

Youth Substance Abuse: How You Can Play a Role in Addressing Youth Substance Abuse



What are kids using out there?

Alcohol
Cigarettes
Adderall
Steroids
Bath salts
Heroin
Cocaine
Meth



Prescription pain meds (Oxy, Hydros)
Cold medicines
Vaping
Marijuana
Ritalin
K2/Spice
Ecstasy/Molly
Hookahs



How it all begins

Curiosity/exploration

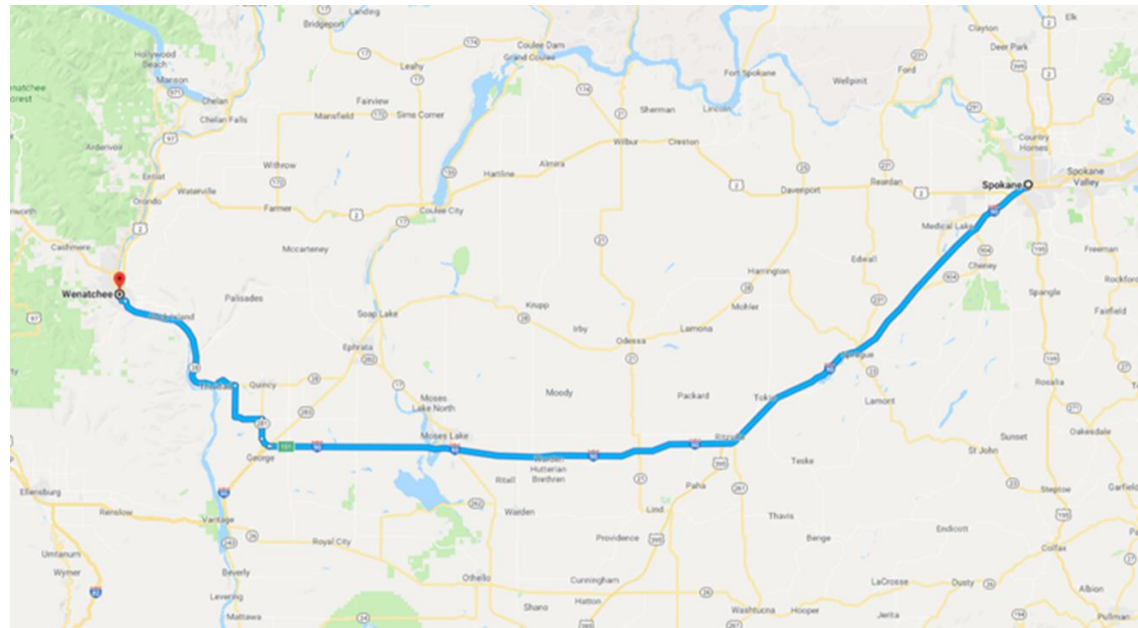
Solution seeking

Peers and Parents



The Natural Development of Substance Abuse

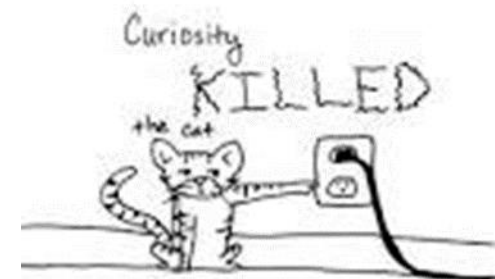
- 1- Experimentation
- 2- Seeking the mood
- 3- Preoccupation with the mood
- 4- Dependence on the mood



Stage 1 - Experimentation

- Curiosity
- Parties
- Peer pressure
- Able to hide it
- No significant behavior changes

IMPORTANT: If caught, a negative consequence is essential to prevent progression to next stage



Stage 2 – Seeking the mood

- Coping mechanism for negative feelings
- Peer group changes from non-users to users
- Behavior changes (aggression, anxiety, defiance, depression)
- Decline in school/work performance
- No major problems.....yet



Stage 3 – Preoccupation with mood

- Enjoys and pursues altered state (not just looking for relief of negative feelings)
- Uses when alone, not just when in social settings
- Severs relationships with non-drug using friends
- Uses multiple types of drugs
- Uses specific drugs for specific desired feeling
- No longer a secret, open and proud of it
- Trouble with school, family, law



A photograph of a group of young people at a party. In the foreground, a person with curly hair is using a bong. To their right, another person is smoking a cigarette. In the background, a woman is also smoking. The scene is dimly lit, suggesting an indoor party setting. The text 'Stage 4 – Dependence on mood' is overlaid on the image.

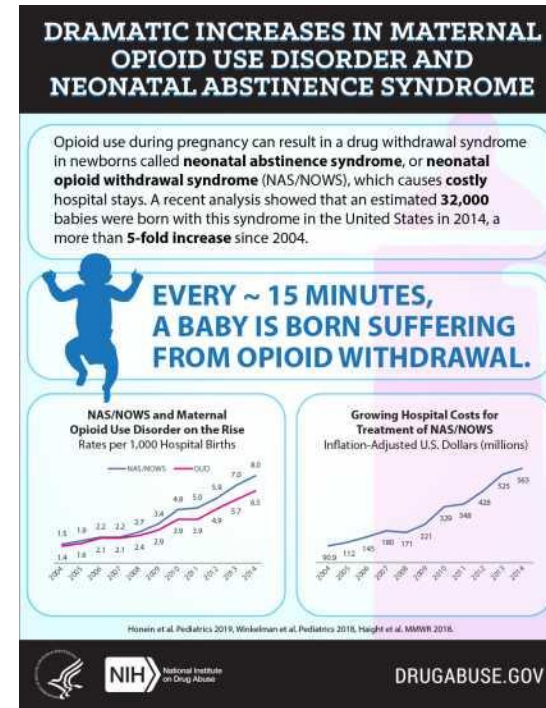
Stage 4 – Dependence on mood

- Drug needed to feel “normal”, not just using for a “high”
- Continuous use despite negative consequences
- Tries to reduce or stop but fails
- Violates own values/beliefs because addicted

Why care?

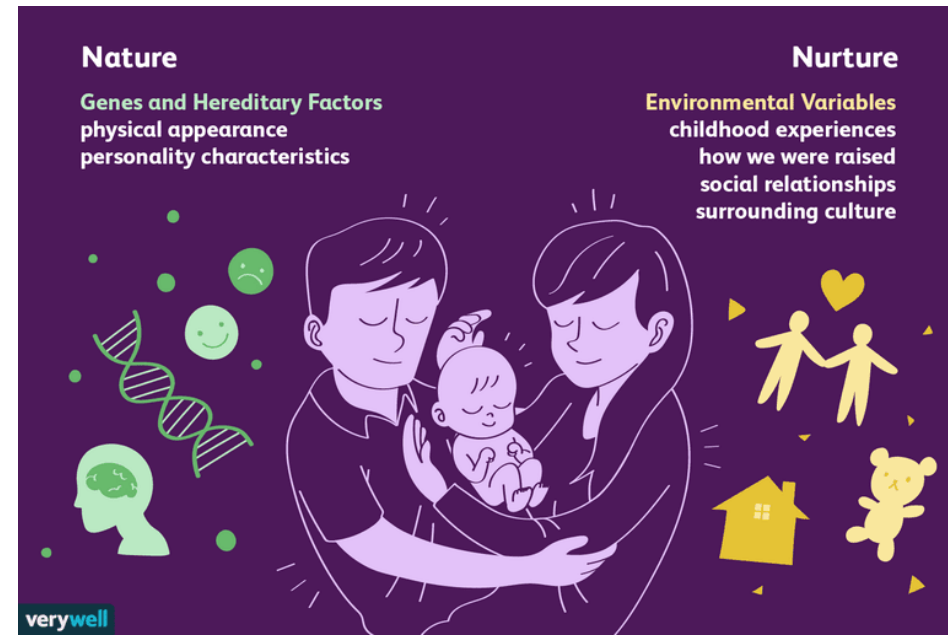


- 50% of injuries and fatalities due to motor vehicle accidents among ages of 15 to 24 are associated with substance abuse (majority related to alcohol or marijuana)
- Higher rates of domestic violence
- Damage to the developing brain, can be irreversible
- School failureleading to economic decline
- Crime
- Risky sexual behaviors – increasing risk of STD and HIV
- Fetal alcohol syndrome, neonatal abstinence syndrome
- Increased risk for lifelong substance abuse and addiction
- Continuation of the problem – offspring of abusers more likely to be abusers



Who is at high risk?

- Genetics – inherited predisposition and biology
 - One in 5 children grows up in a household where someone abuses alcohol or other drugs.
- Community standards
- Family and peer tolerance
- Low academic achievement or aspirations to achieve
- Coming home to house without adult supervision
- Those with mental health concerns
 - Anxiety
 - ADHD
 - Negative self esteem
 - Depression



Who is at low risk?

- Kids who have parents who set clear rules and enforce them
- Kids who eat meals together as a family
- Kids who's parents regularly talk with their children about the dangers of alcohol and drug use
- Kids who have a parent in recovery
- Kids involved in church, synagogue, or community programs
- Kids with opportunities for prosocial involvement in the community, adequate community resources



Monitoring the Future is an annual survey of 8th, 10th, and 12th graders conducted by researchers at the Institute for Social Research at the University of Michigan, Ann Arbor, under a grant from the National Institute on Drug Abuse, part of the National Institutes of Health. Since 1975, the survey has measured how teens report their drug, alcohol, and cigarette use and related attitudes in 12th graders nationwide; 8th and 10th graders were added to the survey in 1991.

44,482 STUDENTS FROM 392 PUBLIC AND PRIVATE SCHOOLS PARTICIPATED IN THE 2018 SURVEY.

The infographic features a light blue background with various drug names written in a hand-drawn, blue font. On the left, words include 'COCAINE', 'PRESCRIPTION', 'ECSTASY', 'CRACK', 'BATH SALTS', 'HEROIN', 'SEDATIVES', 'CRYSTALIN', and 'INHALED'. On the right, words include 'ALCOHOL', 'CIGARETTES', 'RITALIN', 'RALL', 'K2/SPICE', 'SALVIA', 'VICODIN', 'TRANQUILIZERS', 'METHAMPHETAMINE', and 'AMPHETAMINE'. In the center, a large red diamond contains the text 'TEEN DRUG USE'. Below the diamond is a dark blue banner with 'MONITORING THE FUTURE 2018'. Silhouettes of six teenagers are scattered around the central text.

TEEN DRUG USE

MONITORING THE FUTURE 2018

The Good News

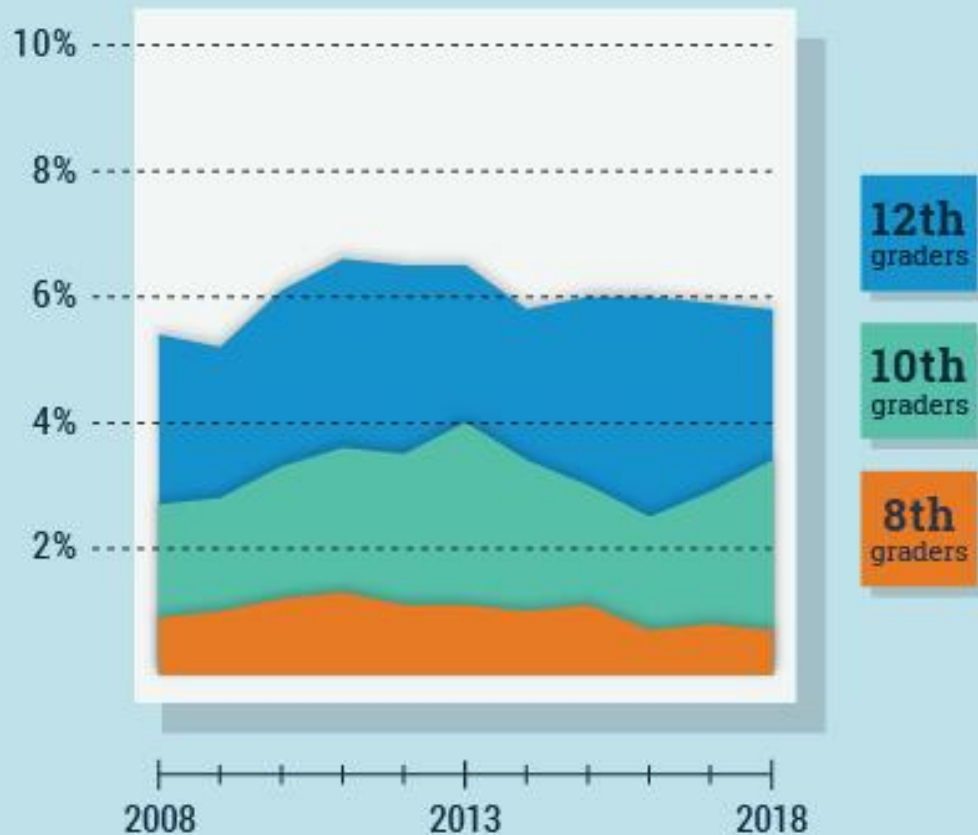
STUDENTS REPORT LOWEST RATES SINCE START OF THE SURVEY

Across all grades, past-year use of illicit drugs other than marijuana holding steady at the lowest levels in over 20 years.

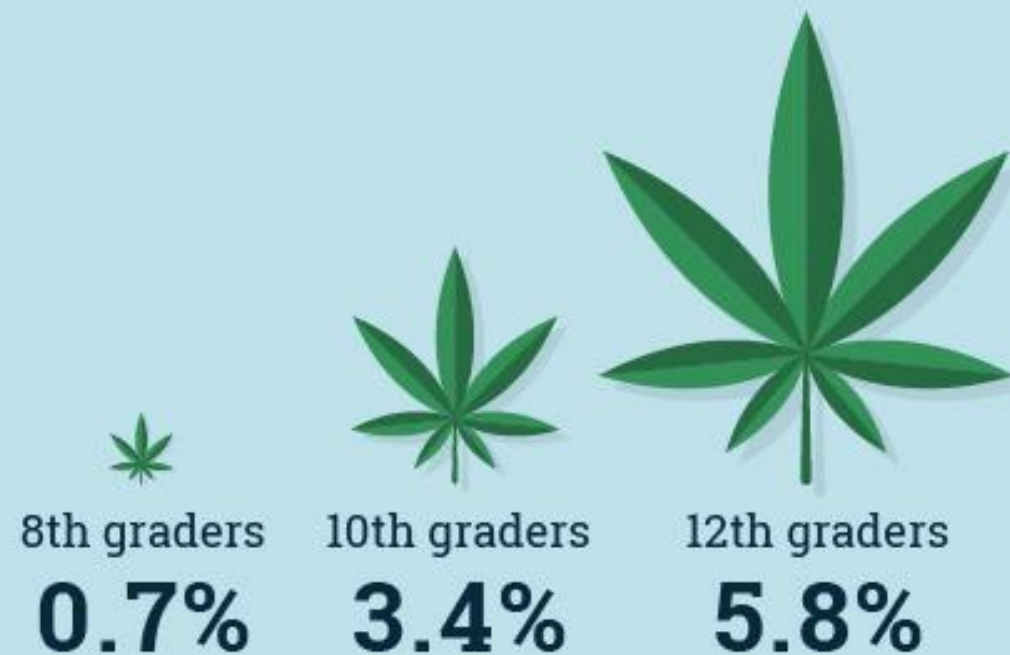
**Synthetic cannabinoids are called "synthetic marijuana" in the survey.*

DAILY MARIJUANA USE MOSTLY STEADY

2008 – 2018

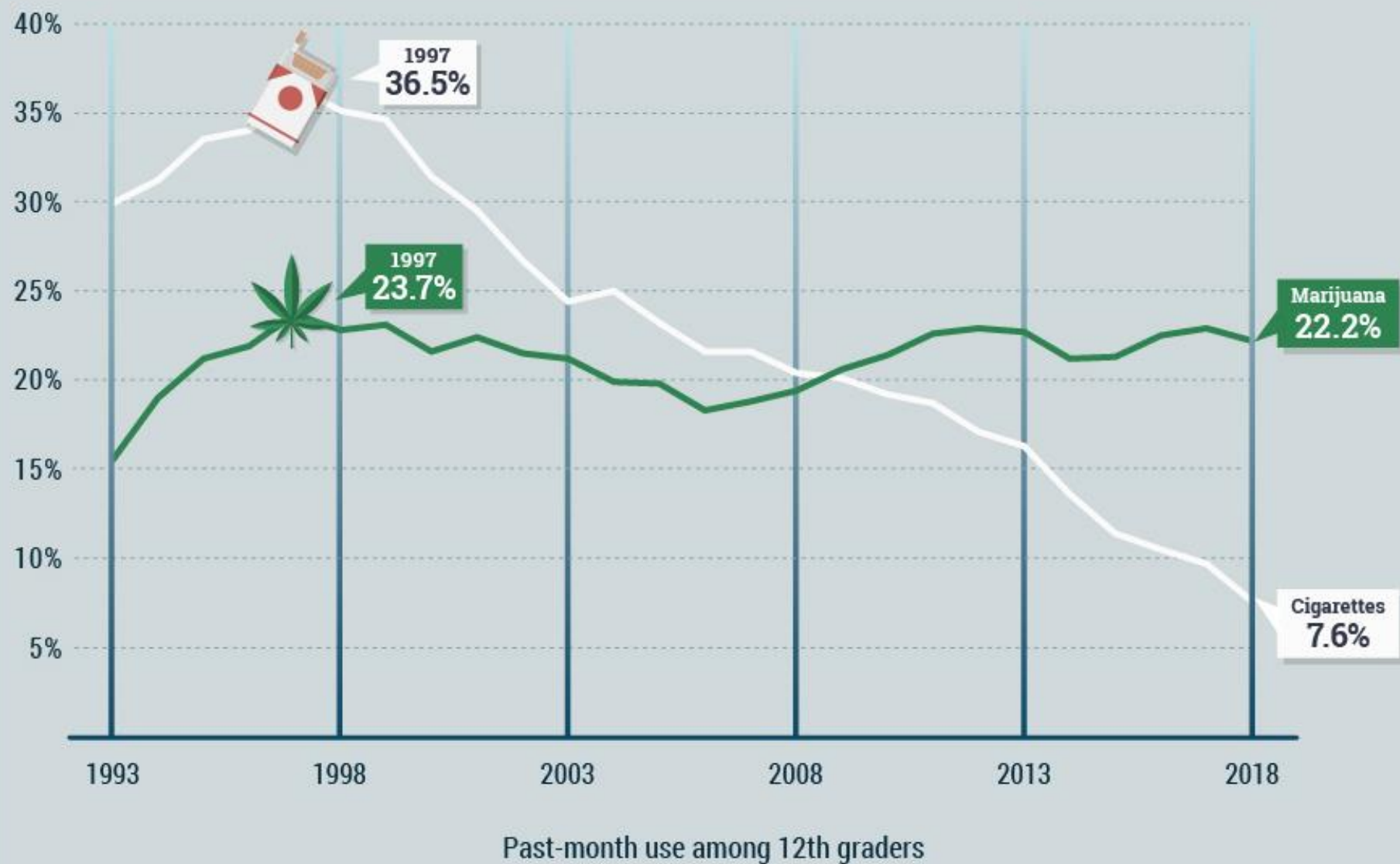


2018



FIVE-YEAR TRENDS IN DAILY MARIJUANA USE REMAINS STEADY FOR 10TH AND 12TH GRADERS BUT SHOWS A DECLINE IN 8TH GRADERS.

TEENS MORE LIKELY TO USE MARIJUANA THAN CIGARETTES



BINGE DRINKING* RATES CONTINUE DOWNWARD TREND



*Binge drinking is defined as having 5 or more drinks in a row in the last 2 weeks.

BINGE DRINKING: SIGNIFICANT DROP IN PAST FIVE YEARS ACROSS ALL GRADES.

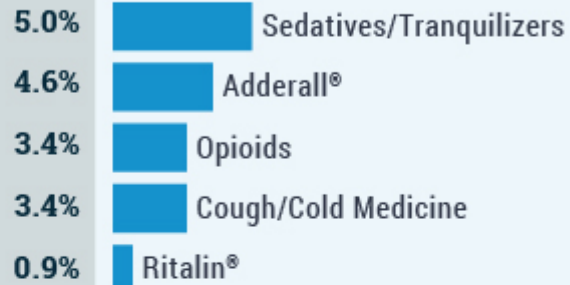
Binge drinking down but all alcohol not



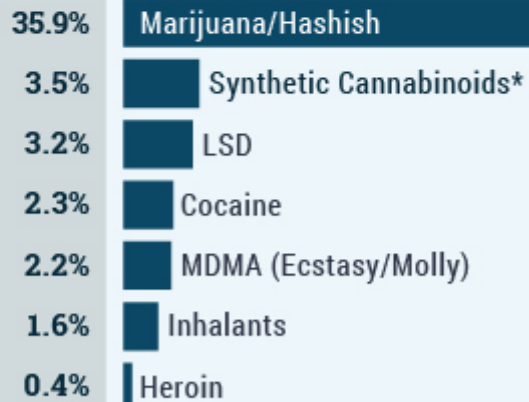
- Studies show that 46% of adolescents have tried alcohol by eighth grade
- By the time a senior year in high school 77% of adolescents have begun to drink
- 11% of eighth graders and 50% of seniors have been drunk
- Biggest predictor of becoming an alcoholic - Start drinking before age 15 and risk quadruples (40% probability)

PAST-YEAR MISUSE OF PRESCRIPTION/OVER-THE-COUNTER VS. ILLICIT DRUGS

PRESCRIPTION/OTC

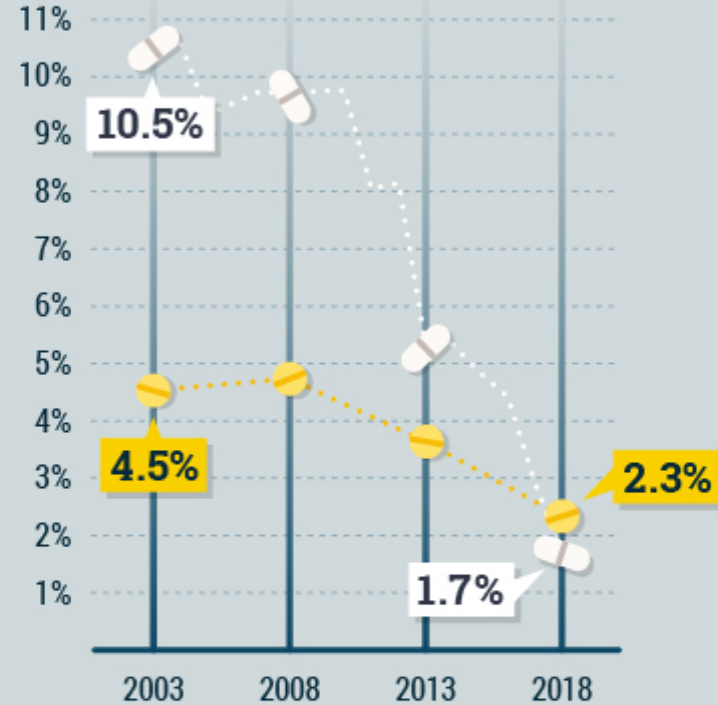


ILLICIT DRUGS



Past-year use among 12th graders

VICODIN® VS. OXYCONTIN®



Past-year misuse of Vicodin® and OxyContin® among 12th graders has dropped dramatically in the past 15 years.

KEY



Vicodin®



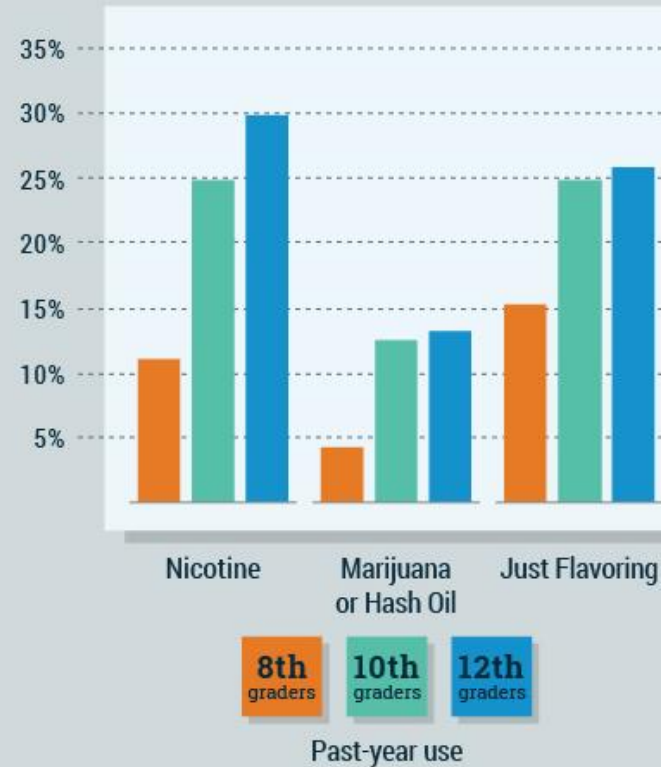
OxyContin®

TEENS USING VAPING DEVICES IN RECORD NUMBERS

PAST-YEAR VAPING

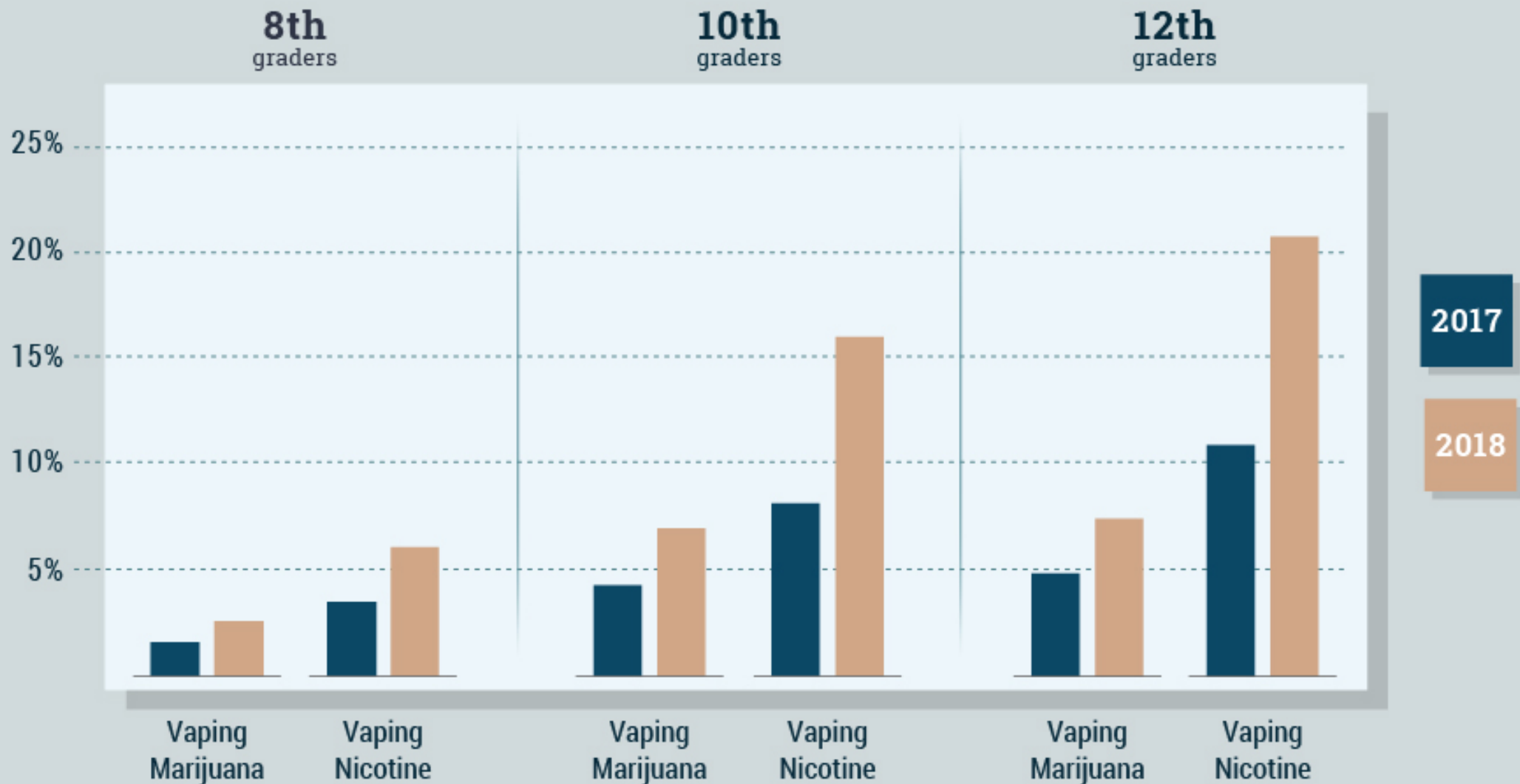


WHAT DO TEENS SAY THEY ARE VAPING?



NEARLY 2 IN 5 STUDENTS IN 12TH GRADE REPORT PAST-YEAR VAPING, RAISING CONCERNS ABOUT THE IMPACT ON BRAIN HEALTH AND POTENTIAL FOR ADDICTION.

TEENS VAPING NICOTINE OR MARIJUANA INCREASED ACROSS ALL GRADES



PAST-MONTH VAPING OF NICOTINE OR MARIJUANA JUMPED ACROSS ALL GRADES. PAST-MONTH USE OF MARIJUANA IS STEADY AS CIGARETTE USE DECLINES.



December 2018 US Surgeon General officially declares e-cigarette use epidemic

Surgeon General Dr. Jerome Adams, MD, MPH stated; “We’re in the midst of a historic and unprecedented increase in youth user of any substance. 12th grade e-cigarette use doubled in the past year.”

“Today we must protect our nations young people from a lifetime of nicotine addiction and associated problems by immediately addressing youth e-cigarette use....I call on my fellow health professionals to ask about e-cigarette use.”

Teen Vaping at Epidemic Proportions

Never seen any substance use rise so rapidly

78% increase in the number of high school students vaping

1.3 to 1.5 million more high school students using e-cigarettes in 2018 from 2017



The Cupcake Effect



Identify Signs of Youth in Danger



- Hyperactivity or unusual aggression
- Secretive behavior, including lying and locked doors
- Hidden stashes of alcohol, drugs or drug paraphernalia
- Missing alcohol or prescription medicine
- Not fulfilling responsibilities or missing school or work
- Avoiding eye contact
- Emotional instability - Sudden shifts or changes in mood and personality
- Depression - No interest in previously enjoyed hobbies or activities

Identify Youth in Danger



- **ASK!** Often an adolescent wants help but is too afraid to ask
- Ask in context of it being their choice (adolescents value autonomy)
 - “What do you think about vaping, cigarettes, alcohol etc.”
 - “Have you ever seen anyone use marijuana?” “What do you think about it?”
- Be specific and straight forward
 - “Have you ever smoked a cigarette?” “Have you ever used a medication to get high?”
- If you get encounter resistance, validate your need to know
 - “This is something that affects your health and I care about your well being.”

Teach Friends and Family How to Inquire

Teens more likely to respond when friends and family members are involved

- Talk when the person has not been using drugs or alcohol
- Stay calm
- Express your comments with non judgmental caring and concern
- Avoid labeling the person an “alcoholic” or “addict.”
- List specific incidents resulting from the person’s drug or alcohol problem
 - Example: “You were recently arrested for possession of alcohol.”
- Stick to what you know firsthand, not hearsay
- Talk in “I” statements, explaining how the person’s behavior has affected you
 - Example: “I felt scared when you not acting like yourself.”
- Be prepared for denial, resentment and rejection
- Be supportive and hopeful about change



The CRAFFT Interview (version 2.0)

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

During the past 12 months, on how many days did you

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none.
2. Use any **marijuana** (pot, weed, hash, or in foods) or "**synthetic marijuana**" (like "K2" or "Spice")? Say "0" if none.
3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Say "0" if none.

Did the patient answer "0" for all questions above?

Yes

No

Ask CAR question only

*CRAFFT Screen (below)

- C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A** Do you ever use alcohol or drugs while you are by yourself, **ALONE**?
- F** Do you ever **FORGET** things you did while using alcohol or drugs?
- F** Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

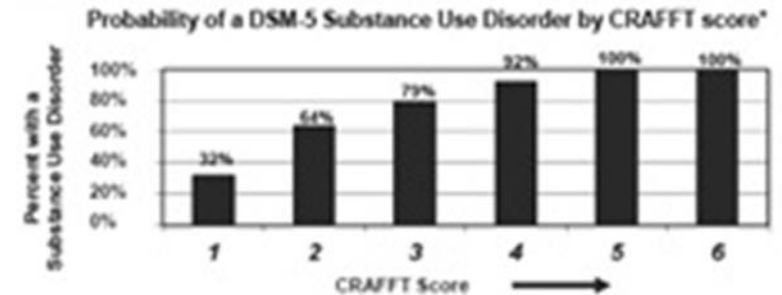
*Two or more **YES** answers on the CRAFFT suggest a serious problem and a need for further assessment. See back for further instructions →

SAMHSA's Toll-Free Referral Helpline: 1-800-662-4357
Or <http://findtreatment.samhsa.gov/>

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CRAFFT Screening Questionnaire

1. Show your patient his/her score on this graph.



*Data source: Mitchell S, et al. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse, 35(4)*, 375-80.

Craft Scores

Score of 1 or 2 – suggests substance abuse **stage 1 or 2** (Experimentation/Seeking Mood)

Score of 3 to 6 - suggests substance abuse **Stage 3 or 4** (Preoccupation/Dependence on mood)

- **Evidence of Substance Abuse Disorder (1 or more of the following):**
 - Use causes failure to fulfill obligations at work, school, or home
 - Recurrent use in hazardous situations (e.g. driving)
 - Recurrent legal problems
 - Continued use despite recurrent problems
- **Evidence of Substance Dependence Disorder (3 or more of the following):**
 - Substance taken in larger amount or over longer period of time than planned
 - Tolerance
 - Withdrawal
 - Unsuccessful efforts to cut down or quit
 - Great deal of time spent to obtain substance or recover from effect
 - Important activities given up because of substance
 - Continued use despite harmful consequence



Intervention – Stage 1 (experimentation) and 2 (mood seeking)

- Encourage to stop with motivational interviewing
 - “What do you think about your drug/alcohol use?”
 - “Do you have a desire to stop?”
 - “What are the things you like about using?”
 - “What do you dislike about using?”
 - “Where do you see your use going?”
 - “Who do you know who has used for a long time and where are they in life?” “Is that where you see yourself?”
 - “What are some reasons to keep using?” “What are some reasons to stop?”
 - “What are the challenges to stop using?”
- Be candid about the risks
 - Provide facts
 - Direct to informational websites (see end of presentation)
- Discuss the serious risks with drinking and driving, or riding with an intoxicated driver
 - 50% of injuries/fatalities in motor vehicle accidents associated with substance use
- Suggest strategies for safe transportation home following events where alcohol or drugs are present

| MOTIVATIONAL INTERVIEWING | |
|----------------------------------|--|
| R | RESIST telling them what to do: <i>Avoid telling, directing, or convincing your friend about the right path to good health.</i> |
| U | UNDERSTAND their motivation: <i>Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.</i> |
| L | LISTEN with empathy: <i>Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.</i> |
| E | EMPOWER them: <i>Work with your friends to set achievable goals and to identify techniques to overcome barriers.</i> |

WHAT ARE EFFECTS OF DRUGS ON DRIVING?

Driving under the influence of drugs affects you and everyone around you.



MARIJUANA

Slows reaction time and impairs judgment of time and distance



METHAMPHETAMINE OR COCAINE

Aggressive and reckless behaviors



OPIOIDS

Drowsiness and impaired memory and thinking skills



SEDATIVES

(benzodiazepines, barbiturates, etc.)
Dizziness and drowsiness



For more information, visit NIDA's Drugged Driving DrugFacts at drugabuse.gov/publications/drugfacts/drugged-driving.

WHAT ARE SOME STRATEGIES TO PREVENT DRUGGED DRIVING?

- Offer to be a designated driver.
- Have a designated driver take all car keys.
- Get a ride to and from parties where there are drugs and alcohol.
- Avoid going to parties where alcohol and drugs are present.
- Talk with friends about the risks of drugged driving.



National Institute
on Drug Abuse

For more information, visit NIDA's Drugged Driving DrugFacts
at drugabuse.gov/publications/drugfacts/drugged-driving.

Interventions – Stages 3 & 4 (preoccupation and dependence on mood)



When talking to a teen in stages 3 & 4 consider 6 key steps:

1. **Feedback:** Deliver feedback on the risks and/or negative consequences of substance use
2. **Education:** Explain how substance use can lead to consequences that are relevant to the adolescent (i.e.. immediate rather than long-term consequences)
3. **Recommendation:** Recommend completely stopping all use of alcohol and drugs for a specified time (e.g.. 3 months)
4. **Negotiation:** If your recommendation is declined, attempt to elicit some commitment to change. For example, try to have them commit to stopping drugs (if she or he refuses to stop drinking), or cutting back use of alcohol or drugs
5. **Agreement:** Secure a specific, concrete agreement. Ask for a brief written contract that both of you will sign that specifies the change and the time
6. **Follow-up:** Make an appointment for a follow-up meeting to monitor success (or need for more intensive treatment), and consider use of laboratory testing to verify abstinence

CONTRACT FOR LIFE

A Foundation for Trust and Caring

This Contract is designed to facilitate communication between young people and their parents about potentially destructive decisions related to alcohol, drugs, peer pressure, and behavior. The issues facing young people today are often too difficult for them to address alone. SADD believes that effective parent-child communication is critically important in helping young adults to make healthy decisions.

YOUNG PERSON

I recognize that there are many potentially destructive decisions I face every day and commit to you that I will do everything in my power to avoid making decisions that will jeopardize my health, my safety and overall well-being, or your trust in me. I understand the dangers associated with the use of alcohol and drugs and the destructive behaviors often associated with impairment.

By signing below, I pledge my best effort to remain free from alcohol and drugs; I agree that I will never drive under the influence; I agree that I will never ride with an impaired driver; and I agree that I will always wear a seat belt.

Finally, I agree to call you if I am ever in a situation that threatens my safety and to communicate with you regularly about issues of importance to both of us.

YOUNG PERSON

PARENT (or Caring Adult)

I am committed to you and to your health and safety. By signing below, I pledge to do everything in my power to understand and communicate with you about the many difficult and potentially destructive decisions you face.

Further, I agree to provide for you safe, sober transportation home if you are ever in a situation that threatens your safety and to defer discussions about that situation until a time when we can both have a discussion in a calm and caring manner.

I also pledge to you that I will not drive under the influence of alcohol or drugs, I will always seek safe, sober transportation home, and I will always wear a seat belt.

PARENT / CARING ADULT



Students Against Destructive Decisions

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www.sadd.org



Interventions – Stage 3 & 4 (preoccupation and dependence on mood)

Adolescent Specific Substance Abuse Treatment Programs

- Staff should be specifically trained to work with adolescents
- Preferably involves parent
- If mental health disorder co-occurring treatment program to address both

Learn what your community offers

- School counselors often know
- Juvenile corrections system
- Outpatient vs Inpatient



Interventions – Stage 3 & 4 (preoccupation and dependence on mood)

OUTPATIENT TREATMENT

Behavioral therapies:

- Individual, group, or family counseling
- Cognitive behavioral therapy (CBT)
- Multisystem family therapy
- Motivational enhancement therapy (MET)
- Adolescent community reinforcement

Pharmacotherapies:

- Seldom used in adolescents
- Naltrexone for relapse prevention

12-step fellowships:

- (e.g.. Alcoholics Anonymous)
- May need an adult guide or temporary sponsor to make AA groups meaningful

Inpatient Treatment

Detoxification:

- 2 to 3 days of medical treatment for withdrawal
- Alcohol, sedative, benzodiazepine, or opioid dependence

Rehabilitation:

- 2 to 3 weeks intensive behavioral therapy, individual and group counseling, psycho-educational sessions, family therapy, and introduction to 12-step fellowships

Long-term residential treatment:

- 3 to 12 months closely supervised care following detox/ rehab
- Weekly counseling & group therapy, behavioral management strategies, required school/work
- Examples: residential schools, therapeutic communities, and halfway houses

Unproven programs:

- Wilderness programs or “boot camps,” have not been scientifically evaluated

Interventions – Stages 3 & 4 (preoccupation and dependence on mood)



Prevention Principles of Youth Programs

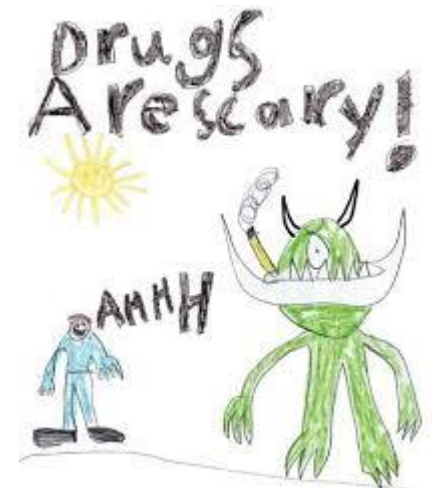
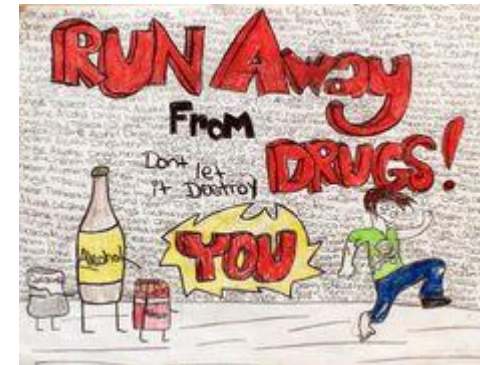
90% of adult substance abusers started using in their youth

Prevention begins in elementary school with:

- Improving academic and social-emotional learning
- Addressing early aggression
- Help avoid academic failure and school dropout

Help all children develop the following skills:

- Self-control
- Emotional awareness
- Communication
- Social problem-solving
- Academic support, especially in reading



**THIS IS A
BRAIN ON
DRUGS.**

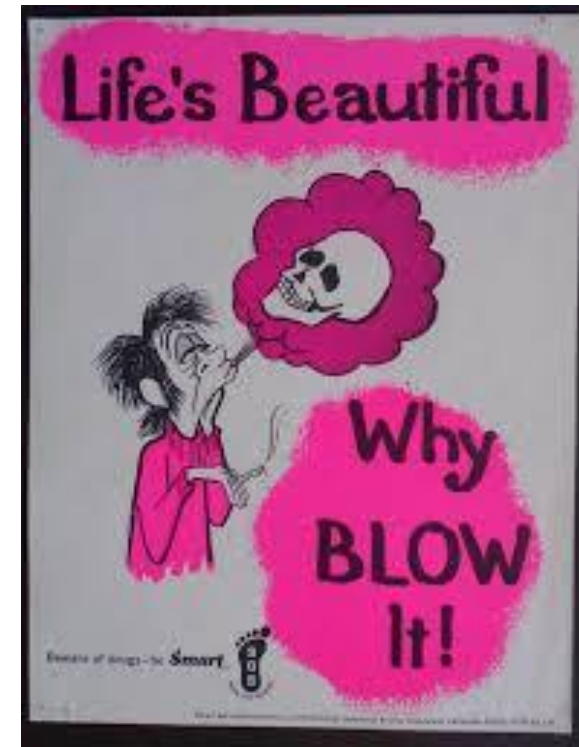


TV Commercials Work

Prevention Principles For Junior and High School Programs

Focus on increasing academic and social competence

- Encourage study habits and academic support
- Teach good communication
- Address and develop strong peer relationships
- Teach self-efficacy and assertiveness
- Instill drug resistance skills
- Reinforce anti-drug attitudes
- Strengthening personal commitments against drug abuse



7 Principles for Community Prevention Programs

For every dollar invested in prevention, a savings of up to \$10 in treatment of substance abuse is seen

1- Enhance protective factors and reduce risk factors

- Enhance parent involvement, school activity vs reduce deviant behaviors, mental health, poor social skills

2- Discuss all forms of substance use paying attention to what is used in your community

- Legal (cigarettes, alcohol), illegal (heroin, cocaine), prescriptions and over the counter items (benzos, guaifenesin, glue)

3- Tailor to address risks specific to population or audience characteristics

- Home alone or boredom? After school places to go (YMCA, Boys and Girls clubs)
- Customize to age, gender, and ethnicity

4- Identify at risk children early and personalize prevention

- Bullying, learning disabilities

5- Provide consistent messages across multiple community settings

- Schools, clubs, faith-based organizations, athletic organizations, theaters, stores, the media etc.

6- Programs must reward appropriate behavior

- Praise, gift cards, iTunes

7- Most effective when use interactive techniques

- Peer discussion groups & parent role-playing



Prevention Principles – Parenting 101

One of the most effective ways to reduce substance abuse is by improving parenting

- Enhance family bonding and relationships
 - Train parents how to be supportive of children and involved in child's life
 - Teach parent-child communication
- Train how to set rules and boundaries
 - Practice developing, discussing, and enforcing family policies on substance abuse
 - Practice consistent discipline that enforces family rules
- Teach parents techniques on how to monitor and supervise children
 - Cell phones
 - Internet use
- Direct parent toward **praise** of appropriate behaviors
- Demonstrate how to discuss harmful affects of substance abuse
- Love, Love, Love – It's a verb



Summary

Goal:

We want kids in our communities to become their best self's and future adults who can support themselves and their communities

Problem:

Substance abuse drags kids from what would be a healthy life down to a life of misery and destruction

Solution:

Our role as health professionals in our communities is to cultivate programs and provide resources that will eliminate or at minimum reduce the caustic influences of substance abuse

We do this by doing the following:

- Talking to kids early
- Talking to adolescents frequently
- Developing success in school and engaging kids in community/faith based programs
- Identifying those in danger and guiding them to programs of support
- Helping parents cultivate strong parenting skills
- Being examples and holding our kids hand along life's journey



Great online resources for adolescents

<https://learn.genetics.utah.edu/content/addiction/abuse/>

<https://teens.drugabuse.gov/>

<http://www.scholastic.com/drugs%2Dand%2Dyour%2Dbody/index.htm>

<https://whatsinavape.com/>

<https://abovetheinfluence.com/drugs/adderall/>

<https://www.consumerred.org/stop-inhalant-abuse>

Check Yourself:

<http://www.checkyourself.com>

NIDA for Teens (National Institute on Drug Abuse):

<http://www.teens.drugabuse.gov/>

Students Against Destructive Decisions: <http://saddonline.com>

What's Driving You?

<http://www.whatsdrivingyou.org/>

Resources for Teens



- A Family Guide To Keeping Youth Mentally Healthy and Drug Free: <http://family.samhsa.gov/>
- Mothers Against Drunk Driving: <http://www.madd.org>
- Parents: The Anti-Drug: <http://www.theantidrug.com/>
- Partnership for a Drug Free America: <http://www.drugfree.org>

Resources for Parents



References

- Performing Preventive Services: A Bright Futures Handbook. Adolescent Alcohol and Substance Use and Abuse. Accessed March 23, 2019; <https://brightfutures.aap.org/Bright%20Futures%20Documents/Screening.pdf>
- National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. Accessed February 12, 2019. <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2018-survey-results>
- Ward, SD. Safe Infant Sleep and Reducing the Risk of Sudden Infant Death Syndrome. Audiodigest © Copyright 1996-2017. Audio-Digest Foundation. Accessed February 23, 2018
- Monitoring The Future, a Continuing Study of American Youth. Accessed March 5, 2019. <http://www.monitoringthefuture.org/>
- Fishman, M. Substance Abuse in Adolescence: An Overview. Audiodigest © Copyright 1996-2017. Audio-Digest Foundation. Accessed February 23, 2019
- Pendergrast, R. Substance Abuse in Teens: Good Ideas About a Bad Idea. Audiodigest © Copyright 1996-2017. Audio-Digest Foundation. Accessed March 4, 2019
- Tanaka, DK. Popular Drugs of Abuse Among Adolescents. Audiodigest © Copyright 1996-2017. Audio-Digest Foundation. Accessed March 4, 2019
- Ault, A. Youth Vaping an Epidemic, US Surgeon General Declares – Medscape – December 18, 2018. Accessed January 23, 2019. <https://www.Medscape.com/viewarticle/906733>
- Washington State Department of Health and Social Services, Hope Help and Healing brochure. Accessed March 27, 2019. <https://www.hca.wa.gov/assets/free-or-low-cost/22-1144en-hope-help-healing-brochure.pdf>