

Minister Destiny Testimony Schools

Law Enforcement: Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

Law Enforcement — Class Book · Section 7

Minister Destiny Marie Morgan
Minister & Founder

A Prayer Before You Begin

In the name of God, the Most Gracious, the Most Merciful.

Lord, bless this reader on their journey. Guard their health in body, mind, and spirit as they study. Open their heart to knowledge and their mind to understanding, and let what they learn here become light in their hands. Guide them to the places where they are needed — to help others, and to save lives, safely. Bless their steps, their work, and every life their learning will one day protect.

Amen.

— Minister Destiny Marie Morgan

Copyright

© 2026 Minister Destiny Marie Morgan. All rights reserved.

No part of this book may be reproduced, stored in a retrieval system, or transmitted in any form or by any means — electronic, mechanical, photocopying, recording, or otherwise — without the prior written permission of the author, except for brief quotations in reviews and other uses permitted by copyright law.

Minister Destiny Testimony Schools — Law Enforcement: Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal.

Published by Minister Destiny Marie Morgan, Minister & Founder.

Educational completion certificate only — not a state license, POST certification, or government credential.

Legal Disclaimer

This book is educational material, written in plain language for learning. It is not legal advice, and reading it does not create an attorney–client relationship. It is not medical, mental-health, or other professional advice, and it is not a diagnosis or treatment. Laws, forms, and procedures vary by state and change over time — verify the current law, and talk to a qualified professional about your own situation.

This book is not an emergency service and does not replace 911. In an emergency, call 911 (or your local emergency number) if you can do so safely. In a mental-health crisis, call or text 988 (U.S.).

Certificates from Minister Destiny Testimony Schools certify completion of an educational program only. They are not a state license, not a POST certification, not an official agency certification or government credential, and they do not by themselves qualify the holder for any job, rank, title, or legal authority. Training and proposals presented for law enforcement are education and advocacy by Minister Destiny Marie Morgan; they are not official policy of any department or agency unless that agency formally adopts them.

Privacy Disclaimer

This book collects nothing, and neither does the school. Minister Destiny Testimony Schools collects no student data: there are no accounts, no sign-ups, and no tracking in this book or in the free school online. All learning and testing happen on your own device or on paper, in this book. Your name is never required, asked for, or collected — if you earn a certificate, you write your own name on it yourself. Your answers, scores, and certificates stay with you.

This is community-designed training — Minister Destiny's program, built from lived experience in the neighborhoods being policed. It is not agency policy and does not replace your department's training, general orders, or the law. Where this program proposes new approaches, they are taught and labeled as proposals.

How This Book Works

This book is one class of Minister Destiny Testimony Schools — Law Enforcement: Section 7 — Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal. It is the study book for this class's test. Everything the test asks is taught in this book, in plain language: the full lesson, Words to know, the stories to think through, the Try-this activity, and Resources to keep.

Minister Destiny Testimony Schools is a free school. The classes, the tests, and the certificates are free online at destinymorganbooks.com — nothing about this class costs money. This book is the print edition, for people who want the class in their hands. You never need to buy a book to take a class or a test.

How to use this book: read the lesson, learn the Words to know, think through the stories, and do the activity. Try the word search for fun. Then take the Chapter Test at the back of the lesson — printed without answers marked. Score 80% or higher to complete the class and earn its certificate (the certificate page is in this book; write your name on it after you pass). The Answer Key is at the back of the book, for parents, teachers, and self-checking after you finish. Go at your own pace.

Contents

A Prayer Before You Begin	2
Copyright	3
How This Book Works	4
Contents	5
Before You Start	6
Section 7 — Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal	7
My Agenda — Class Tracker	20
Resources to Keep	22
Answer Key	23
Sources & Credits	24
About the Author	25

Before You Start

A note on what this school is: this is community-designed training — Minister Destiny's program, built from lived experience in the neighborhoods being policed. It is not agency policy and does not replace your department's training, general orders, or the law. Where this program proposes new approaches, they are taught and labeled as proposals. Nothing here is legal advice.

Before you start

- This school never collects your name. Progress and quiz answers stay on your device; pass the section quiz (80% or higher, retakes allowed) and your certificate downloads with a blank name line to fill in after saving. Answers are not shown.
- This section asks you to see an addiction call for what it usually is: a medical and human crisis happening in public, often in front of frightened family members, neighbors, or children. The person in front of you may be intoxicated, in withdrawal, overdosing, or terrified of all three. Your first decisions — tone, distance, whether you call for medical help early, whether you treat agitation as a symptom to understand or a challenge to win — shape whether that person gets help, gets hurt, or gets a charge that makes recovery harder. Section 7 teaches a calmer read, basic safety around withdrawal and overdose, and one of Minister Destiny's proposals for a different destination than a cell or a sidewalk.

Section 7 — Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. What addiction looks like on a call — and what it is not

Addiction is a health condition that changes how a person seeks and uses a substance despite serious harm. On the street you do not diagnose it. You observe behavior, risk, and medical signs, and you respond to those. A person may be:

- **Intoxicated** — impaired by alcohol or another substance right now. Signs can include slurred speech, unsteady walking, confusion, drowsiness, agitation, or unusually slow or fast speech and movement. The same signs can also come from a head injury, low blood sugar, infection, or a mental health crisis, which is why Section 2 taught you to keep more than one explanation open.
- **In withdrawal** — sick because a substance the body has adapted to is wearing off. The person may be sweating, shaking, nauseated, anxious, aching, unable to sit still, or desperate to leave and use again to stop feeling ill. Withdrawal from alcohol and from sedative-type drugs can become medically dangerous. Withdrawal from opioids is usually described as intensely miserable and can still become dangerous, especially with vomiting, diarrhea, dehydration, pregnancy, or other health conditions.
- **At risk of overdose** — especially after a period without using, after leaving custody or treatment, or when a supply is stronger or different than expected. Slow, shallow, or stopped breathing, blue or gray lips or fingertips, pinpoint pupils with opioids, and being unable to wake up are emergency signs.

What addiction is not: it is not proof that a person is violent, lying about everything, or beyond help. It is not a character verdict you can make from one call. Many people you meet in addiction are also working, parenting, caring for elders, and trying — unevenly, and sometimes failing — to stop. Meeting them without contempt does not mean ignoring crime or danger. It means you separate the medical facts in front of you from the story you may have heard about the address, the family, or the person before you arrived.

The discipline of this section: ask, early and out loud if needed, “What medical problem could be driving what I am seeing, and who needs to be on the way while I sort out the rest?” That one question prevents a common error: spending ten minutes arguing with a symptom.

2. Minister Destiny's proposal — ambulance to a monitored observation unit

This is a proposal. It is not current agency policy in this lesson, and it is not presented as a service that exists in every community. Minister Destiny proposes that, where such a unit exists and department policy and medical direction allow it, officers should be able to offer — and arrange — ambulance transport to a **monitored observation unit** for a person in an addiction crisis who needs watching, basic care, and time, instead of the only choices being a confrontation on scene, an arrest, or a regular detox intake that the person may not be ready for, eligible for, or able to enter quickly.

In the proposal, a monitored observation unit would mean:

1. **A medical destination, not a punishment destination.** The person is transported by ambulance, assessed by medical staff, and watched for overdose, severe withdrawal, injury, and other emergencies. It is a place to stabilize and be observed, not a jail cell by another name.
2. **A bridge, not an endpoint.** While the person rests, eats, hydrates if medically appropriate, and is monitored, staff can offer connection to treatment, recovery support, housing help, and family contact — without forcing a long commitment in the worst hour.
3. **A calmer handoff.** The officer's job ends with a clear, factual handoff: what was observed, what was taken if known, when it was last taken if known, any medical complaints, any risks seen on scene, and what family or bystanders reported. No diagnosis, no promises about what the unit will do next.
4. **Voluntary where the law allows, lawful where it does not.** This proposal does not override the law, medical criteria, or department orders. Some situations involve danger, serious crime, or medical emergencies that require a hospital or custody under existing rules. The proposal is about adding a humane middle option where none exists, so help does not depend on an arrest to unlock it.

Why does Minister Destiny propose this? Because she has watched the current gap from the community side. A person who is high, sick, loud, or frightened may not meet hospital admission criteria, may be refused or delayed elsewhere, and may be too impaired for a simple “move along” to be safe. If the only tool left is force or a charge, the system teaches everyone watching the same lesson Section 1 warned about: calling for help makes things worse. A monitored unit, honestly labeled as a proposal to build and test, aims to break that lesson.

Until such a unit exists in your area, the practical habits still apply: call medical help early, transport to the destination your current policy and medical guidance direct, document the medical concern clearly, and tell the person plainly where they are going and why.

3. The hardest first week of withdrawal — what to expect

Families often tell officers, “He was doing fine in the program for two days and then he left.” Understanding the first week helps you explain, without diagnosing, why support matters most exactly when a person looks most difficult.

Withdrawal timing and severity vary by substance, amount, length of use, health, and whether more than one substance is involved. In general terms:

- **The first hours to days** can bring anxiety, restlessness, sweating, shaking, nausea, vomiting, diarrhea, muscle aches, racing heart, trouble sleeping, and powerful cravings. A person may beg to leave, argue with family, or promise anything to make the sickness stop. That bargaining is a symptom of distress, not proof that treatment “doesn't work.”
- **Alcohol and sedative withdrawal deserve extra caution.** Confusion, hallucinations, seizures, severe agitation, fever, and a racing or irregular pulse can signal a medical emergency. Do not treat a person in that state as simply drunk and difficult. Get medical help.
- **Stimulant crashes** can look different: exhaustion, sleeping for long stretches, low mood, irritability, increased appetite, and intense craving when energy returns. Low mood and talk of hopelessness should always prompt a careful suicide-risk response and connection to help, including 988.
- **The days after the worst physical sickness** are often when people leave help. The body feels a little better, sleep is still broken, emotions are raw, and cravings surge when the person passes old places, people, and stress. Families need to hear that leaving early is common — and that returning to help quickly matters more than shame.

What this means for you on scene: do not mock, threaten, or “test” a person in withdrawal. Do not tell a family that one week fixes addiction. Do say, plainly and kindly: “The first days are the hardest for a lot of people. Medical staff need to judge what is safe. If breathing slows, if he can't stay awake, if there is confusion, seizure, chest pain, or talk of harming himself, call 911 right away.” Clear expectations help families call earlier next time — for medical help, not only for enforcement.

4. Step by step — a safer addiction response on scene

Where your department policy, medical guidance, and the law direct otherwise, follow them. Within that frame, this school teaches the following sequence:

1. **Slow the scene down.** Park the urgency where you safely can. One officer speaks. Lower your volume before you ask anyone else to lower theirs. Give physical space unless there is an immediate safety reason not to.
2. **Scan for medical emergencies first.** Can the person stay awake? How is the breathing? Any blue or gray color, seizure, chest pain, head injury, vomiting while drowsy, or talk of self-harm? If yes, call for an ambulance and 911 medical response as your role requires, and stay until handoff if directed.

3. Ask short, concrete questions. “What did you take?” “When?” “How much, as best you know?” “Have you had alcohol or any pills today too?” “Are you hurt anywhere?” “Who can we call for you?” Write down answers as reported, not as proven facts.

4. Separate people from the problem. Move arguing family members or bystanders apart if you can do so safely. Speak to the person in crisis away from an audience. Protect children from watching restraints, searches, or medical distress up close whenever scene safety allows.

5. Name the plan in plain language. “I am calling an ambulance because I am worried about your breathing and how sick you are. They will check you and take you to be watched. I will tell them what you told me.” Predictability reduces panic.

6. Use the least force the situation truly requires, under your training and orders. Agitation can rise with pain, fear, withdrawal, and feeling cornered. Reassess as medical help arrives; a person who was standing and arguing can deteriorate quickly.

7. Hand off facts, then document facts. What you saw, what was reported, times, medical concerns, who transported, and where. Leave moral judgments out of the report. A clean factual record helps the next helper — clinician, family member, or officer — start from truth.

What NOT to do: Do not tell a person to “sleep it off” in a place where no one will check breathing. Do not use withdrawal sickness as leverage (“agree or else”). Do not promise treatment, a bed, or that no arrest will ever happen if you cannot guarantee it. Do not search a home or seize items beyond your lawful authority because addiction is present. Do not repeat a person's medical details to neighbors or onlookers who have no need to know.

5. Families, overdoses, and the minutes after

Many addiction calls are really family calls. A parent, partner, or adult child has reached the end of watching someone they love disappear into a substance, and the call to police is part fear, part grief, part hope that someone official can force a change. You cannot deliver that change in one visit. You can avoid making the family regret calling.

If naloxone is part of your department's equipment and training, use it as trained when opioid overdose is suspected, and always pair it with emergency medical response — a person can become ill again as it wears off, and other substances or medical problems may also be present. If you are not equipped or trained for it, your job is still vital: recognize the emergency, call it in clearly, protect the airway only as trained, and guide the ambulance in.

After a non-fatal overdose or a transport, speak to family briefly and privately if scene conditions allow:

- Tell them what destination you know, in general terms, and how they can follow up through the hospital or facility's own process.

- Encourage them to write down what substance was involved if known, and any changes they noticed, for medical staff.
- Share the resources at the end of this section exactly as listed — especially SAMHSA, 1-800-662-4357, for treatment referrals, and 988 if anyone in the home is in emotional crisis.
- If the person who overdosed is a parent and children are present, attend to the children's immediate safety and comfort, and follow your reporting and department duties. Do not interview young children about a parent's drug use beyond what safety requires in the moment.

Close the call without a lecture. “I know this was frightening. You did the right thing calling for medical help when breathing changed. Here is where to call for treatment information.” Families remember whether the officer treated their loved one as a person. That memory decides whether the next call comes in time.

Words to know — Section 7

- **Addiction** — a health condition in which a person continues seeking and using a substance despite serious harm, often with cravings and loss of control.
- **Intoxication** — impairment happening right now because a substance is active in the body.
- **Withdrawal** — sickness and distress that happen when a substance the body has adapted to is reduced or stopped.
- **Overdose** — a medical emergency in which a substance overwhelms the body, especially breathing and consciousness.
- **Monitored observation unit (proposal)** — Minister Destiny's proposed medical setting where a person in addiction crisis is transported by ambulance, assessed, and watched safely while connections to help are offered; labeled as a proposal, not agency policy.
- **Handoff** — the factual transfer of what was observed and reported from officer to medical staff or the next helper.
- **Craving** — a strong urge to use again, often triggered by sickness, stress, people, or places linked to past use.
- **Co-occurring conditions** — when addiction occurs together with another health condition, such as depression, trauma symptoms, or a physical illness.
- **Stabilize** — to bring an immediate medical risk under control so a person can be assessed and helped safely.

Myths vs facts — Section 7

- **Myth:** A person in withdrawal is just being dramatic and could stop if they wanted to.
- **Fact:** Withdrawal is a physical process. Some forms are medically dangerous, and

cravings and sickness in the first days are a common reason people leave help early.

- **Myth:** If someone can talk and argue, they cannot be overdosing. **Fact:** A person's condition can change quickly. Breathing, color, and ability to stay awake matter more than loudness, and medical assessment is the safe course when emergency signs appear.

- **Myth:** Transport for observation is “going easy” and teaches nothing. **Fact:** Medical monitoring prevents deaths and creates a bridge to treatment. Accountability for any actual crime is a separate legal question; it does not require withholding medical help.

- **Myth:** Families call police about addiction only to get someone arrested. **Fact:** Many families call because they are frightened and out of options. How the call is handled shapes whether they call early for medical help next time.

Think it through — Section 7

The situation: At 2 a.m. you are called to an apartment for a disturbance. A woman meets you at the door crying. Her brother, in his thirties, is pacing, sweating, and holding his stomach. Empty packaging on the table suggests recent drug use, but you did not see him take anything. He shouts that he needs to leave, then sits down suddenly and becomes very drowsy. His breathing looks slow. His sister says, “He was gone for three weeks getting clean. He came home yesterday.” A neighbor in the hallway is filming.

Walk it through:

1. **Name the emergency first.** Sudden drowsiness with slow breathing after possible use, especially after three weeks without using, is an overdose risk until medical staff say otherwise. The disturbance complaint is no longer the main problem.
2. **Call medical help and act as trained.** Request an ambulance through 911 as your role requires, give the breathing and consciousness facts clearly, and use any overdose-response training and equipment your department authorizes without delay.
3. **Manage the audience.** Ask the neighbor to step back and stop blocking the hallway. You do not need a speech about filming; you need space for medical responders and privacy for a medical crisis.
4. **Gather only the facts that change care.** Ask the sister, briefly: what he may have taken, when, whether alcohol or pills were also involved, and any health conditions she knows. Report her answers as her report.
5. **Explain the destination honestly.** Tell her he needs medical assessment and monitoring. If a monitored observation unit existed locally and transport there was authorized, this is the kind of case the proposal was designed for. Where it does not, say he will go where medical guidance directs and that you will hand off what she told you.
6. **Document observations, not conclusions.** “Became drowsy, breathing appeared slow, sister reported three weeks without use” is a record that helps. “Relapsed junkie

caused disturbance” helps no one and harms trust.

One more real-life story — Section 7

A father calls from a driveway. His adult daughter, recently started in treatment, is shaking, vomiting, and begging him to drive her to buy alcohol “just to stop this.” She had been drinking heavily for years and stopped two days earlier. The father is torn between giving in, calling police to frighten her into staying, and driving her to an emergency department himself while she thrashes in pain.

The responding officer does not threaten arrest and does not debate whether she is “sick enough.” He recognizes that withdrawal after heavy, long-term alcohol use can become dangerous, keeps her seated and supervised, and calls for an ambulance. To the father he says: “You did right not to try to manage this in the car. Medical staff need to watch this kind of withdrawal.” To the daughter he says only: “Help is coming to get you checked. I will tell them when you stopped and how sick you feel.”

Takeaway: The officer could not finish her recovery in a driveway. He did the thing that mattered in that hour: he treated dangerous withdrawal as medical, removed the need for force or bargains, and left the father believing that calling early was the right choice.

Try this — Section 7

Practice this seven-point check until you can say it without notes:

- Awake? Breathing? Color? — emergency signs checked first
- Medical help requested early when emergency signs are present
- One calm voice, space given, audience moved back
- Short questions asked: what, when, how much, what else, injuries, who to call
- Plan stated in plain language before transport
- Facts handed off and documented — observed vs. reported kept separate
- Family given SAMHSA, 1-800-662-4357, and 988 where crisis support is needed, exactly as listed in Resources

Then rehearse one sentence for families: “The first days of withdrawal are often the hardest, and some kinds are dangerous — medical staff need to judge what is safe, and calling 911 quickly for breathing changes, confusion, seizures, or chest pain is always the right move.”

Resources to keep — Section 7

- **Emergency:** 911 — for overdose signs, trouble breathing, seizures, chest pain, confusion, or any immediate danger.

- **SAMHSA National Helpline:** 1-800-662-4357 — free, confidential treatment referral and information for substance use.
- **988 Suicide and Crisis Lifeline:** Call or text 988 — for emotional crisis, including for family members supporting someone else.
- **Crisis Text Line:** Text HOME to 741741 — text-based crisis support.
- **Poison Control:** 1-800-222-1222 — for poisoning and substance-exposure guidance.
- **On scene:** Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital for medical assessment and handoff.

What you earned / what's next — Section 7

Section 7 complete (quiz score 80% or higher): You can recognize addiction, intoxication, withdrawal, and overdose risk as medical facts to respond to, explain Minister Destiny's monitored observation unit proposal accurately as a proposal, describe why the first week of withdrawal is the hardest, and run a calmer, fact-based handoff to medical help.

Word Search — Section 7

Find the words from this class's Words to know. Words run across, down, or diagonally.

C U E A M H O J K E P C A
W I Q W S R V K H M J K D
E N S I E O E S E N U G B
W T T T D C R J T V F U O
C O A H A D D I C T I O N
R X B D W N O X A Z U F G
A I I R L I S K V J A H A
V C L A O E E F E W F A H
I A I W Q M U C U L E N T
N T Z A X B Q T V O V D O
G I E L S K Z L L E G O G
G O M M H B M N T D B F B
D N S P G U Z X I G U F D

Words to find: Addiction · Intoxication · Withdrawal · Overdose · Handoff · Craving ·
Stabilize

Chapter Test — Section 7

Answer every question. Score 80% or higher to complete this class and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. What is addiction, as this school teaches it?

- A. A verdict that the person is violent and beyond help
- B. A health condition in which a person keeps seeking and using a substance despite serious harm
- C. Any single use of a substance
- D. A diagnosis an officer makes on scene from behavior alone

2. How must Minister Destiny's monitored observation unit idea be presented?

- A. Present it as an existing department service everywhere
- B. Use it only for people who have already been arrested
- C. Teach it and label it as a proposal — a medical destination where an authorized program exists, not current agency policy
- D. Promise it to families as a guaranteed bed

3. Which signs during alcohol or sedative withdrawal signal a possible medical emergency?

- A. Confusion, hallucinations, seizures, severe agitation, or fever during withdrawal — get medical help
- B. Mild craving on the first day
- C. Trouble sleeping after the worst sickness passes
- D. Arguing with family about leaving treatment

4. A family says their son keeps trying to leave treatment on day two of withdrawal. What does this school teach you to say?

- A. Mock the bargaining so the person gets serious
- B. Promise that one week fixes addiction
- C. Threaten arrest to keep them in treatment
- D. Explain that the first days are the hardest for many people, that medical staff must judge safety, and that returning to help quickly matters more than shame

5. In the lesson's worked scenario, a man who may have used after three weeks clean becomes suddenly drowsy with slow breathing. Your first move is:

- A. Finish the disturbance investigation — noise was the call

- B. Treat sudden drowsiness with slow breathing after possible use, especially after weeks without using, as an overdose risk and get medical help moving
- C. Let him sleep while you interview the sister
- D. Ask the filming neighbor to describe what happened

6. What belongs in a good handoff and report on an addiction call?

- A. Your diagnosis of what he took
- B. A promise about what the facility will do next
- C. What was observed, what was reported and by whom, times, medical concerns, who transported, and where
- D. Your opinion of the family's role in the addiction

7. Which response fits this school's step-by-step addiction response?

- A. Call medical help early, speak in plain language about the plan, and separate the person from the audience
- B. Spend ten minutes arguing the person into calm
- C. Tell the person to sleep it off where no one will check breathing
- D. Use withdrawal sickness as leverage to gain agreement

8. Why does an addiction call involving a parent require attention to the children present?

- A. It cannot affect them once the substance wears off
- B. Only through the person's own statements
- C. Only if a child was present
- D. A parent's arrest or crisis in the home can affect children present, their immediate safety and comfort, and follow-up duties under law and policy

9. Which resource gives free, confidential treatment referral and information for substance use?

- A. 911
- B. SAMHSA, 1-800-662-4357
- C. Poison Control
- D. The Domestic Violence Hotline

10. A person in possible overdose can talk and argue. What matters most in judging danger?

- A. Loudness — a person arguing cannot be in danger
- B. Whether the person has a record

- C. Breathing, color, and ability to stay awake, with medical assessment when emergency signs appear
- D. Whether family members are calm

Certificate — Section 7

Minister Destiny Testimony Schools

Certificate of Completion — Section 7: Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 7: Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have learned to meet addiction first as a health crisis — to watch breathing before winning arguments, to hand off facts with care, and to leave families glad they called for help in time. That is how lives are saved on ordinary shifts. — Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

Educational completion certificate only — not a state license, POST certification, or government credential.

Minister Destiny Testimony Schools — Law Enforcement

© 2026 Minister Destiny Marie Morgan

My Agenda — Class Tracker

Everything in this agenda is yours to write in. It stays in your book — nothing is collected.

Step	Done	Date	Score	Grade
Week 1 — Study the lesson				
Week 2 — Study + Words to know				
Week 3 — Stories + Try-this activity				
Week 4 — Chapter test (pass at 80% or higher)				

Letter grades: A 90–100 · B 80–89 · C 70–79 · D 60–69 · F below 60.

My goals for this class

Write the goals you are working toward in this class — and for yourself.

My Weekly Planner

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Notes

Resources to Keep

This class's resources, in one place. Keep this page.

- Emergency: 911 — for overdose signs, trouble breathing, seizures, chest pain, confusion, or any immediate danger.
- SAMHSA National Helpline: 1-800-662-4357 — free, confidential treatment referral and information for substance use.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for emotional crisis, including for family members supporting someone else.
- Crisis Text Line: Text HOME to 741741 — text-based crisis support.
- Poison Control: 1-800-222-1222 — for poisoning and substance-exposure guidance.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital for medical assessment and handoff.

Answer Key

For parents, teachers, and self-checking after you finish the chapter test.

Section 7 Test — Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

1. A health condition in which a person keeps seeking and using a substance despite serious harm
2. Teach it and label it as a proposal — a medical destination where an authorized program exists, not current agency policy
3. Confusion, hallucinations, seizures, severe agitation, or fever during withdrawal — get medical help
4. Explain that the first days are the hardest for many people, that medical staff must judge safety, and that returning to help quickly matters more than shame
5. Treat sudden drowsiness with slow breathing after possible use, especially after weeks without using, as an overdose risk and get medical help moving
6. What was observed, what was reported and by whom, times, medical concerns, who transported, and where
7. Call medical help early, speak in plain language about the plan, and separate the person from the audience
8. A parent's arrest or crisis in the home can affect children present, their immediate safety and comfort, and follow-up duties under law and policy
9. SAMHSA, 1-800-662-4357
10. Breathing, color, and ability to stay awake, with medical assessment when emergency signs appear

Sources & Credits

The lessons in this book were written for Minister Destiny Testimony Schools from public sources — official websites, public health and safety organizations, help lines, and the law itself. The sources each chapter was built from, and the help resources it points you to, are listed under that chapter's name, with credit, so you can check anything in this book and keep learning. Court opinions and laws are public documents that belong to everyone. Everything here is retold in the school's own plain words — nothing in this book is copied from anyone else's book.

Section 7 — Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

- Emergency: 911 — for overdose signs, trouble breathing, seizures, chest pain, confusion, or any immediate danger.
- SAMHSA National Helpline: 1-800-662-4357 — free, confidential treatment referral and information for substance use.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for emotional crisis, including for family members supporting someone else.
- Crisis Text Line: Text HOME to 741741 — text-based crisis support.
- Poison Control: 1-800-222-1222 — for poisoning and substance-exposure guidance.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital for medical assessment and handoff.
- Stimulant crashes can look different: exhaustion, sleeping for long stretches, low mood, irritability, increased appetite, and intense craving when energy returns. Low mood and talk of hopelessness should always prompt a careful suicide-risk response and connection to help, including 988.
- Share the resources at the end of this section exactly as listed — especially SAMHSA, 1-800-662-4357, for treatment referrals, and 988 if anyone in the home is in emotional crisis.
- Family given SAMHSA, 1-800-662-4357, and 988 where crisis support is needed, exactly as listed in Resources

The school itself is free: every class in this book, with its test and certificate, is free online at destinymorganbooks.com.

About the Author

Minister Destiny Marie Morgan is an ordained Muslim minister. She was ordained on May 15, 2025, through the Universal Life Church, and she is registered clergy in Massachusetts.

Her ministry is advocacy — standing up to injustice and helping people, locally and internationally.

She is the founder of Minister Destiny Testimony Schools, a free school. She built it so people can learn for free what cost her years to learn — people who may not have jobs, good credit, or loans, and who deserve real knowledge anyway. Every class is free online, for every age, with no sign-up and nothing collected.

She is also the author of two testimony series — Chronicles of Destiny Morgan and The Chronicle Trials — her own story, in her own words. Those books are her testimony; these school books are her teaching.

Follow her Amazon Author Page to find every new book as it comes out.

The school is free online at destinymorganbooks.com.

Contact: ministerdestinymariemorgan@gmail.com

From Minister Destiny

You finished this book — but the learning does not stop here. Keep your resources close, keep asking questions, and use what you now know to help the people around you. If this book helped you, pass it to someone who needs it. I built this school for you, and I am proud of you for showing up for yourself. — Minister Destiny Marie Morgan

Minister Destiny Testimony Schools — Law Enforcement
© 2026 Minister Destiny Marie Morgan