for a long time. It has also been somewhat difficult to prove.

Some individuals experience high amounts of chronic or temporary stress but choose not to drink. They may blow off steam in other ways, such as exercise. Others turn to alcohol when they become stressed. For those that relieve stress with alcohol, the effects can be detrimental. A 2011 study found that stress can reduce the intoxicating effects of alcohol – therefore individuals who drink to reduce stress actually need to drink more to feel the relaxing effects of intoxication, which may result in over-consumption.

So what is causing all the holiday stress? Our survey revealed general finances and gift-giving topped holiday stress lists. Are they linked? The average American will spend over \$750 on gifts in 2016. Parents – especially those with more than one child – are often hard pressed to make their children's holiday wishes come true. Many even go into debt to make their little ones happy. The financial pressure of gift-giving extends beyond children or even family. Gift exchanges take place among co-workers, friends, and even service providers.

Having strained family relationships was the third-most-common stressor during the

holidays. Adult children are often expected to travel home for the holidays, which can reignite old negative family dynamics; children of divorced parents must often divide their time between parents. Meanwhile, those without close and loving family relationships may feel lonely.

Holiday Depression

Seasonal stressors only paint part of the dark holiday portrait. Depression also takes hold during the holiday months. While about 35 percent of those surveyed said the holidays made them happier, 25 percent reported higher levels of depression.

The most common reasons for seasonal sadness were finances, strained family relationships, missing a family member who passed away, and being alone.

The effects of depression can be detrimental on many levels, and may be a contributing factor to the rise in alcohol and drug-related deaths during the holiday season. Research has found that there is a strong link between the overconsumption of alcohol and depression.

Chronic, heavy alcohol use affects brain chemistry – more specifically, it decreases serotonin, a chemical that researchers say regulates mood, hunger, memory, sleep and many other important functions. Using alcohol to dampen feelings of depression typically results in the opposite effect – a deeper spiral into sadness. Many individuals are caught in a cycle of depression and drinking that can be difficult to escape.

Holiday Anxieties

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Feelings of anxiety frequently accompany depression. When asked about anxiety during the holidays, almost 62 percent of respondents reported being moderately anxious – with only 18 percent saying they had no anxiety at all.

Anxiety disorders are the most common mental illness in America, and our survey respondents revealed that anxiety does not dissipate with the joy of the holidays. When asked what contributed to their anxiety, participants overwhelmingly pointed to finances again. Strained family relationships and a huge holiday to-do list were the next most common issues.

Holidays in Recovery

Our survey responses reveal that depression, anxiety and stress are all heightened around the holidays. For an individual facing recovery, the weight of depression, anxiety and stress seems to be heavier — ninety-four percent of our respondents in recovery reported feeling overwhelmingly or moderately stressed during the holidays.

It's no surprise that holiday stress, depression, and anxiety are all heightened for those facing addiction or recovery. Studies have revealed that seasonal affective disorder is linked to addiction. Other co-occurring conditions (called dual diagnosis) include mental health disorders such as anxiety and depression.

Staying Sober During the Holidays

Our research demonstrates that the holiday season presents special challenges for those in recovery. For an individual facing recovery or for family members and loved ones supporting someone in recovery, it may be helpful to understand how individuals have maintained

sobriety in the face of stress, anxiety and depression brought on by the holidays.

Our survey respondents indicated that working out regularly and eating healthy were helpful methods in maintaining sobriety during the holidays. Researchers in the field support these sobriety tactics and studies have confirmed that establishing and maintaining healthy habits can be a key component of a successful recovery from drugs or alcohol.

Prioritizing sleep, spending time with family and friends, meditating, and being strict with a budget were also helpful tactics cited by survey respondents.

Take Care of Yourself This Holiday Season

As the data shows, holidays can be stressful, difficult, and even dangerous, especially when it comes to drug and alcohol use. For a safe and happy holiday, it's important to be aware of the dangers, triggers, and strategies needed to keep anxiety, depression, stress, and addiction under control. If it all gets to be too much, don't be afraid to reach out and ask for help. Visit us at DrugAbuse.com to find support and resources.

Methodology

We surveyed 2,015 Americans about their stress, anxiety levels, and depression around the holidays. All data about deaths related to drugs and alcohol came from <http://wonder.cdc.gov/>. We looked at all deaths from drugs and alcohol for each month from 1999 to 2014 to calculate the deadliest months.

[Source](#)

VAPING IN SCHOOLS: THE EPIDEMIC CONTINUES

Vapes, Concentrates and more...

By: The Tall Cop Says Stop

Updated August 2022:

The below article was first published in February of 2021. And we all know how the vape pen movement is going. Please re-read the article for a refresher and please continue tightening those policies.

Original Article:

Vape pens are one of the most rapidly evolving drug trends in the United States and around the world. Vapes are sweeping the country, but what we are quickly finding is that a vape pen can contain much more than just nicotine which is what we are going to highlight more in this article today. This article will highlight vapes for cannabis THC and CBD, nicotine vapes and a splash of other items inside of the vapes. First, there are no absolutes when you talk a vape pen or e- cigarette. There are vapes that work for nicotine, flavored oils without nicotine, cannabis THC and CBD and even synthetics. When someone is vaping in front of you there is a real chance you don't know what they are really vaping "High in Plain Sight".

The majority of the vape pens contain products that you believe are inside of the pen...nicotine. With that being said we are locating a laundry list of other drugs and items inside of vapes.

Recently I wrote an article highlighting marijuana concentrates aka dabs, wax, oils

and shatter. Marijuana concentrates and vape pens are the perfect combination. Cannabis concentrates come in oil, wax or crystal form and the current version of vape pens can work for all three and an outsider can't simply look at someone smoking from a vape pen and know what is inside. That is virtually impossible.

So, how can you figure out what someone is actually smoking? First, we need to understand these pens a little better. The baseline when dealing with vape pens is there are NO ABSOLUTES. Many of the pens that you see that are being used for nicotine look similar to some of the pens in the drug world and vice / versa. Also, the vape pen market is flooded and is very hard to keep up with. For example, I do frequent and common community scans all across the US and Canada. During these scans I see various forms of vapes that look slightly different, are different sizes, work for different products and vary in price points from \$5-\$400. Although a common price point for a popular cannabis vape is around \$15-\$45.

Over the last few years, vape pens for various drug use have continued to gain in popularity. As mentioned earlier these pens can look like nicotine-based pens. Since they are new, colorful, small and can very discrete, with the latter being a large selling point to these various pens I expect popularity will continue to rise.

Through my own personal experience as a former police officer, or from the over 600,000 class attendees I have trained in 49 states and multiple countries, here is what we seem to be coming across the most as far as vapes (with non-nicotine substances) on our streets: dry herbal cannabis, cannabis wax THC and CBD,

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cannabis oil and other oil forms of synthetic drugs.

Basically, we are still very early stages of the vape pen movement and I expect to see these trends continue to rapidly evolve. With that being said, the product in vape pens can be hard to identify, offer a new way of use, are VERY discrete, produce less of an odor and can make some means of drug use easier to use.

[Source](#)

WHAT IS XYLAZINE AND WHY IS IT BEING CUT INTO HEROIN AND FENTANYL?

Written by: The Tall Cop
October 2022

Xylazine is a veterinary medicine use to sedate animals. This depressant is NOT a controlled substance and not FDA approved for human use. When used in veterinary clinics, the drug is in a liquid form and is generally used before surgery or procedures.

For street level drug use, Xylazine goes by the slang term “tranq” and is used to enhance and prolong the high of opioids, such as heroin and fentanyl. The drug is usually found in powder form or pressed into misidentified pills. Some opioid seekers may not be aware that Xylazine may be present in the powder or pill, and this can increase the risk of overdose. And as you know, some overdoses can be fatal. Xylazine is a cheap “cutter” for opioids and will increase the potency of various opioids. This allows for those who are dealing drugs to maintain a very

potent product while also increasing the profit margins.

It is noteworthy to know (and educate others) that when Xylazine is present it reduces the effectiveness of Narcan and in some cases may cause the Narcan to fail altogether. When you suspect an opioid overdose, always administer Narcan as it will impact the heroin, fentanyl or other opioids in their system.

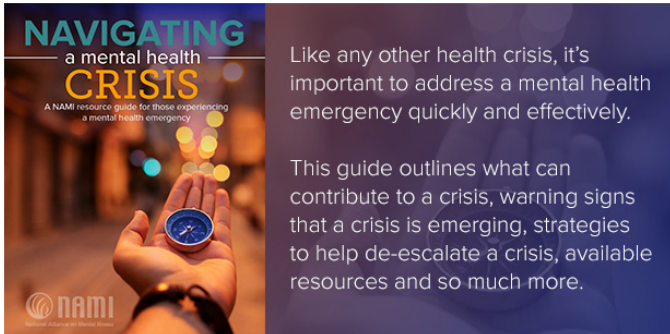
Recently, you may have seen articles on Xylazine, especially from the Northeast part of the country. This region has been hit very hard by this drug. Some of those articles have highlighted “flesh eating drugs”. Xylazine damages the tissue around injection sites, which leads to large skin and tissue damage and large sores. In some areas where Xylazine is very popular, you will see people with large bandages where their sores have been treated by medical personnel or community volunteers. Here is a message that came in during one of the Tall Cop webinars:

“Probation & Parole from Vermont here- We have been seeing a lot of individuals with this! Wounds that could not be explained. Had not heard of Xylazine. This makes so much sense. We do not test for this”.

Due to the powerful nature of this drug, and open accessibility, you can expect to see an increase in the popularity of Xylazine in the street level drug supply.

NAVIGATING A MENTAL HEALTH CRISIS

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Like any other health crisis, it's important to address a mental health emergency quickly and effectively.

This guide outlines what can contribute to a crisis, warning signs that a crisis is emerging, strategies to help de-escalate a crisis, available resources and so much more.

When mental illness is present, the potential for crisis is never far from mind. Crisis episodes related to mental illness can feel incredibly overwhelming. There's the initial shock, followed by a flood of questions — the most prominent of which is: "What can we do?"

People experiencing mental illness — and the people who care for them — need information. However, that information is not always readily available and the search for answers may require more energy and persistence than possible in times of crisis.

"Navigating a Mental Health Crisis: A NAMI Resource Guide for Those Experiencing a Mental Health Emergency" (Crisis Guide) provides important, potentially life-saving information for people experiencing mental health crises and their loved ones. This guide outlines what can contribute to a crisis, warning signs that a crisis is emerging, strategies to help de-escalate a crisis, available resources and so much more.

Getting Answers When You Need Them
Like any other health crisis, it's important to address a mental health emergency quickly and effectively. With mental health conditions, crises can be difficult to predict because, often, there are no warning signs. Crises can occur

even when treatment plans have been followed and mental health professionals are involved. Unfortunately, unpredictability is the nature of mental illness.

Unlike other health emergencies, people experiencing mental health crises often don't receive instructions or materials on what to expect after the crisis. That is why we created this guide, so people experiencing mental health emergencies and their loved ones can have the answers and information they need when they need it. In the pages of our Crisis Guide, you'll find:

- Understanding mental health crises
- Preparing for a crisis
- What to do during a crisis
- What to do following a crisis
- A sample crisis plan
- Share With Your Community

We encourage sharing these tools and resources in local communities, specifically with those who are most likely to be in contact with people experiencing a mental health emergency, like:

- Emergency departments
- Law enforcement officials
- Primary care physicians
- Court clerks where involuntary commitment processes are initiated

Anywhere a person in crisis might be seen for the first time

A Portable Treatment Record from the Crisis Guide is available for download and use to begin creating your personal crisis plan.

[Click here to keep reading and to download a step-by-step guide to navigating a crisis](#)