

**SERIES:** Caucus: New Jersey with Steve Adubato  
**TITLE:** Families in Focus: Girls and Drugs, Part 2  
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Dr. LAURA KNIPMEYER, PhD (Executive Director, Patient Advocacy, Schering-Plough Corporation): Parents are the first line of defense against child drug abuse. Hello, I'm Dr. Laura Knipmeyer, the executive director of patient advocacy for Schering-Plough Corporation. At Schering-Plough we're committed to supporting quality public television programming intended to help families guard against the dangers of drug abuse.

STEVE ADUBATO, host:

Girls and drugs, next on CAUCUS: NEW JERSEY.

Announcer: Funding for this edition of CAUCUS: NEW JERSEY has been provided by Schering-Plough Corporation, PSE&G, The Russell Berrie Foundation, Holy Name Hospital; and the PNC Foundation, which receives its principal funding from the PNC Financial Services Group, Inc., a diversified financial services organization.

ADUBATO: Welcome to Families in Focus, a very special CAUCUS series looking at the challenges and the pressures facing the modern American family. I'm Steve Adubato.

Now, last time we talked about the growing problem of girls and drugs and what parents can do to stop this alarming trend. Here to continue that discussion are Brian Gamarello, who is a clinical director at Daytop New Jersey, a not-for-profit adolescent substance abuse and education program; Casey, who is currently in treatment at Daytop New Jersey; Linda Surks, who is a drug prevention specialist with the National Council on Alcoholism and Drug Dependency in Middlesex County who lost her son Jason at the age of 19 to drug abuse; and Kenya Mutyanda, who is a unit director--unit director at the Boys and Girls Clubs at Union County in Plainfield, New Jersey. And finally, we are joined by my colleague Georgette Timoney, who produced this program, who helped put together this panel, who will be facilitating this dialogue with me, because she knows a lot.

Brian, let me ask you a question. You know, we keep talking about Daytop, because we've partnered for so many years. The folks at Schering brought us together. But I'm not sure that people really know what Daytop is and what it does. Go ahead.

Mr. BRIAN T. GAMARELLO (Clinical Director, Daytop New Jersey): OK. Daytop is obviously a program, we're located throughout New Jersey as well as New York. Daytop has several facilities throughout the world as well, several in...

ADUBATO: What do you do?

(Graphic on screen)

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Mr. GAMARELLO: Daytop is a drug treatment program. In New Jersey, primarily

we work with adolescents, we work with the kids. Part...

Ms. GEORGETTE TIMONEY (Caucus New Jersey Producer): But you also do education as well, is that true?

Mr. GAMARELLO: Yeah, yeah.

Ms. TIMONEY: Students can pursue their--they can get their high school diplomas...

Mr. GAMARELLO: That's correct.

Ms. TIMONEY: ...their--is it GED as well, or?

Mr. GAMARELLO: GED, high school diploma. Our North Jersey campus currently just opened a brand-new high school so kids can not only come in, receive drug treatment, go to high school; but kids who are out there in the community and may be struggling with kind of the early stages of drug use can come to a supportive environment like Daytop and receive their high school education.

ADUBATO: But I'm not sure people really know what--first of all, you have to get up a certain time.

Mr. GAMARELLO: Yeah.

ADUBATO: You have chores.

Mr. GAMARELLO: Yeah, it's very strict.

ADUBATO: You have responsibilities, right? So far, so good? That's what's happening, right? You are limited in how much television you can watch?

Mr. GAMARELLO: Yes, and what you can watch.

ADUBATO: And what--and what you can watch.

Mr. GAMARELLO: Yes.

ADUBATO: What else? Come on, talk to us, Casey. What else is going on there? What are the rules?

CASEY (In Drug Treatment Program): Oh, there's a lot of rules.

ADUBATO: Well, name them.

CASEY: Oh, little norms, and nothing--like waking up at 6...

ADUBATO: What time?

CASEY: During school it's 6:00.

ADUBATO: How do you feel about that?

CASEY: We--I don't like it.

Ms. TIMONEY: What's your typical day like when you're there? You get up at 6 and then...

CASEY: Well, now it's the summer, we wake up at 7:30 and then we get ready for an hour, then we go off the floor, which is where we sleep. We go onto the floor. We have breakfast and then we clean, and that takes about an hour. Then we have morning meeting.

ADUBATO: Morning meeting. What's that like?

CASEY: Yes. You basically--you address attitudes in the house, things that you see out of place, you bring family awares, like stuff that's going on with you on the outside, how your feeling, community concerns about how, like, something that's going wrong in the community that you're concerned about, what it could lead to.

ADUBATO: How open are you in those meetings?

CASEY: I participate.

ADUBATO: Yeah?

CASEY: Yeah.

Mr. GAMARELLO: It--the general idea is that morning meeting is done to kind of motivate everybody, to start their day, kind of let's talk about what's going on in the program at that time and, you know, let's move forward. How do we move forward and get through the day?

Ms. TIMONEY: Brian, are these...

ADUBATO: Go ahead.

Ms. TIMONEY: Sorry. Brian, are these sort of things that families can take and use at home, use the opportunity at breakfast...

Mr. GAMARELLO: I...

Ms. TIMONEY: ...to kind of talk about the day and set a tone for the day, or?

Mr. GAMARELLO: Yes, I would agree that not only the morning meeting, but certainly the structure, you know. And when we bring families in and we do a lot of work with families, it's trying to get them to understand the importance of structure in their child's life.

Ms. TIMONEY: How important is the family in the whole recovery process? What's their role?

Mr. GAMARELLO: I think their role is invaluable.

Ms. TIMONEY: How do they help?

Mr. GAMARELLO: Being involved, being there, asking questions, not being afraid to be a parent. Not overly concerned with being my child's friend, but being my child's parent and kind of being there to make sure that things are going the way that they're supposed to be going. And if they're not...

ADUBATO: Go ahead, Georgia. Pick it up.

Ms. TIMONEY: There was--actually Kenya had mentioned as well that the impact of parents on--in this case, we're talking primarily about young girls--but you had some great tips, I thought, for parents about checking in with them during the day, and things that parents could do so far as putting calls in to, perhaps if they're at a Boys and Girls Club, and finding out a small piece of information to start that conversation. Can you tell us about that?

Ms. KENYA MUTYANDA (Unit Director, Boys and Girls Club of Union County, Plainfield Club): Right, exactly. I think it's key for parents to work along with organizations such as Daytop and the Boys and Girls Club to find out what's going on throughout the child's day. We have counselors who facilitate different groups, they can call and find out, 'OK, just calling, just checking in to find out how James' day is going,' and the counselor will relate it. 'Oh, you know, played kickball today. James was the captain today. His team didn't win but, you know, he was really great making sure everyone had a turn.'

ADUBATO: Why does that matter?

Ms. MUTYANDA: That matters so then the parent has a piece of information when they retrieve their child from the club because, you know, you pick your son up, you say, 'OK, how was your day?' 'Oh, it was OK.' But if you have that piece of information, it's like, 'Oh, I heard you were captain today.'

Ms. TIMONEY: Mm-hmm.

Ms. MUTYANDA: Then there's a spark, there's a connection.

Mr. GAMARELLO: There's a connection, right.

Ms. MUTYANDA: There's a connection there and you can build off of that conversation.

Ms. LINDA SURKS (Drug Prevention Specialist, National Council on Alcoholism & Drug Dependence): And that's part of what helps to build that self-esteem, to really reinforce those positive attitudes and positive behaviors that these kids are involved in.

ADUBATO: We talked about that in the first half of this...

Ms. SURKS: Mm-hmm.

ADUBATO: ...this first half-hour, we talked about the positive activities.

Now Georgette, real quick, you're involved in the arts and have been for many, many years.

Ms. TIMONEY: Yes.

ADUBATO: And we talked about the fact that--it's not just sports, because you were saying, Casey, that, in fact, many of the young women, the girls who were involved in sports, they're less likely to be involved in drugs. No guarantee, but they're less likely.

CASEY: That's what I've seen in my high school.

ADUBATO: Do you think the same thing is true, Georgette, if a young girl is involved in the arts, in theater, in activities like that, that they're less likely to be involved in drugs?

Ms. TIMONEY: I think that engaging in a sense of community, certainly, because you're taking up a huge block of time when you're making some type of commitment, whether that's at the Boys and Girls Club or whether that's doing a theater performance or rehearsal, when you're three or four hours after school.

ADUBATO: Or raising money in the community for a particular project or drive.

Ms. TIMONEY: Anything like that. Whatever you're doing, you're committed for that extended period of time, you're among peers that hopefully have the same type of value system that you have, but they're certainly engaged in activities that are out of self. And so I think that after school activities are huge, and that's what I've been hearing from people throughout the years...

ADUBATO: Right.

Ms. TIMONEY: ...and producing these shows. And I think one of the things that concerns me most is that--we did a couple shows on the state budget today--that many of these programs are getting cut, after-school program, and how crucial it is for parents to understand, to fight for these programs, because they are what can make the difference.

ADUBATO: Parents' role here. But I'll tell you, one of the other things we can do in the media, we were talking in the first half about the role of the media, and I don't believe I did a very good job when I was talking about the media, because I was sounding like I was talking about the media in general. I want to be more specific, I'll put this on the table, then I want to talk about the issue of so-called recreational drugs, because recreational has a connotation of, 'Eh, it's recreational, what's the big deal?' Well, that's not the case.

Let's go back to the media issue. I actually meant celebrity media. That's what I meant.

Ms. TIMONEY: Mm-hmm.

ADUBATO: And so actually, I believe it was Bob Morris, our director, who mentioned this in between shows; he said, 'Steve, let's talk about Amy Winehouse.' And at first it hit me, Amy Winehouse; I love her music, she's terrific. Then I'm thinking, wait a minute. Amy Winehouse gets popular, she's a tremendous musician, great singer, she does a song, 'They want to send me to rehab and I say, no, no, no.' Now, you know the song, everybody knows the song. She's in and out of rehab, God knows what's going on with her. She clearly has a serious drug problem. Do you believe that the Amy Winehouses of the world and the way we in the media portray her really don't do justice to how sick she really is and how terrible a role model she is for other young girls?

Mr. GAMARELLO: Yeah. I think--I think that whole--not only Amy Winehouse, we're talking about celebrity rehab, kind of makes light of the situation, you know.

ADUBATO: As music does very often.

Mr. GAMARELLO: I have a problem and I'm going to go to rehab and I'm all better. Well, we know that...

ADUBATO: Well, you're in the rehab business. You hear people saying, 'I'm going to rehab, no biggie,' what are you really thinking?

Ms. TIMONEY: Well, that's a PR thing a lot of the time, too.

Mr. GAMARELLO: Yeah.

Ms. TIMONEY: People use that as an escape mechanism, 'Oh, I did something wrong, I'm going to go to rehab, that way I don't have to take responsibility.'

ADUBATO: 'I'm off the hook, I'm in rehab now.'

Mr. GAMARELLO: Off the hook, exactly.

ADUBATO: But what's real--what's the problem with that message?

Mr. GAMARELLO: Well, I think the problem is that you are really minimizing the problem, you know. You're not really accepting responsibility that there really is an underlying issue. Amy Winehouse is very sick, you know. She's very sick.

ADUBATO: But she--come on, she's so talented, she's a media figure, the tabloids love her. But what's the problem with portraying her in that way, just saying she had the latest incident over in England, she got in a fight, or this or that? What's the problem with that?

Mr. GAMARELLO: I don't think people then really see the severity of this.

Ms. TIMONEY: I think that...

ADUBATO: Until she dies and overdoses? By the way, I'm not in any way wishing, hoping, predicting any of that, but if that were to happen--I mean, of course, there's Jimi Hendrix, there's Janis Joplin, there's countless, countless numbers of people. And listen, I only mention Britney Spears because, listen, there's something going on there beyond the fact that she's quirky.

Ms. MUTYANDA: Mm-hmm.

ADUBATO: There's something going on there. Those images, those messages, do we in the media make light of celebrity potential drug-related problems or full blown drug-related problems which cause younger people, particularly women, to go, 'No biggie.' What do you think?

Ms. MUTYANDA: Yes. Yes, it is a big problem because, you know, young people, they look up to these stars, they want to emulate them, they want to be like them. And if they think, 'OK, I'm going to rehab, it'll be fine, it'll be all right and I'll be back again.' Because in their world then they could be the popular one, they could be the star.

Ms. SURKS: Mm-hmm.

ADUBATO: OK, so let me ask you. When I was mentioning Amy Winehouse, I said we may talk about it, and you were like, 'Why are we talking about Amy Winehouse?' Let me ask you something. I say Amy Winehouse, what association? Give me a word.

CASEY: I don't know, I just thought about--I can't really give a word, I don't really listen to her.

ADUBATO: What do you think about her?

CASEY: I don't--I don't pay too much attention to the media.

ADUBATO: OK.

CASEY: I really don't.

ADUBATO: Are there celebrity figures you relate to in any way? (Casey shakes head no) Music matter to you?

CASEY: Yeah, I listen to music, I mean, but I won't...

Ms. TIMONEY: What's somebody...

CASEY: ...try to be like any of the stars.

Ms. TIMONEY: What are some of the--what's some of the music that you like to listen to?

CASEY: I listen to rap, a lot of rap.

ADUBATO: Is rap--I'm curious here. I'm not an expert on rap, but I mentioned in the other show that my son, 16-year-old Steven, is big into rap. I learn a lot about a lot of things I realize I know so little about through rap in terms of teen culture. Drugs a dominant theme in the rap, hip-hop culture?

CASEY: In the songs I listen to, yeah. You mention--it mentions drugs.

ADUBATO: How so? Like, 'Drugs are terrible. Don't do them.' Is that what...

CASEY: No, no. Making it sound good.

ADUBATO: Drugs?

CASEY: Yeah.

ADUBATO: Sound good.

CASEY: Yes.

ADUBATO: Like, no biggie?

CASEY: Yeah. Absolutely no big deal at all, that everybody uses them, it's all right to use them, basically. It makes you money. That's how they do it. It's a lot of, like, talking about selling drugs or maybe how you can get...

ADUBATO: Go ahead.

CASEY: Like, there's this one artist that I listen to, and he basically talks about how if you get in trouble, how you can get out of it by going, like, around the law.

ADUBATO: Interesting, going around the law.

CASEY: It's--yeah, yeah.

ADUBATO: Linda, what are you hearing?

Ms. SURKS: I think--I think it's a--it's a very unfortunate situation and it has the potential to be very damaging to a population of young people.

ADUBATO: And again, this is the fourth half-hour that you've been with us. I don't want to assume everyone knows, and I'm sorry for bringing it up again, but your son Jason...

Ms. SURKS: Mm-hmm.

ADUBATO: ...overdosed in college.

Ms. SURKS: That's correct.

ADUBATO: And lost his life.

Ms. SURKS: Yes.

ADUBATO: And you are in the business of drug and alcohol prevention.

Ms. SURKS: I have been in substance abuse prevention, yes.

ADUBATO: What you care about. Now we're actually looking at a picture of Jason again. So when we're talking about--or Casey's talking about how the media not only minimizes music, minimizes drug use, but...

Ms. SURKS: Glorifies it.

ADUBATO: ...glorifies it.

Ms. SURKS: Absolutely.

ADUBATO: Not only no big deal, but to be encouraged.

Ms. SURKS: Right.

ADUBATO: And what would you say to young people listening to that music, thinking, 'Come on, it's a song.'

Ms. SURKS: Mm-hmm.

ADUBATO: 'Why you making a big deal about this?'

Ms. SURKS: Yeah. Well, you know, it is just a song, but it helps to reinforce the culture that we're trying so hard to combat, and one of the reasons why we talk about starting so young to talk with their kids and talking often about drugs and alcohol and building self-esteem and learning

how to raise healthy kids to help them hear those music--that music and put it in the right perspective.

ADUBATO: You just remember, it is record companies who put that out, it is not individual artists who go out there and do it. It is record companies who are making big money.

Ms. SURKS: Right, sure.

ADUBATO: They're not dumb.

Ms. SURKS: Mm-hmm.

ADUBATO: Those executives know what's in that music. The greatest influences on the young girls you see at the Boys and Girls Clubs would be?

Ms. MUTYANDA: I wanted to go back...

ADUBATO: Go ahead.

Ms. MUTYANDA: ...to a point that she was making.

ADUBATO: People often ignore my questions. Go ahead.

Ms. MUTYANDA: No, I think when a youth--when they continue to hear messages like that in music they get desensitized, and then so...

ADUBATO: What does that mean?

Ms. MUTYANDA: They--if they hear that--derogatory terms for young girls, drinking alcohol, doing drugs, making money any kind of way is OK; you hear that often enough and with a young, impressionable mind, then it starts to seem like it's OK.

ADUBATO: Similar to violence? Because I don't want to start naming artists, but you know, Snoop Dogg for a long time and I would, you know, think, 'Huh? Violence? No big deal,' and Biggie--you know, all kinds of people who were--some people who were killed...

Ms. MUTYANDA: Mm-hmm.

ADUBATO: ...you know, some people who were incarcerated for the rest of their lives, some people who were involved in gang wars connected to music. Is there a desensitizing that goes on as it relates to drugs similar to the issue of violence? Like, people really aren't dying, losing their lives, people can't really die and overdose and lose their future, their lives through drugs? Same sort of thing?

Mr. GAMARELLO: I think so. I think a lot of times, I mean, we see with teenage kids, they don't believe it's going to happen to them. You know, it may have happened to Biggie, but it's not going to happen to me. I'm not going to get shot, OK.

ADUBATO: Are there racial differences? Are there--as it relates to young girls, as it relates to girls, are there racial differences that you see, patterns as it relates to drug use and abuse?

Mr. GAMARELLO: Yeah, I would say that there are.

ADUBATO: You--really?

Mr. GAMARELLO: Yeah.

ADUBATO: Describe them.

Mr. GAMARELLO: I don't know if it's racial as much as kind of where they're living.

Ms. TIMONEY: So it's socioeconomics, how much they're making...

ADUBATO: You believe that?

Mr. GAMARELLO: Yeah, I do, I do.

Ms. TIMONEY: Well, you know...

ADUBATO: Well, then play it out, because I don't want to make any assumptions.

Mr. GAMARELLO: OK. I believe, actually--I've worked in an urban setting, for--I worked here in Newark.

ADUBATO: Where we're taping the show. Go ahead.

Mr. GAMARELLO: And you know, some of the things that I've seen in Newark before I moved out to where I currently work in a suburban setting, very affluent families, I would have thought that the drug problems in Newark were much worse, OK. I was sorely mistaken. When I got to where I'm at now, the drug problems are worse in...

ADUBATO: In the suburbs?

Mr. GAMARELLO: ...the suburbs, OK.

Ms. TIMONEY: Is that because of more access? Is that because of more money, or the parents having prescription drugs already in their--liquor already in the house?

Mr. GAMARELLO: I think it's all those things, but I think the family unit in suburban America has disintegrated as...

ADUBATO: Wait a minute. Wait a minute.

Mr. GAMARELLO: (Unintelligible)

ADUBATO: If I listen to certain talk radio programs, particularly those who lean in a certain political direction, I'll often hear that in urban--in urban communities the family's falling apart, there is no family structure, there's no dad there, so how could there be any sense of family? And you're telling me...

Mr. GAMARELLO: Yeah.

ADUBATO: ...that what you've seen is...

Mr. GAMARELLO: It's exactly the opposite. In the urban setting the family unit, whether it's--dad is not in the picture, someone is in the picture. Many times it's grandma or mom or somebody. But the family unit tries to stay intact, OK. In more affluent suburban areas there's really not a focus on that, you know. Mom is busy with her social networking and dad is working and, you know, kids are just kind of left to fend for themselves and...

ADUBATO: What's the connection to that and drug use?

Mr. GAMARELLO: I think we've talked about that. I mean, you know, if the family's not involved the kids will turn elsewhere to kind of fill that void, and many times they go to their friends and they fail to resist that peer pressure...

ADUBATO: Mm-hmm.

Mr. GAMARELLO: ...because there's nothing going on at home.

Ms. TIMONEY: I think that there is something else that, actually, Brian and I had talked about during our pre-interview...

Mr. GAMARELLO: Mm-hmm.

Ms. TIMONEY: ...which I found interesting. One of the many things I found interesting. And as we were talking about girls and drugs and the fact that the number of girls using drugs is on the rise, the amount of treatment facilities that are available specifically for girls has not increased.

ADUBATO: Has not?

Ms. TIMONEY: Not at all.

Mr. GAMARELLO: No.

Ms. TIMONEY: And I think that's an important point for us to raise here.

ADUBATO: Why would--what would be the rationale for not responding to the need? I mean, the use is greater. The use is greater.

Ms. TIMONEY: The needs are very different. The treatment needs, evidently, are very different as well for a boy's...

ADUBATO: The treatment needs are different for boys and girls?

Ms. TIMONEY: Boys and girls.

Mr. GAMARELLO: I think different in the sense that there's certain things that have to be kind of gender-specific to boys and to girls for...

ADUBATO: Well, but Daytop has boys and girls.

Mr. GAMARELLO: Yes.

ADUBATO: Because we've had young boys, we've had young girls...

Mr. GAMARELLO: Yes.

ADUBATO: ...from Daytop, right?

Mr. GAMARELLO: Mm-hmm.

ADUBATO: But there are not more facilities, there are not more places for young girls to go even though it's on the rise?

Ms. TIMONEY: Right.

Mr. GAMARELLO: Yes.

Ms. TIMONEY: And that's something that needs to be looked at. That's something that the--that makes you question and go to that--look at the health department, look at the Department of Health and Human Services going, 'What's going on here? Where's the disconnect?' This is clearly a problem. Girls are using so much more. Exponentially, the rates are higher.

ADUBATO: In young women.

Ms. TIMONEY: In young women.

ADUBATO: Could we talk about some of this, because I promised we'd talk about designer drugs. What the heck does that term mean? I don't want to--I failed that word association with you before, so I'm not playing again. So if you would describe a designer drug in your own words, what does it mean to you?

CASEY: What do you mean?

ADUBATO: I don't--I just keep hearing the term designer drugs.

Ms. TIMONEY: Like rocks--roxy--what is roxies?

CASEY: Like OxyContin.

Ms. TIMONEY: OK.

CASEY: It's just like--it's like a really strong Percocet, I guess.

Ms. TIMONEY: So how do you...

ADUBATO: That's a designer drug?

Ms. TIMONEY: Is that a designer--is that considered--or is that something...

CASEY: I don't know what you mean by designer drugs.

Ms. TIMONEY: Like mixing different things together.

ADUBATO: Help me. I'm not the expert, I just know the term. What does it mean?

Mr. GAMARELLO: Ecstasy would be considered a designer drug, GHB.

ADUBATO: What is GHB?

Mr. GAMARELLO: The DA guys would probably...

Offscreen Voice : (Unintelligible)

ADUBATO: The DA--we have to have folks from the DA here on this show, they know everything. But what--the term designer, the thing that bothers me about it is that, like, designer jeans, like designer shoes, designer drugs. What, high end? Like, first class? Like, what does it mean? What does it mean to you? Like, anecdotally, what does that mean to you?

Ms. MUTYANDA: It seems like something that's artificial, that's man-made, it's not one of the--it's not like cocaine or marijuana, it's not natural-based. That's what designer drug--that's what I think.

Ms. SURKS: Is it--and it...

Ms. TIMONEY: It sounds like a marketing hook, I mean, honestly.

ADUBATO: You know, what's funny is...

Ms. TIMONEY: If you put a different label on it, more people are going to want it, because it's an elitist thing.

ADUBATO: Well, you know what, in urban areas--sorry for interrupting, but in urban areas I don't remember the last time in talking to a lot of folks that we deal with in the cities in this state and this nation, they don't talk about designer drugs.

Ms. MUTYANDA: No.

ADUBATO: Are designer drugs more a product of wealthier, upscale suburbs?

Ms. SURKS: I don't think it's as prevalent an issue today as it was five years ago.

ADUBATO: What is? What are the drugs that are being used and abused by girls, young women, more so?

Ms. SURKS: Common prescription drugs...

ADUBATO: Such as?

Ms. SURKS: ...Ritalin, OxyContin, Xanax, those sorts of--those are the primary drugs. Vicodin...

ADUBATO: Diet pills? Do you put diet pills in this category?

Ms. TIMONEY: That's over-the-counter sort of use? I mean, I know there was--there are conflicting reports on that piece of it. Although marijuana apparently seems to remain constant as the number one drug of choice for girls. I mean, is that an accessibility issue? I'm not sure. I mean, how easy is it to get drugs? Let's say I have a 15-year-old niece and she's going to high school.

Casey, what do you think? I mean, is it different by community by community, is it across the board regardless of where you live? Are drugs available to everybody? Should...

ADUBATO: How easy?

Ms. TIMONEY: How do we determine?

CASEY: Oh. Well, I think why weed is, like, the mainstay for everybody else is, like, I was taking roxies...

ADUBATO: Roxies.

CASEY: Yeah, like OxyContin.

Ms. TIMONEY: OxyContin.

ADUBATO: Which is what? Help us understand. We're not all aware of this.

CASEY: An extreme--like, a very strong painkiller.

ADUBATO: Very strong painkiller.

CASEY: Yes.

ADUBATO: OK. And what does that do for you?

CASEY: My...

ADUBATO: Is it pain that you're trying to relieve?

CASEY: No, no, no. I like to fight to stay awake, the nodding out. It's kind of like doing heroin.

ADUBATO: Well, since I haven't done it, I don't really know...

CASEY: It's kind of hard to explain it. Yeah, exactly, so it would be kind of...

ADUBATO: So what is it doing for you?

CASEY: It just relaxes me a lot.

ADUBATO: It relaxes you.

CASEY: Yes.

ADUBATO: OK.

Ms. TIMONEY: Do you find that there--that there's a lot of pressure on you when you--when you going to school and you were doing drugs, were you increasing the amount of drugs you were doing? Did you feel--were there certain things going on with you?

CASEY: Not really. I'm not going to say I had family problems, I don't really think I did. I mean, a lot of fighting going on in my house, but I always did have family to support me very much. I just used a lot more because my tolerance kept--would keep building. It was...

ADUBATO: That was you. Your body...

CASEY: It builds extremely fast, yes.

ADUBATO: ...responded that way.

CASEY: Yes. But it's not just specifically my body. Like, all my friends--roxies by me are just as common--like, it's very common.

ADUBATO: As common as cigarettes?

CASEY: Not as common as cigarettes, but like, as common as weed.

ADUBATO: Where are they getting them?

Ms. TIMONEY: Yeah.

CASEY: Everybody--there's this place by me where you can actually get--you can go in and tell the doctor, like, symptoms that you have and he will prescribe you roxies without even, like...

ADUBATO: Time out. A seventeen-year-old girl...

CASEY: No, no, no. Not--you got to be eighteen.

ADUBATO: OK. All right.

CASEY: So there is...

ADUBATO: So then how does it work? So how does a 16-year-old get roxies?

CASEY: Just knowing people. I knew plenty of people.

ADUBATO: Easy.

CASEY: Yes, it was very easy.

Ms. MUTYANDA: There's so few...

Ms. TIMONEY: And then how did you communicate that? How did you let other people know? I'm just thinking about parents or caregivers who might be trying to figure out what are some of the signs of that? I mean, was it cell phone use, was it e-mails, was it...

CASEY: Oh, actually getting them?

Ms. TIMONEY: Getting them and then--and then giving them to other people. Was there dealing it as well?

CASEY: Oh.

ADUBATO: Distributing them, too.

CASEY: Just--I was always on my cell phone because I was dealing, so.

ADUBATO: It's always on a cell phone.

Ms. TIMONEY: How many minutes...

CASEY: I was always on a cell phone, so...

Ms. TIMONEY: Was it--at one point you had, like, what was it?

CASEY: Oh, my grandpa would always yell at me about the cell phone bill. I was...

ADUBATO: How many minutes? Come on.

Mr. GAMARELLO: Thousands, probably.

CASEY: Yeah, thousands. Like seven...

Ms. TIMONEY: No, it was like 9,000...

ADUBATO: Brian, is that a sign?

CASEY: Seven, 7,000.

Mr. GAMARELLO: Yeah.

ADUBATO: It was at seven or 9,000 was the number I heard.

Mr. GAMARELLO: Yeah, it's like...

CASEY: Yeah, like 4,000 text messages a month. Like, my grandpa wanted to take my cell phone away. I...

ADUBATO: Should he have?

CASEY: Yes, yes. That would have been a good idea. If you see--and then he got a detailed list of my bill, and it showed the time all my calls were and all my calls were like a minute or 30 seconds.

ADUBATO: A minute, 30 seconds. What's the sign here? You got a minute left. Go ahead.

Mr. GAMARELLO: So the sign is he was involved and he saw that...

ADUBATO: Your grandpa? Your grandfather.

Mr. GAMARELLO: Somebody. Somebody in the family was involved...

ADUBATO: Right.

Ms. TIMONEY: Mm-hmm.

Mr. GAMARELLO: ...and said this is a problem. Normal people don't talk for 4,000 minutes a month on their cell phone for a minute at a time. You know, this is a problem. He probably asked you some questions.

ADUBATO: And that was a good thing.

CASEY: He made excuses. He made excuses, because he didn't want to believe his granddaughter was selling drugs.

ADUBATO: And what should he have done? Listen, 20 seconds left. The parent

knows, the grandparent's involved, 4,000 minutes, quick minute, 30 second calls, what should you do?

CASEY: Take the cell phone away.

Mr. GAMARELLO: Question.

ADUBATO: Take it away.

CASEY: Yes.

ADUBATO: You even say take it away.

Ms. MUTYANDA: Yes, yeah.

CASEY: If I didn't have my cell phone, how would I be able to deal drugs?

Ms. MUTYANDA: Right.

ADUBATO: Listen, most importantly--I want to thank everyone here, but I want to thank you the most because you shared, and we're wishing you nothing but the best and we're praying for you. Thank you, Casey.

CASEY: Thank you for having me.

ADUBATO: Good job.

Announcer: If you would like more information on this program or if you'd like to express an opinion, e-mail us at [info@caucusnj.org](mailto:info@caucusnj.org), and visit us online at [caucusnj.org](http://caucusnj.org).

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Ms. MARY JO CODEY (Former First Lady of New Jersey): Early detection saved my life. It could save yours, too. I'm Mary Jo Codey, and thanks to my yearly mammogram my breast cancer was caught early, when it was most treatable. Early detection makes all the difference in beating breast cancer, so go get that mammogram. Information about mammograms for women without insurance is available at the NJCEED hotline.

Announcer: A message from the North Jersey affiliate of Susan G. Komen for the Cure, and underwriter of CAUCUS: NEW JERSEY programming.

