



**4th Annual Prevention Conference: *Current Trends in Adolescent Substance Abuse*  
Friday, April 20, 2018**

Putnam Hospital Center, Wagner Cancer Pavilion, 670 Stoneleigh Avenue, Carmel, NY 10512

- 9:00 – 9:30     **Registration and Continental Breakfast**
- 9:30 – 9:40     **Welcome and Opening Remarks**
- 9:40 – 10:00   **Update on the Opioid Epidemic: A Local Perspective**  
Doreen Lockwood, CASAC, CARC, Prevention Council of Putnam
- 10:00 – 11:00   **The Dangers of Vapes, Nicotine and Tobacco Products**  
Maureen O’Brien, MS, RN, CNS, PMHCNS-BC, CTTS-M, Clinical Nurse Specialist, Certified Tobacco Treatment Specialist, Memorial Sloan-Kettering Cancer Center
- 11:00 – 11:10   **Break**
- 11:10 – 12:30   **Drug Recognition Techniques: Focus on Marijuana**  
Douglas Paquette, Technical Sergeant, New York State Police Coordinator – Impaired Driving Enforcement Programs
- 12:30 – 1:30     **LUNCH**
- 1:30 – 2:45     **HIDTA’s Overdose Detection Mapping Application Program (ODMAP)**  
James Hawley, Drug Intelligence Officer, NY/NJ HIDTA, William J. Hayes, M.S., M.A., CFE, Executive Director, Westchester Intelligence Center, Bernadette Wilton, Drug Intelligence Officer, NY/NJ HIDTA
- 2:45 – 3:00     **Evaluations and Certificates**

**OASAS CASAC Renewal hours approved. OASAS CPP/CPS Initial & Renewal hours approved.**  
**Registration fee is \$25** (includes continental breakfast and lunch). **To receive a certificate, participants must arrive on time and attend the entire conference. No certificates for partial attendance will be given.** For more information, contact the Prevention Council of Putnam at (845) 225-4646. Seating is limited. **Pre-registration and payment is required.**

-----  
**Registration fee is \$25.** Please make check payable to: **The Prevention Council of Putnam and mail to:** The Prevention Council of Putnam, 67 Gleneida Avenue, Carmel, NY 10512, **OR** email to [lguarino@preventioncouncilputnam.org](mailto:lguarino@preventioncouncilputnam.org) **OR** fax to (845) 225-5935.

Name \_\_\_\_\_ Email \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Number in event of inclement weather \_\_\_\_\_

