

‘STRAIGHT TALK’ FOR PARENTS

HELPING PARENTS BUILD DRUG-FREE FAMILIES



DRUGFREE
PENNSYLVANIA 
Making tomorrow work better.

1. IT STARTS WITH YOU	PAGES 1-4
2. WHY BE CONCERNED	PAGES 5-6
3. TALKING ABOUT DRUGS	PAGES 7-10
4. WHY CHILDREN USE DRUGS	PAGES 11-14
5. BEING A ROLE MODEL	PAGES 15-24
6. RESPONDING TO WARNING SIGNS	PAGES 25-30
7. KEEPING IT PERSONAL	PAGES 31-36
8. QUESTIONS & ANSWERS	PAGES 37-38
9. DRUGS AND THEIR EFFECTS	PAGES 39-45



1

IT STARTS WITH YOU
YOU ARE A ROLE MODEL
FOR YOUR KIDS.

HOW YOUR ATTITUDES INFLUENCE YOUR CHILDREN

As a parent, you have a powerful influence on your children. You can do more to shape their views than any other influence in their lives. By communicating with them about the harmful effects of using drugs, you can help deter them from substance abuse. Actions are as important as words. Set a positive example; be a good role model; get involved in your children's lives. Know their friends, and know where they are going and what they are doing. Set clear expectations and enforce them. Talk early and often about drugs.

NOT MY KIDS!

If you think your children won't try drugs, alcohol or tobacco, think again.

The number of 12-to-17-year olds who expect to try illegal drugs is estimated at 9% (SAMSHA Study, 2005). Approximately half of all kids in middle school have tried alcohol, and the percentage increases with each grade.

The average age of a child who tries alcohol is 12 years old.

The average age of a child who tries drugs is 13, and the average age of a child who uses tobacco for the first time is 12.

Teens are being pressured more and more to try drugs, in order to be cool and fit in with their peers.

Fathers are three times more likely to believe that drug education should take place in schools than mothers, 34% vs. 10% (Partnership Attitude Tracking Study (PATS), 2008).

Parent-teen talks about the risk of over-the-counter (OTC) drug abuse with cough medicines, etc. have increased 18% since 2007, from 68% to 72% (PATS, 2008).

9. DRUGS AND THEIR EFFECTS	PAGES 39-45
8. QUESTIONS & ANSWERS	PAGES 37-38
7. KEEPING IT PERSONAL	PAGES 31-36
6. RESPONDING TO WARNING SIGNS	PAGES 25-30
5. BEING A ROLE MODEL	PAGES 15-24
4. WHY CHILDREN USE DRUGS	PAGES 11-14
3. TALKING ABOUT DRUGS	PAGES 7-10
2. WHY BE CONCERNED	PAGES 5-6
1. IT STARTS WITH YOU	PAGES 1-4

HERE ARE A FEW FACTS YOU MIGHT NOT KNOW:

LSD is sold to younger kids, often with color designs and cartoon characters.

Needles are no longer a deterrent to heroin and other drugs since purer forms can now be snorted.

Children are reselling prescription drugs as "party" drugs, also known as "club" drugs.

Cigars are often emptied of tobacco and filled with marijuana.

The animal tranquilizer, Ketamine, also known as "Special K" is commonly snorted or smoked.

All night dance parties or raves, often held at under-21 clubs, incorporate the use of MDMA, or Ecstasy, which can cause serious psychological problems.

The more you know about drugs and alcohol, the better prepared you will be to help your children stay drug-free.

PERSONAL RISK FACTORS

It is a known fact that children of substance abusers are more likely to become addicted themselves, if they begin using drugs and alcohol. Some of this predisposition may be hereditary. They could have inherited genes that make them react differently to these substances. 40% of teens surveyed know of someone in their family who is using and/or abusing drugs or alcohol (PATS, 2008).

Poor family management practices, such as parents failing to monitor their children, lack of clear expectations of behavior and excessively severe or inconsistent punishments have all been shown to increase the risk of drug abuse.

If, as a parent, you use illegal drugs, are a heavy drinker or tolerate substance abuse, your children are more likely to use drugs. The risk further increases if you involve your children in this behavior by asking them to light your cigarette or get you a drink. Children of drinking parents are less likely to see drinking as

harmful and more likely to start drinking earlier. Make sure the example you set sends the right message.

Additionally, an attitude that using drugs and alcohol is 'okay' places children at a higher risk for continued use. While children may have an anti-drug attitude in elementary school, it can shift in middle school when they become more accepting and want to "try it just once to see how it feels."

WHAT CAN YOU DO AS A PARENT?

As a parent, you play the most important role in your children's lives.

Your views about alcohol and drugs – expressed through your words, actions, and examples – shape your children's lives, their dreams, and their views of right and wrong. Your job begins with educating your children about the proper use of over-the-counter (OTC) and prescription medications, and the harmful effects of alcohol, tobacco, and other drugs that are subject to abuse.

Spend time with your family.

It's one of the best ways to ensure your children are headed in the right direction. Communicate with your kids. Ask questions and be involved. Let your kids know you are willing to talk and to listen. It's never too early to start talking with your kids about what interests them. Teens who talk with their parents on a regular basis are much less likely to use drugs and alcohol.

When it comes to drugs, be clear with your children.

Tell them you don't want them using drugs, including alcohol and tobacco. Teach them the dangers of abusing drugs, and the adverse affects of substance abuse. Teenagers who have learned about the risks of drugs from their parents are much less likely to try them than teens that learned about drugs outside the home, from peers.

Don't worry that you're giving them the wrong idea by introducing the topic of drugs. You are letting them know about potential dangers and helping them make the right choices.

9. DRUGS AND THEIR EFFECTS	PAGES 39-45
8. QUESTIONS & ANSWERS	PAGES 37-38
7. KEEPING IT PERSONAL	PAGES 31-36
6. RESPONDING TO WARNING SIGNS	PAGES 25-30
5. BEING A ROLE MODEL	PAGES 15-24
4. WHY CHILDREN USE DRUGS	PAGES 11-14
3. TALKING ABOUT DRUGS	PAGES 7-10
2. WHY BE CONCERNED	PAGES 5-6
1. IT STARTS WITH YOU	



2

WHY BE CONCERNED
YOU NEED TO KNOW WHAT
YOUR KIDS KNOW.

IT STARTS EARLIER THAN YOU THINK

Children in middle school generally view alcohol and marijuana as relatively harmless, socially acceptable substances. The average age of a child who takes their first alcoholic drink is 8 years old and the use increases by at least 50% with each grade level. In general, boys are slightly more likely than girls to have tried alcohol.

While the use of marijuana has dropped to its lowest level in 30 years, according to the Partnership Attitude Tracking Study (PATS) of 2008, other use of illegal drugs has risen. The average age of a child who tries marijuana or other drugs is 13 years old.

Over-the-counter (OTC) and prescription drug abuse is also on the rise. 19% of teens surveyed have reported abusing prescription drugs at least one time in their life and 7% of teens surveyed have abused OTC cough medicines (PATS, 2008).

11% of teens surveyed have abused inhalants yet 66% of those same teens believe inhalants cannot hurt them or kill them (PATS, 2008).

WHAT'S THE PRESENT ATTITUDE TOWARD DRUG USE?

The following information was obtained from the Partnership Attitude Tracking Study (PATS) of 2008:

40% of teens surveyed report that prescription medications are safer to abuse than illicit drugs.

Marijuana is the most widely abused drug among teens.

19% of teens surveyed have abused prescription medication at least once in their life.

7% of teens surveyed have abused over-the-counter (OTC) cough medicines.

61% of teens surveyed reported that prescription drugs are easier to obtain than illegal drugs.

Kids are influenced by pop culture, advertisements and a variety of media sources.

9. DRUGS AND THEIR EFFECTS

PAGES 39-45

8. QUESTIONS & ANSWERS

PAGES 37-38

7. KEEPING IT PERSONAL

PAGES 31-36

6. RESPONDING TO WARNING SIGNS

PAGES 25-30

5. BEING A ROLE MODEL

PAGES 15-24

4. WHY CHILDREN USE DRUGS

PAGES 11-14

3. TALKING ABOUT DRUGS

PAGES 7-10

2. WHY BE CONCERNED

PAGES 5-6

3

TALKING ABOUT DRUGS

TALKING WITH YOUR KIDS WILL
HELP THEM LATER.



It's never too early to help your kids sort fact from fiction. Children are experimenting with alcohol and drugs at earlier ages than ever before, 8 and 13 years old respectively, and show curiosity about them even earlier than that. So the sooner you start talking to them about drugs and alcohol, the better prepared they will be to make the right decisions. You'll feel better about it, too.

GUIDELINES TO HELP MAKE YOUR CONVERSATIONS MORE EFFECTIVE:

Listen carefully to your children's concerns and feelings.

When you listen, your kids feel comfortable talking to you and are more likely to stay drug-free.

Let your kids know it's okay to act independently.

Children will often try drugs because of peer pressure or out of curiosity. Let them know it is okay to make a choice that's different from the group.

Role-play on how to say NO.

It's difficult to say no, especially to your friends. Help your children to discover ways to make it easier to say no. Let them know it's okay to make you the "heavy" and that they can put the blame on you for once.

Encourage choice.

Let your children gain confidence in making decisions. When they have to make a decision about trying drugs and alcohol, they will have had practice in decision making and it won't be as difficult for them.

Provide age-appropriate information.

Start with ways they can keep their bodies strong and healthy. As your children grow, include talks on how drugs can hurt them or even kill them on just the first try.

Establish a clear position on drugs and alcohol.

Explain that the only drugs they are allowed to take are those prescribed by a licensed doctor or given by you when they are sick. Note that the legal age of drinking is 21 years old in Pennsylvania and that if they are caught drinking, they can go to court, juvenile detention and/or will have to go to special programs about alcohol abuse.

9. DRUGS AND THEIR EFFECTS

PAGES 39-45

8. QUESTIONS & ANSWERS

PAGES 37-38

7. KEEPING IT PERSONAL

PAGES 31-36

6. RESPONDING TO WARNING SIGNS

PAGES 25-30

5. BEING A ROLE MODEL

PAGES 15-24

4. WHY CHILDREN USE DRUGS

PAGES 11-14

3. TALKING ABOUT DRUGS

PAGES 7-10

Teach your children to follow rules.

Establish a policy appropriate for their age and clearly explain the consequences they will face if they break the rules.

Do the right thing.

Set a good example. Don't get involved with recreational drug use. If you drink alcohol, then do so responsibly with an eye towards how your children will interpret your behavior.



TEACHABLE MOMENTS

In order to build a healthy dialogue with your children, you have to help them understand how to listen. One of the best ways to do this is by example. Here are some helpful hints:

DO

DO learn to listen patiently.

DO be interested and attentive. Look your child in the eyes.

DO find time to be alone with your children. Take a walk, have breakfast together, or play a board game.

DO hear your children out and reserve comments until they are finished making their point.

DO ask their opinion, even if it is on something ordinary.

DO acknowledge what your kids are saying, and respond respectfully.

DON'T

DON'T interrupt. Let them explain their opinions and thoughts in their own words.

DON'T think about what you will say while they are talking.

DON'T hesitate to stop by a party to make sure there is adult supervision.

DON'T make empty threats or let your child off the hook if he/she breaks the rules.

DON'T impose harsh or unexpected consequences.

DON'T be afraid to ask where they are going, how long, and with whom.

9. DRUGS AND THEIR EFFECTS

PAGES 39-45

8. QUESTIONS & ANSWERS

PAGES 37-38

7. KEEPING IT PERSONAL

PAGES 31-36

6. RESPONDING TO WARNING SIGNS

PAGES 25-30

5. BEING A ROLE MODEL

PAGES 15-24

4. WHY CHILDREN USE DRUGS

PAGES 11-14

3. TALKING ABOUT DRUGS



4

**WHY CHILDREN USE DRUGS
LIKE ADULTS, KIDS JUST
WANT TO FIT IN.**

There are countless reasons why children use drugs: peer pressure, rebellion, academic pressures, easy availability, low commitment to school, the desire to have fun and feel good, fitting in, family members do it, and more.

Here below are the five (5) most common reasons why kids begin drug use, and key steps you can take to help prevent your children from trying drugs.

1. TO FEEL GROWN UP. To a child, being “grown up” means having freedom, independence and the ability to make personal decisions. Being “grown up” means you can eat and drink anything you want.

Because children like to imitate adults, it is important that you set the right example. Be a good role model; if you drink, do so responsibly. Remember that you need to allow your kids to grow up. By giving independence and some freedom, you can actually help deter them from experimenting with drugs or alcohol. Their sense of greater independence helps them feel mature.

2. TO FIT IN AND BELONG. The desire to ‘fit in’ and belong is a natural part of growing up. For many kids, it’s the most important part of growing up. Kids want to be liked by their peers. They often turn to alcohol, tobacco and illicit drugs to try and fit in, overcome anxiety, or gain the courage to talk to other kids.

As a parent, you can help your kids deal with peer pressure. Be supportive, be involved, and offer guidance on how to handle social situations and help your children build relationships. Most importantly, let them know you don’t want them using alcohol, tobacco, and drugs. They value your opinion, even if they don’t want to admit it.

3. TO RELAX AND FEEL GOOD. Young people today have a lot of issues to deal with: gangs and violence, changing family structures, teen pregnancy, HIV and AIDS, easy access to drugs, tobacco and alcohol, and an uncertain future. Children turn to drugs and alcohol to help them forget many of these stresses.

As a parent, you can help your kids deal with stress by teaching them to make wise, health-conscious decisions and to just relax and be a kid. Show them love and support; let them know you care and allow them to express their feelings and concerns. Explain to them how exercise of any kind will help them relax. Set goals based on their ability.

4. TO TAKE RISKS AND REBEL. Taking risks is also an important part of growing up. Pushing the envelope with parents and other adults is often part of the experience. Kids often try these substances as a way to prove they can handle them and act like grown ups – even though they really cannot and are not.

You can help by talking to your kids about the consequences of risk-taking, both the pros and cons. Ask them what risk-taking means to them and help them to set the appropriate limits. This may include outdoor programs, sports, religious or social, emotional and intellectual stimulation.

5. TO SATISFY CURIOSITY. Children are bombarded with messages about alcohol, tobacco and drugs. They see these messages on TV, radio, the Internet, music videos, and phones. It's a pervasive message. If you drink and do drugs, you fit in, and you are cool.

Get involved with your kids, watch TV with them and talk about what is being shown. Check out the websites your kids visit and explore the sites together. It's not invading their privacy, it's protecting them and providing information and choices.

All this will lead to reinforcing your position of zero tolerance to drugs, alcohol and tobacco. Help them find other avenues and activities that will satisfy their curiosity and move them away from the curiosity of experimentation.



A MORE DETAILED LOOK AT INFLUENCING FACTORS

Sadly, the five reasons we have just listed above are the tip of the iceberg. According to the National Institute on Drug Abuse, researchers have identified over 50 risk factors that might put someone at risk for substance abuse.

These risk factors are found at all levels- individual, family, peer group, and community- and include things like having too much free time, weak family structures, peer or social pressures, and the glamorization of substance abuse in the mass media. Knowing these risks can be helpful, but they are by no means definitive indicators of present or future substance abuse. The fact is, a lot of kids face many of these risk factors, sometimes happening all at the same time, and **never even try drugs.**

So, as a parent, you must deal with your children's situations and states of mind on a case-by-case basis. What stresses out your child may not be the same factor or issue that affects another child. You need to concentrate on your children and your situation.

9. DRUGS AND THEIR EFFECTS

PAGES 39-45

8. QUESTIONS & ANSWERS

PAGES 37-38

7. KEEPING IT PERSONAL

PAGES 31-36

6. RESPONDING TO WARNING SIGNS

PAGES 25-30

5. BEING A ROLE MODEL

PAGES 15-24

4. WHY CHILDREN USE DRUGS



5

**BEING A ROLE MODEL
IT'S ABOUT BEING HONEST.**

Being a good role model for your children is an essential skill that you can never start too early or practice too often. The following section provides key tips appropriate to each stage in your child's development and growth.

THE VERY BEGINNING: PRESCHOOL YEARS

Clearly, they are not ready to grasp many of the details of substance abuse yet. But they can absorb and use skills that help them make good choices later on.

The idea is to base what you teach on things they already understand, such as...

FOOD They already know what they like and don't like. Ask them why they do or don't like certain foods, or have them list their favorite foods and flavors. Then explain to them, in simple terms, how making good choices about what they eat and drink helps them stay healthy and grow.

TIME Nothing is more valuable than making time, every day, for preschoolers. Play with them. Talk with them. Listen and watch them, and learn who they are and what they like to do.

VALUES Set forth a few, very simple rules. Tell them you want them to tell the truth, avoid fighting, share their toys, and be fair with others when playing games. These simple rules set a solid foundation of trust.

INSTRUCTIONS When appropriate, show your preschoolers the right way to do things, and be available to answer questions about what they don't understand.

HELP WITH FRUSTRATION Nobody's perfect, and we can't expect preschoolers to be that way. Allow children to learn from their mistakes, and show them their mistakes don't make them any less lovable to you.

FREEDOM OF CHOICE Even at preschool age, it helps to let children practice making choices about which clothes to wear, which toys to play with, and the like. This will help to strengthen their sense of self-worth and self-determination.

CLEARLY STATED “NO-NO’S” Some preschooler lessons must be absolute. They must know that some household items, such as cleansers, bleaches, polishes and other warning-labeled products, can make them sick. Don’t scare them, but be clear about which things are okay for them to touch and use – and which ones are not.

WHY NOT TO TAKE MEDICINE This is critical. Little children need to know that no medicines, especially the ones prescribed by the doctor, are safe to take without help from an adult. These pills and syrups are **HANDS-OFF** unless you are there to give them to your child.

OFF TO SCHOOL: KINDERGARTEN THROUGH 3RD GRADE

During a child’s first years, adults and home make up their “whole world.” This changes dramatically when school starts. Outside influences, including peer pressure, begin creeping in at this age. It is critically important to explain what drugs, alcohol and tobacco are, and the harmful things they can do. But the question remains: How do I do that?

At this age, the most important concept is the simplest...

Make it clear to your kids that anything they eat or drink that is not what they know as “food” can hurt them very badly or make them very, very sick. Also, be sure to mention that eating many of these non-foods can make a child want to eat more and more of them, making them even sicker. This is an easy-to-understand way to start talking about addiction.

You may want to mention that some of these “foods” can make children die. Many children by this age have experienced or observed the loss of a family member, and can begin appropriately considering concepts of life and death.

Keep the following messages in mind as you talk with your child:

Food and medicine that children are given when sick are very different from drugs, alcohol and tobacco

Explain that the food and drugs you get when you are sick are to make you feel better, and that drugs, alcohol and tobacco can hurt you, make you even sicker, or can kill you.

Medicines from the doctor must be given by an adult

Explain that kids are **NEVER** to take medicines by themselves or without an adult present.

Children must not touch any substance or container they do not know

Teach them to ask first before using anything that might be dangerous.

While grown-ups sometimes drink alcohol, it's very different for kids

Explain that even a little alcohol can make a child very, very sick, and that the effects can last forever. Let them know that as an adult, size comes into play because it takes longer for alcohol to affect us than it would a child, who is smaller in size.

GROWING UP FAST: GRADES 4 THROUGH 6

Children in this age group (roughly ages 9-11) can understand and process more information. They can handle more input about why some people seem to enjoy using alcohol, tobacco and drugs. And they can relate cause to effect.

Children this age absorb facts like a sponge. They want to learn more all the time, and they are very curious about getting ALL the details. You can use this desire to talk about how "adult" substances affect a person's body and brain, and how those bad effects are worse in childhood, when the body is smaller and less developed.

Keep in mind also that at this age, children start to focus on the importance of having friends and "fitting in." This is especially true among sixth graders. Many have entered middle school and are now spending time with children several years older. To stay drug-free, these kids have to fight off lots of pressure to "do what everybody else is doing." This is very important because studies indicate that when children start using alcohol, drugs and tobacco at an earlier age, they are much more likely to have serious problems as they get older.

The bottom line is that kids in this age group need to know, and believe, that drugs and alcohol are bad before entering middle school or junior high.

Here's a list of specific thoughts they need to grasp:

Alcohol, drugs and tobacco use can cause serious illness, coma or even death.

Even if using these substances doesn't cause short-term trouble, they can lead to long term problems.

The effects of alcohol, drugs, and tobacco are especially harmful to growing bodies.

Using drugs and other substances will disappoint parents and result in losing their respect, pride and trust.

Advertising makes alcohol and other substances look "cool" and "fun" and turns attention away from the harm these substances can do.

Clearly stating your expectations is very helpful at this point in your child's life. Make sure they know you have a **Zero Tolerance** policy for drugs of any kind, including prescriptions, over-the-counter medications, non-medical (natural and homeopathic) remedies, and syrups.

Make sure your kids know that it is *okay* to use you as an excuse. Kids would rather say that their parents will be so unhappy with them, rather than flat out saying no. This is one time when using you as an excuse is perfectly okay.

Finally, and most importantly, really get to know your children. Meet their friends. Support their interests. Learn where they like to "hang out with their buddies." And, as much as possible, get to know their friends' parents or guardians. By working together, you can be more tuned in to what the kids are up to – and more aware of potential problems.

A key point to keep in mind is at this age, your kids still crave your attention and involvement, despite what they may say or do to the contrary. They want the kind of talk that comes with it, including talking about alcohol, drugs and tobacco. Studies have shown that 66% of kids in the fourth grade wish their parents would talk more with them on this very topic.

DECLARATION OF INDEPENDENCE: GRADES 7 THROUGH 9

These are the first really “rebellious” years of a child’s life. At this age, kids yearn for greater independence and decision-making, while at the same time needing and, in many ways, still wanting those very rules and regulations that they tend to break away from. The key is to support this personal search for freedom while staying involved, in touch, and in a position to guide effectively.

Think back to everything you went through at this age. This time in your life helped shaped you into the person you are today. Remember how your body was changing, and your emotions were churning? You viewed friendships differently, maybe even romantically. You had many questions – but often, few really good answers.

The fact is, kids in these grades believe that drugs are easy to obtain, be it marijuana, prescription drugs or club drugs (those found at popular under-21 clubs). They are easy to get and because of the ease, some kids see the use of these substances as “normal” and a few will go so far as to use at school, their friends’ homes and your home.

In reality, the perception is only accurate to a point. Studies show that while there is significant drug use within this age group, it is NOT as widespread or universal as the kids themselves tend to think. You can do a lot to alter this perception. Just don’t expect a lot of credit. This is the beginning of the “pulling away” period in your child’s life. You may never hear a “thank you,” but your input is appreciated and wanted, especially when it deals with the all important “immediate” issues of this age group:

Having an acceptable “look” and personality.

Being “part of the in crowd.”

Fitting in.

Not being perceived as “geeky” or “nerdy.”

It goes a long way to point out the “little things.” For example, tell teens that smoking of any kind – whether from tobacco or marijuana – gives you bad breath, turns your teeth brown and makes your clothing smell. Sometimes, that can be enough to get kids to quit or to never start. At the same time, though, emphasize the bigger issues and how continued drug use over the long haul can harm them.

9. DRUGS AND THEIR EFFECTS
8. QUESTIONS & ANSWERS
7. KEEPING IT PERSONAL
6. RESPONDING TO WARNING SIGNS
5. BEING A ROLE MODEL

PAGES 39-45
PAGES 37-38
PAGES 31-36
PAGES 25-30

The following are key risks from drug and alcohol abuse that may be of interest and importance to this age group:

Social and emotional under-development

Key person-to-person skills and socialization skills normally learned during these growing formative years are missed.

Chronic and potentially fatal diseases

Highlight the diseases that come from substance abuse. Smoking can cause cancer of the lungs and emphysema; chewing tobacco can cause cancer of the tongue and cheek; drinking causes problems with the liver; and illegal drugs can combine all these and more.

Permanent crippling injuries

A result of driving while impaired from any substance or from riding with a driver who is impaired. Death can also occur when driving or riding with an impaired person.

“Extreme downside” risks

Include long-term addiction, brain damage, coma, chronic vegetative state and death.

The other thing to understand is the impact of the middle school to high school transition on many children in this age. In most communities, 9th grade represents the first year of high school – and a huge shift from being around other students still balancing on the line between childhood and adulthood – towards being in an environment dominated by young adults.

Whether it's from being back at the bottom of a social ladder, desiring to act more mature, or the increasing pressures of romantic relationships, young people in this age face the risks associated with trying to behave 'beyond their years'. In many cases, drug or alcohol use may be the 'ticket of admission' for younger people to be accepted at parties and gatherings hosted by their older peers.

As a result, this is an essential time to become even more involved and aware of your children's social relationships – in terms of age group, social habits and style preferences. The more you know your child's friends and their parents, the more you will be in a position to help guide successful social and personal decisions.

BREAKING AWAY: GRADES 10 THROUGH 12

It's a sad fact, but by the time most teens reach this age, they have already faced the decision to use or avoid alcohol, tobacco, and drugs – probably on more than one occasion. The issue is: what did they decide to do?

They've heard and understood the whole range of drug information (and misinformation). They believe they know the tiniest differences in drugs and their effects on the body. They have even ranked their peers by "level of use", judging them to be non-users, "trial users", casual users or addicts.

Clearly, a simplistic statement of "Don't use drugs" doesn't mean enough at this age.

A better approach is to reinforce negative feelings about these substances by using other facts or bits of knowledge that they have gotten in school, in talks with friends and other adults, and being a lot more aware of the world around them.

In this context, all of the following become valuable topics for family discussion:

How using alcohol, tobacco, and drugs during pregnancy can cause birth defects.

How combining drugs can make them much more intense and dangerous.

How easy it is for people to become addicted.

The very real possibility of danger and life-long consequences to even non-addicts.

Why does this approach work? Simple: Teens in this near-adult age group constantly look ahead. They view the future as "their turf," and they tend to shy away from anything that threatens it. Encourage them to dream big, and then remind them that judgment impaired by alcohol, drugs or tobacco can destroy those big dreams. Any hope for a good life that includes college, career, military, or a family can all be destroyed in an instant of stupidity, social weakness or irresponsible curiosity.

It also helps to point out that drug use is never a victimless crime. At a minimum, it victimizes the user by limiting his or her life possibilities and opportunities.

Remember, too, that this age group is naturally idealistic. They care about improving the world, and in a very real sense, they think they have all the answers. Make it clear to them how using drugs, alcohol, and tobacco, can limit the ways they can be helpful.

For example:

Drugs harm the community

They encourage crime, making everyday life more dangerous and lowering the general standard of living.

Drugs take away from the disadvantaged

They result in physical and behavioral problems, and by occupying the attention of young people who would otherwise become effective student tutors, volunteers in the community and productive individuals.

It's also valuable – not only in regard to drugs and alcohol, but in general – to help your teenager understand that the perceptions that he or she often holds may be inaccurate, especially if developed from the views of friends and peers.

Children understandably learn a lot of what they know or believe from their friends and peers. Research has shown that teens in particular tend to be far more confident in their understanding of 'the facts' than reality suggests. Put another way, they may think that they know much more than they really do – or they may believe that their perceptions are much more accurate than they really are.

As a result, a great way to work with your teenager is to ask your child what he or she knows. Recognize and show appreciation for what they do know accurately, but be precise and thorough in pointing out the differences between myth and reality. This is particularly important when teens look at drugs such as marijuana or heroin, both of which some teens often think can be relatively harmless under the 'right' circumstances. In reality, today's pot is usually far more potent than that found in the past, and is much more likely to be laced with poisonous chemicals or other drugs. Heroin, contrary to popular belief, is equally addictive and destructive whether the user snorts or shoots up. Perhaps the most important perception to overcome is the idea among teens that 'everybody uses drugs', when in reality about 20% do – which means that 80% do not.

Another area of importance to the discussion of myths vs. realities is that of tobacco use. Historically, tobacco use becomes socially acceptable among many young people during the teenage years. Don't hesitate to emphasize the negative effects of tobacco use that impact how kids perceive themselves now – such as bad breath, smelly clothes and hair, and various forms of cancer that could strike at any time. If you have a child who has picked up smoking – whether as a private or social activity – commit to helping him or her quit now, and let him or her know that you are there no matter what.

Lastly, remember this: children of all ages need praise and encouragement. Even older teens respond well to positive expressions of love, concern, trust, respect and pride in what they have done. They especially like being considered role models for their younger siblings, cousins or even the younger siblings of their friends. This positive reinforcement motivates them to continue what they are doing right, and form habits that result in lasting esteem, acceptance and success in life.

9. DRUGS AND THEIR EFFECTS	PAGES 39-45
8. QUESTIONS & ANSWERS	PAGES 37-38
7. KEEPING IT PERSONAL	PAGES 31-36
6. RESPONDING TO WARNING SIGNS	PAGES 25-30
5. BEING A ROLE MODEL	



6

**RESPONDING TO WARNING SIGNS
LEARN WHAT TO LOOK FOR.**

It may be difficult to distinguish between the signs or symptoms of drug use and “normal” adolescent behavior, such as mood swings, changes in dress and hairstyles, and the use of slang terms. When you see extreme changes that last for more than a few days or weeks, it may signal drug or alcohol use.

Some signs to look for include:

Do you see any of these changes in your child’s behavior?

Withdrawn, depressed, tired, and moody.

Hostile, uncooperative, breaks curfews.

Careless about appearance.

Has a new group of friends.

Is not getting along with other members of the family.

Has lost interest in favorite sports and hobbies.

Has a hard time concentrating or is forgetful.

Is lying or stealing.

Is paranoid or secretive.

Has, or recently had, a car accident.

Or, do you see any of these physical changes?

Change in appetite/eating habits.

Dilated pupils/bloodshot eyes.

Runny nose/chronic cough.

Unexplained weight changes.

Slurred or rapid speech.

Nausea.

Slowed or staggering walk.

Inability to sleep.

Hands shaking.

Have you noticed any academic changes?

Sudden decline in grades.

Often absent or late for school.

Inability to stay focused on schoolwork.

EARLY DETECTION IS IMPORTANT

In addition to the things just noted, be alert for drug paraphernalia. Rolling papers, pipes, eye drops, and butane lighters are all danger signs. Other items that you may not think are a danger sign include pacifiers (used to keep teeth from grinding together), bobby pins (substitute roach clips), aerosol containers (especially if found in your child's room) and lollipops. If you suspect your child is using drugs or alcohol, take immediate action. The faster you act, the faster you can help your child.

If you still have doubts, have a medical professional examine your child to rule out any illness or physical problem. If possible, talk to a professional counselor about the best way to approach your child. Finally, don't blame yourself and don't feel guilty. Focus on facing the problem and getting your child the help he/she needs.

TIMING IS EVERYTHING

Choose the right time to talk to your child. Don't have the conversation if you think your child is under the influence of drugs, alcohol or tobacco. Wait until the next day. Then, pick a private setting and time that works for both of you, where you can openly voice your suspicions. If necessary, bring in other members of the family. Think about what you want to say, and how you want to say it. Be careful not to make direct accusations.

Here are some guidelines:

Ask what is going on in your child's social life, as well as at school. There could be issues you are unaware of, and this will help bring them to the surface.

Talk about the dangers of drugs and alcohol.

Reinforce your Zero Tolerance policy on drugs and alcohol.

Share your feelings, observations, concerns and fears.

Explain that you want to do a drug assessment, and be firm in your commitment.

If your child needs a drug treatment program, call your doctor, local hospital, substance abuse agency, or mental health society for a referral. You may also want to talk to the school counselor about his or her observations of your child. Parents who have been through a drug treatment program are a great resource for advice and information.

ADMITTING THE PROBLEM, DETERMINING ITS SEVERITY AND TAKING ACTION

Parents don't want to admit that their child may be on drugs and alcohol. That would mean, to them, that they have failed in one way or another and were not a positive influence on their child. They react with anger, resentment, guilt, and a fear of not being able to provide the help their child may need.

Often, it is far easier for them to deny the problem, chalk it up to a "teenage phase", or blame the child's friends or community. Do not go down this road of denial. Instead commit yourself to keeping your child healthy and safe by intervening before the problem worsens.

People experience five progressively worsening stages of alcohol and drug use, all of which are serious and can have disastrous, if not fatal, consequences. They are listed as follows:

Experimenting

This stage is the first use or ingestion of alcohol or other drugs without experiencing any negative consequences. The experiment is simple: "Do I like it?" Any further use after this first experiment means the child has moved to stage two.

Misuse

In this stage, the child engages in infrequent substance abuse, usually at predictable times or circumstances: weekends, holidays, sporting events, etc. Some negative consequences may be experienced, including hangovers, minor injuries and embarrassing incidents.

Abuse

This stage involves continued misuse of alcohol or illicit drugs despite the negative consequences. Typically, the child begins planning his or her life around substance abuse, with a negative impact on family relationships and friendships.

Dependency

By this stage, regular and compulsive use of alcohol or drugs, regardless of the negative consequences, has become bad enough to make the child's life unbalanced and unmanageable. Use of the preferred substance dominates his or her thinking, and denial becomes a second-nature defense mechanism.

Death

Without effective intervention and treatment, the child's dependency is likely to end in death due to overdose, illness, accidents, violence or suicide.

MODERN CHEMICAL DEPENDENCY TREATMENT

Over the years, chemical dependency treatment has evolved dramatically. Once primarily provided on an inpatient basis at a rehab facility or psychiatric treatment facility, it is now available through a full array of methods.

Most are based on the proven philosophies of self-help groups like Alcoholics Anonymous and Narcotics Anonymous. Participation in groups like these is usually required for most levels of treatment provided today. To be admitted to a self-help group, the substance abuser's stated wish must be to stop using drugs or alcohol. Once accepted, the recovering addict relies on other people in recovery rather than an institution's professional staff, for mutual support and a framework for self-help.



The dependency treatments of today are based on seven levels of care and are listed from the least restrictive to the most restrictive:

1. Non-clinical treatment Can occur in a client's home, school or workplace and is focused on helping the individual identify the problem and prevent further difficulties. Examples of this service include: EAP's (employee assistance plans), SAP's (student assistance programs) and family interventions.

2. Non-residential outpatient treatment The Includes treatment methods administered less than 10 hours per week for one to three months. Trained professionals provide the services.

3. Intensive outpatient treatment Usually consists of three-to-four hour blocks of combined services, administered three or four days a week over a four-to-eight week period. The goal is to provide a more highly structured program, while still allowing the patient to live at home. Individual and group therapy sessions, family sessions, and introduction to self-help groups are also included.

4. Partial hospitalization Is offered six to eight hours day, in a hospital or other facility, while still permitting residency in the patient's home. The client gains greater access to psychiatric and psychological services than with intensive outpatient care.

5. Residential care Includes low-intensity facilities like halfway houses, as well as high-intensity residential treatment centers. The latter option uses a multi-disciplinary staff and 24-hour observation, and treatment is available.

6. Medically monitored residential care Combines residential care with medical monitoring. Medication(s) may be utilized.

7. Medically managed care Is hospital based and includes a medical detox unit or acute dual-diagnosis in-patient treatment services, and typically combines 24-hour observation with medical intervention.



7

KEEPING IT PERSONAL
MAKE TIME FOR YOUR KIDS.

Everyone is busy with school and work, sports and activities. But it's important to spend time together as a family. Whether it is scheduling meals together, activities or events, make time to interact with your children so they feel they are a special part of your family. This increases their sense of belonging and makes them less likely to turn to their peers to meet this need. Be a parent first, a friend second.

Know where your kids are

Find out who they are spending time with, where they are going and what they will be doing. It's your right and responsibility as a parent.

Whenever possible, be there after school, or at least, after work

It's a great way to establish good communications with your children. Find out how their day was, what happened in school and if they have homework. Talk to them and really listen. Let them know that you care.

Try to have as many meals together as possible

Spend time with them when they are on the internet, watching TV, listening to their favorite music. It not only gives you an idea of what they are exposed to, but it provides that golden opportunity to talk about what's happening in their life at that moment.

Praise children for their achievements

Whether it's because they have improved their grades, played well in a sporting event, performed well in a play or concert, or aced a test, let them know how proud you are of them. Praise is a great motivator to do well and make everyone proud.

Schedule days with no commitments except spending time together as a family

Families have to find the time and carve it out on the calendar as you would any other event or activity. Family time is key to the health and well-being of everyone, not just your kids.

Give them structure

Set limits and boundaries. Keep track of what they are doing. Let them know the consequences of their actions if they overstep those limits and boundaries. Above all, enforce those consequences. Don't back down and retreat. You're the parent, not them.

Let them know they can come to you for advice

They need to know you will tell them the truth, not just try to scare them with fear tactics. They will respect you for being honest with them and for showing how much you care. Let them know they can call you at any time, if they are in a situation that makes them uncomfortable. Clearly state they are not bothering you, and reinforce that you are proud they called you and asked for help.

MAKING TIME IN THE MIDDLE YEARS

Kids are the most vulnerable to drugs, alcohol and tobacco between 6th and 7th grade. It is especially important to stay involved with their daily lives during this time of enormous transition. Monitoring what they do and who they spend time with is key to their development. Here are some steps to help you along the way:

Whenever possible, arrange to have your kids supervised between 3 and 5 pm if you cannot be there with them. After school activities are a great way to keep them engaged and away from questionable influences.

If they must be unattended, provide boundaries and rules they must follow. Schedule chores, time to do homework, and limit time on the internet and on the phone. Check their cell phone history when you get home to make sure they have followed your rules. Leave snacks and notes for them so they can feel your presence, even if you are not there.

Know the parents of your kids' friends. Have their phone numbers ready if needed and make sure the parents know of your Zero Tolerance policy on drugs, alcohol and tobacco. Suggest they have the same policy at their house. If there is a party, make sure the parents are there or your kids do not go.

Let your kids know they can always leave a party or other function where drugs, alcohol and tobacco are being used. Reinforce that they will "not be bothering you".

Keep all alcohol and prescription drugs locked away from your kids.

During the middle school years, there is another factor that plays a major role in the lives of children, and that is having money to spend. It's a sign of growing maturity to want the power to purchase better, more expensive items. That's why many teens take their first paying job at this age. This fact gives you a powerful message to share with the kids:

Drugs are, plain and simple, a waste of money. They cost a lot of money, and deliver nothing more than a temporary, often unpleasant, feeling. There is nothing to show for the money spent.

Ask them if they really want to waste the money they worked so hard to earn in this way. We know that being frugal or wisely spending money is not a common trait among tweens and early teenagers. But, by mentioning what could be purchased, such as clothing, sporting goods, bikes, CDs and DVDs, Wii games or Xbox games, you can give your child a clear sense of what they could be missing by wasting their money (or yours, if you give them an allowance) on drugs and alcohol.

This discussion may also encourage your child to think about purchases that you or they can make that will help them create a positive social setting for themselves, and their friends. Instead of spending money on illegal substances so that they can 'fit in' with questionable peers, your child could buy a new video game, a recently released music album, or other purchases that would help them create new and healthy social experiences with their peers.

This may also be an excellent opportunity to discuss purchases or decisions that you could make to give them additional opportunities to have positive and healthy social gatherings at this tender age.

THE FIVE C's

Consistent discipline is one of the best ways to reduce the risk of your children using drugs and alcohol. Here are the 5 C's of effective discipline:

CLARITY

Be very clear when establishing rights, rules and limits.

Don't assume your children know the rules until you tell them. Explain what you want, not what they think you want. Have them repeat what you say to make sure there is no confusion.

Be sure they understand the rules, why you have them and what happens if they are broken.

Involve your children in the rule making process. This gives them a sense of ownership and is not perceived as one-sided (all parental input, no kid input).

Keep a written copy where they can see it all the time. Have them sign and date it. This gives them even more ownership because now they know what is happening and can't plead ignorance or "I didn't know that is what you really meant."

COMMUNICATION

Talk about rights, rules and limits - frequently!

Children will challenge you about the fairness of rules. Be willing to review them and provide your reasoning on them.

Talk to your children about how they feel. This will help them open up.

Encourage your children to come to you when they need help with problems, fears or concerns.

Show your children you respect them and believe in them through your words, actions, gestures and tone of voice.

CONSISTENCY

Be consistent in enforcing the rules.

If your children break a rule, they pay the consequences.

If your kids helped to write the rules, this will have a greater impact on them when they break them.

If you want to change a rule, talk about it before, not after it is broken.

Be flexible. Know that changes will be made over time as your kids grow up.

CARING

Show encouragement and support as well as discipline.

When your children follow the rules, praise them.

When a rule is broken, reprimand the action, not the child.

Enact the consequences of breaking a rule immediately. Don't wait until the other parent is home. This takes away the effectiveness of the consequences and tells the child that punishment will come later – maybe.

Be sure the consequences fit the broken rule. Be realistic in determining the punishment. It should equal the severity of the rule broken.

Be respectful of your children's rights.

CREATE

Instill a sense of social responsibility in your children.

Teach your children values and moral behavior, such as honesty and fairness. Talk the talk and walk the walk. Your kids will respect you if you follow the same rules.

Let them know you expect them to incorporate these values into their daily lives.

Promote self-respect.

PRACTICE ROLE PLAYING

Chances are, your children will find themselves in risky situations. At some point, peers will approach them to try drugs, alcohol, or tobacco. Let them know that saying "no" can be very difficult. Help them in dealing with these situations through role playing. Set up various situations with them and ask them for a response. They may feel uncomfortable or nervously laugh, but insist they do it. The practice will give them the tools to handle a situation in real life.

Some role playing examples are:

"Some older kids come up to you after school and offer you some pot."

What do you do or say?

"You're at a party and someone offers you a beer, drugs or both."

What do you do or say?

"You're on a date and he/she wants you to try drugs or take a drink."

What do you do or say?

Ask your children to provide some situations that could happen to them. Then, practice with language that fits their personalities. Take turns on who offers the drug and who says no. There are drug-related messages in the media that work as a great springboard. Here are some one-liners that will allow your child to dodge drinking or drugs without making a scene:

"No thanks."

"I don't feel like it."

"Not interested."

"Tried it once, don't like it."

"My parents would kill me and ground me for life."

"Back off."

Have them create their own responses in their own way of talking. It will be more real and believable if they talk like they normally do.



8

QUESTIONS & ANSWERS **WHAT THEY'LL ASK, AND WHAT TO SAY.**

When your children ask tough questions about drugs and alcohol, do you know what to say? Here are some of the more common questions you may hear and some suggested responses:

Q: "Why do people do things that are bad for their bodies?"

A: "Lots of times, they don't realize that what they are doing can hurt them. Some of the things they use are habit forming. Once they start, it is very hard to stop."

Q: "Why are some drugs good to take and others bad?"

A: "When a doctor says to take some medicine, they are good drugs. They make you feel better. Bad drugs are the kind people take when they are not sick. They take them "just because." They think the drugs will help, but they don't. Sometimes, these drugs can hurt the people who take them."

Q: "You drink beer and wine, why can't I?"

A: "You're too little. Your body is not big enough to handle how the drinks will make you feel. You could get very sick. Drinking is not legal for someone your age. You could get into trouble and so could we."

Q: "Did you use any drugs when you were my age?"

A: If yes, use this response: "Yes, and it was a big mistake. My grades went down, I could not concentrate, I did not feel like I had control over what I did. I lost some of my friends. They did not want to be around me. I did not know how drugs would affect me. I did it to be cool and I learned that I needed to be me, without any drugs and alcohol. Being me was just fine."

If no, use this response: "No, I didn't. I was asked all the time by my friends, but I did not want to lose control. The kids thought I was square or afraid, but I wasn't - I just did not want to do anything that would hurt me, others, or my family. My parents expected me to stay away from that stuff and I did, just like I want you to."

Q: "Why am I punished more severely than my friends who do the same thing?"

A: "We have rules, and we have consequences. If you break the rules, you are punished. What your friends do is between them and their parents. We love you and want to make sure that you are okay. "What would you have us do differently?"

Q: "Why can't I try marijuana? It's not a hard drug, like coke or heroin."

A: "Well, actually it's just as dangerous as any other drug, even if it is different from coke or heroin. The smoke from marijuana contains the same cancer causing things as tobacco. Smoking leads to cancer. Pot can lead to using other drugs. It affects your ability to concentrate, drive and make the right decisions. If you get caught driving while under the influence of any substance, that is a DUI and you can lose your license."

Q: "Why is it such a big deal? All the stars do it and they seem fine."

A: "It may look cool, but they will face the same health problems and concerns that you would face. They may have health problems down the road when they are older because of what they are doing to themselves now."



9

DRUGS AND THEIR EFFECTS

THE DETAILS ON DRUGS KIDS USE.

There are so many drugs available today and new ones continue to appear. That's why it is critical that you arm yourself with information about all the drugs your kids are exposed to and could be exposed to. Here are some of the more commonly used drugs, the names they go by and their effects.

Although the substances in this list are popular, none of them rivals the widespread abuse of alcoholic beverages. In addition to the addictive nature of alcohol and the physical effects of excessive drinking, alcohol intensifies those effects when used in combination with other drugs and can have fatal results.

ALCOHOL

Also known as:

Beer, wine, liquor, cooler, whiskey, scotch, bourbon, rye, vodka, brews, saucy, brandy, malt liquor, booze, hooch, and juice.

How it's used:

Ingested orally.

Effects:

Dizziness, slurred speech, disturbed sleep, nausea, vomiting, hangover, impaired motor skills, violent behavior. Addiction (alcoholism) respiratory depression and death if taken in high doses. If used during pregnancy, it may cause fetal alcohol syndrome (FAS) in babies.

NOTE: *The average age for a child to have their first drink is 8.*

MARIJUANA/HASHISH

Also known as:

Weed, hash, pot, reefer, grass, joint, dope, ganja, Mary Jane, sinsemilla, herb, Aunt Mary, skink, boom, kif, gangster, chronic, 420, blunt and cannabis.

How it's used:

Typically smoked or eaten. Paraphernalia can include pipes, hookahs, water pipes, "carburetors" or bongs, blunts, cigarette rolling papers and cigars (hollowed out and restuffed).

Effects:

Bloodshot eyes, dry mouth/throat, impaired or reduced comprehension, altered sense of time, diminished ability to perform tasks requiring concentration, hand-eye coordination, weight gain due to increased appetite and desire for "junk" food (also known as the munchies), inability to properly control motor vehicles, paranoia and/or pronounced anxiety or panic reactions, impaired ability to receive and process new information, impaired ability to learn, memorize, perceive and make decisions, difficulty in speaking, listening, and retaining knowledge, problem solving and conceptualization.

NOTE: *The average age for a teen to try marijuana is 13. It can be smoked using homemade pipes and bongs made from soda cans or plastic containers.*

AMPHETAMINES

Also known as:

Speed, uppers, ups, hearts, black beauties, pep pills, copilots, bumblebees, Benzedrine, Dexedrine, footballs and biphphetamine.

How it's used:

Snorted, smoked, ingested orally or injected.

Effects:

Dilated pupils and blurred vision, dizziness, increased body temperature, irritability, anxiety, increased blood pressure, depression, aggression, addiction, paranoid psychosis, convulsions, malnutrition

resulting from loss of appetite and insomnia. If injected, increased risk of infectious diseases including HIV/AIDS and various forms of hepatitis. Chronic use can induce psychosis such as paranoia, visual and auditory hallucinations.

METHAMPHETAMINE

Also known as:

Speed, meth, crank, crystal, ice, fire, croak, crypto, white cross, glass, chalk.

How it's used:

Snorted, smoked, ingested orally or injected.

Effects:

Nervousness, hyperthermia, compulsive behavior, irritability, anxiety, memory loss, increased blood pressure, depression, aggression, addiction, paranoid psychosis, convulsions, malnutrition resulting from loss of appetite and insomnia. If injected, increased risk of infectious diseases including HIV/AIDS and various forms of hepatitis. Chronic use can induce psychosis such as paranoia, visual and auditory hallucinations. Sleeplessness for up to 15 days, heart and blood vessel toxicity, hallucinations, formication (the feeling that bugs and insects are crawling on or under the skin), heart arrhythmia or stroke.

ECSTASY (MDMA)

Also known as:

XTC, Adam, E, X and Molly.

How it's used:

Orally.

Effects:

Psychiatric disturbances including panic, anxiety, depression and paranoia, involuntary teeth clenching, nausea, blurred vision, sweating, increased heart rate and blood pressure, hallucinations, reduced appetite, sleep problems, fainting, coma and death.

NOTE: Ecstasy is popular at all-night dance parties (called raves) and at under-21 clubs. It is the most common of "club drugs". To learn more, go to www.clubdrugs.gov.

RITALIN

Also known as:

Speed, west coast. Ritalin is a highly prescribed medication for treating Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD).

How it's used:

Orally or crushed, and the powder is snorted or injected.

Effects:

Loss of appetite, fever, convulsions, severe headache, irregular heartbeat and respiration, paranoia, hallucinations, delusions, excessive repetition of movements and meaningless tasks and tremors and muscle twitching. If injected, increased exposure to HIV, hepatitis and other infectious diseases as well as serious damage to the lungs and retina of the eye.

GHB (Gamma Hydroxybutyric Acid)

Also known as:

Liquid x, somatomax, scoop, grievous bodily harm, Georgia home boy, goop, gamma-oh and G.

How it's used:

Snorted, orally in liquid form, smoked or mixed in drinks.

Effects:

Liver failure, vomiting, tremors, seizures, comas, fatal respiratory problems. Sometimes the user transports the drug in empty hotel shampoo or eyedropper bottles.

NOTE: GHB is popular at all-night dance parties or “raves”. It is used as a date-rape drug. To learn more, go to www.clubdrugs.gov.

ROHYPNOL (FLUNITRAZEPAM)**Also known as:**

Roach, roofies, the forget pill, rope, rophies, ruffies, R2, roofenol, la roche, rib.

How it's used:

Snorted or ingested orally in pill form or dissolved in a drink.

Effects:

Creates a drunken feeling that lasts two to eight hours. Nausea, low blood pressure, difficulty with motor movements and speaking, sense of fearlessness and aggression, dizziness and disorientation and short-term memory loss (inability to remember what happened under the influence of the drug).

NOTE: Rohypnol is also known as the date-rape drug. It is odorless and tasteless, and when mixed with alcohol can incapacitate a victim and prevent resistance to sexual assault. To learn more, go to www.clubdrugs.gov.

KETAMINE (KETAMINE HYDROCHLORIDE)**Also known as:**

Vitamin K, Special K, new ecstasy, psychedelic heroin, Ketalar, Ketaject, Super-K, breakfast cereal, cat tranquilizer.

How it's used:

Snorted or smoked.

Effects:

Delirium, amnesia, impaired motor function, reduced attention span, impaired learning ability (with continued use), high blood pressure and potentially fatal respiratory problems. Users often have a “near-death” or “out-of-body” experience and behave as though they are looking at themselves from another dimension.

NOTE: Normally used as an anesthetic for animals, Ketamine is a popular club drug, especially at “raves.” It is also used as a date-rape drug as it incapacitates the victim and prevents resistance to sexual assault.

COCAINE AND CRACK**Also known as:**

Cocaine - coke, snow, blow, nose candy, flake, big C, lady, white, snowbirds.

Crack - rock, freebase.

How it's used:

Cocaine - snorted or dissolved in water and injected.

Crack - heated and smoked in a pipe, sometimes with the use of flammable solvents (freebase).

Effects:

Pupil dilation, elevated blood pressure and pulse, increased respiratory rate, restlessness and insomnia, grinding of teeth, irritability, anxiety, loss of appetite, addiction, paranoia, seizures, heart attack, respiratory failure, constricted peripheral blood vessels (cold hands, fingers, feet), tactile hallucinations, increased body temperature, and death from overdose. If injected, an increased risk of infectious diseases including HIV and various forms of hepatitis.

HEROIN

Also known as:

Smack, horse, mud, brown sugar, junk, black tar, big H, dope, blue magic (this latter is 100% pure heroin).

How it's used:

Snorted, smoked or injected.

Effects:

Slurred or slowed speech, slow gait, constricted pupils, droopy eyelids and impaired night vision, vomiting (first use or with very high doses), decreased sexual pleasure or indifference to sex, reduced appetite, constipation, "nodding off" (at high doses), addiction, respiratory depression or failure, and dry, itching skin and skin infections. If injected, increased risk of infectious diseases including HIV and various forms of hepatitis, increasing tolerance to the drug which results in the need for ever-greater doses and death from overdose.

PCP (PHENCYCLIDINE)

Also known as:

Angel dust, ozone, rocket fuel, peace pill, elephant tranquilizer, dust.

How it's used:

Smoked (usually in parsley or marijuana cigarettes), snorted, ingested orally or injected.

Effects:

Impaired motor coordination, inability to feel physical pain, depression, anxiety, disorientation, hallucinations, "out-of-body" experiences, respiratory attack, combined fear/panic/paranoia, violent or aggressive behavior. If injected, increased risk of infectious diseases, including HIV and various forms of hepatitis, and death.

NOTE: Marijuana joints may be dipped into PCP without the smoker's knowledge, creating more exaggerated effects.

LSD (LYSERGIC ACID DIETHYLAMIDE)

Also known as:

Acid, microdot, tabs, doses, trips, hits, sugar cubes.

How it's used:

Tabs taken orally or gelatin/liquid put in eyes.

Effects:

Elevated body temperature and blood pressure, suppressed appetite, numbness, weakness, sleeplessness, tremors, nausea, sweating, increased heart rate, and chronic recurring hallucinations (flashbacks).

NOTE: LSD is the most common hallucinogen. Tabs are decorated with colorful designs or cartoon characters to appeal to the younger users (elementary and middle school).

MUSHROOMS (PSILOCYBIN)

Also known as:

Shrooms, caps, magic mushrooms.

How it's used:

Eaten or brewed to be mixed in tea.

Effects:

Increased blood pressure, seating, nausea, and hallucinations.

NOTE: Many mushroom users purchase hallucinogenic mushroom spores via mail order. There is no regulation prohibiting these purchases.

INHALANTS

Also known as:

Nitrous oxide, laughing gas, whippets, aerosol sprays, cleaning fluids, solvents, glues, gasoline, Dusters.

How it's used:

Vapors are inhaled (sniffed/huffed/bagged).

Effects:

Red/runny eyes, sores around mouth, headache, muscle weakness, abdominal pain, severe mood swings and violent behavior, numbness and tingling of feet and hands, decreased or lost sense of smell, nausea, nosebleeds, liver, lung and kidney damage, dangerous chemical imbalances in the body, fatigue, lack of coordination, loss of appetite, increases in heart and respiratory rates, and hepatitis or peripheral neuropathy from long-time use.

NOTE: Hundreds of legal household products can be sniffed or "huffed" to get high. All inhalants can be toxic.

STEROIDS (SYNTHETIC TESTOSTERONE)

Also known as:

Rhoids, juice.

How it's used:

Orally or injected into the muscle.

Effects:

Liver cancer, sterility, masculine traits in women (facial hair, irregular periods, deepening of voice), feminine traits in men (breast development, shrinking testicles), aggression, depression, acne, and mood swings.

NOTE: Steroid users subject themselves to more than 70 documented side effects, up to and including fatal brain cancers. For more information, go to www.steroidabuse.gov.

TOBACCO

Also known as:

Smoke, bone, butt, coffin nail, and cancer stick.

How it's used:

Cigarettes, cigars, pipes, smokeless tobacco (chew, dip, snuff).

Effects:

Addiction, heart and cardiovascular disease, cancer of the lung, larynx, esophagus, bladder, pancreas, kidney and mouth, emphysema and chronic bronchitis, spontaneous abortions, pre-term deliveries, and low birth rate.

OXYCONTIN

Also known as:

Oxy, poor man's heroin, hillbilly heroin, O's.

How it's used:

Tablets are chewed or crushed to release the time-release mechanism, and the powder is sniffed or injected.

Effects:

This is a powerful narcotic that causes a morphine-like high. Cold and clammy skin, slow breathing, dizziness, weakness, loss of consciousness, seizures, coma and confusion.

NOTE: OxyContin has been called a wonder drug and is a powerful painkiller used for cancer and chronic pain patients. In the wrong hands, however, it can kill. When combined with alcohol, it is fatal.

PRESCRIPTION STIMULANTS

Also known as:

Adderall, Dexedrine, Ritalin.

How it's used:

Tablets are swallowed and may be injected when abused.

Effects:

Increase in blood pressure and heart rate, constricts blood vessels, increases blood sugar, and increases breathing rate. These can be felt as increases in alertness, attention, and energy, and the risk of cardiovascular failure (heart attack) and lethal seizures increases with use.

NOTE: These drugs are generally prescribed for narcolepsy (falling asleep while awake), attention-deficit hyperactivity disorder and short-term treatment of obesity. Patients requiring these medications have a chemical imbalance in their brain, and the use of these medications levels out that imbalance. People who do not have these conditions will feel the effects listed above and can experience rapid heart beats, and dangerously high body temperature.

PRESCRIPTION SEDATIVES AND TRANQUILIZERS

Also known as:

Barbiturates (sleeping pills), benzodiazepines (tranquilizers), Mebaral, Quaaludes, ludes, Xanax and Valium.

How it's used:

Swallowed or injected.

Effects:

Slowed normal brain function, slurred speech, shallow breathing, sluggishness, fatigue, disorientation, lack of coordination and dilated pupils. Higher doses cause memory, judgment and coordination impairment, irritability, paranoia and suicidal inclinations.

NOTE: When mixed with alcohol, this combination can cause very slow breathing and slower respiration (intake of oxygen into the system to properly circulate the blood), which can lead to death.

DEXTROMETHORPHAN (DXM)

Also known as:

Dex, robo, skittles, triple C, Tussin.

How it's used:

Swallowed.

Effects:

Found in over-the-counter (OTC) cough medicines, effects include confusion, dizziness, double or blurred vision, slurred speech, impaired physical coordination, abdominal pain, nausea and vomiting, rapid heart beat, drowsiness, numbness of fingers and toes, and disorientation.

NOTE: Cough medications containing DXM can also include acetaminophen, which can be very dangerous when taken in large quantities, and can adversely affect the liver. Most pharmacies and retail stores in Pennsylvania that sell products with DXM are now requiring identification before purchasing and are keeping DXM products behind the pharmacy counters.

10.

CALLING FOR HELP. *Who to contact and how.*

SUPPORT GROUPS

Alcoholics Anonymous Nationwide
www.aa.org ■ 1-212-870-3400

Locally, look for an AA listing in your phone directory. In most urban areas, a central AA office or "Intergroup", will be happy to answer your questions and provide contact assistance.

Al-Anon Family Group Headquarters
www.al-anon.alateen.org ■ 1-800-4AL-ANON
(1-888-425-2666)

Families Anonymous
www.familiesanonymous.org ■ 1-800-736-9805

Narcotics Anonymous
www.na.org ■ 1-818-773-9999

Toughlove International
www.4troubledteens.com ■ 1-866-828-0178

African-American Family Services
www.aafs.net ■ 1-612-871-7878

American Council for Drug Education
www.acde.org ■ 1-718-222-6641

Referrals
1-800-662-HELP (4357)

Center for Substance Abuse Prevention (CSAP)
www.prevention.samhsa.gov ■ 1-240-276-2420

Center for Substance Abuse Treatment (CSAT)
www.csat.samhsa.gov ■ 1-800-662-HELP (4357)

Centers for Disease Control and Prevention (CDC)
www.cdc.gov ■ 1-800-232-4636

Drug and Alcohol Service Providers Organization of Pennsylvania (DASPOP)
717-652-9128

National Clearinghouse for Alcohol and Drug Information (NCADI)
www.higheredcenter.org ■ 1-800-676-1730

National Crime and Prevention Council
www.ncpc.org ■ 1-202-466-6272

National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov ■ 1-301-443-3860

National Institute on Drug Abuse
www.nida.nih.gov ■ 1-301-443-1124

Office of Juvenile Justice and Delinquency Prevention
www.ojjdp.ncjrs.org ■ 1-202-307-5911

Office of Minority Health Resource Center
www.minorityhealth.hhs.gov ■ 1-800-444-6472

Office of National Drug Control Policy
www.whitehousedrugpolicy.gov ■ 1-800-666-3332

National Council on Alcoholism and Drug Dependency
www.ncadd.org ■ 1-212-269-7797

Office of Safe and Drug-Free Schools
www2.ed.gov/osdfs ■ 1-800-872-5327

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov ■ 1-240-276-1660 (Treatment)
1-240-276-2420 (Prevention)

IMPORTANT LOCAL NUMBERS

911 – POLICE/EMERGENCY

ICE (IN CASE OF EMERGENCY) NUMBERS

NAME _____

NAME _____

NAME _____

LOCAL HOSPITALS

NAME _____

NAME _____

NAME _____

SCHOOLS/GUIDANCE COUNSELORS

NAME _____

NAME _____

NAME _____

FAMILY DOCTORS/MEDICAL PERSONNEL

NAME _____

NAME _____

NAME _____

WORK NUMBERS

NAME _____

NAME _____

Whereas, being dedicated to your well-being, I/we want to provide a foundation for your successful independence, assist you as you develop your abilities to be self-sustaining and ensure that you have every opportunity for happiness: and

Whereas, recognizing your strength to embrace with eagerness all things new; I/we want you to be aware of the risks associated with substance abuse; provide you with the resources to make good decisions for yourself and empower you with the security of a healthful life.

Now, therefore, as your parent(s) or guardian(s), I/we agree to:

Tell you about the dangers and risks of substance abuse and their adverse impact on your future.

Assist you in developing appropriate responses to your peers and others who encourage you to experiment with drugs, alcohol or tobacco.

Adopt firm rules and clear limits in order to protect you and update them when necessary.

Be consistent in the rules' application and enforce fair consequences for their violation.

Listen to you when you talk and answer your questions honestly.

Set aside time for you and create family rituals.

Get involved in your education and encourage you to excel in healthy and creative activities.

Know your friends, and know your friends' parents.

Call parents whose home is to be used for a party to ensure that there will be adult supervision.

Make it easy for you to leave a party where alcohol and drugs are being used.

Set the right example by not smoking, drinking in excess or using illicit drugs.

Set the right example by not abusing prescription medications or over-the-counter drugs.

Expect good behavior and be sure to acknowledge it.

Pledge to appreciate and respect you, demonstrate my/our love for you and value our time together.

Signature _____ Date _____

Signature _____ Date _____

Whereas, I appreciate how much you love and care for me and I do not want to disappoint you; and

Whereas, I know life is full of opportunities and choices and it makes sense to stay drug-free in order to achieve my goals and ultimately, be successful and happy.

Now, therefore, as your child, I agree to:

Choose not to use/abuse prescription medications or over-the-counter drugs.

Choose not to use tobacco, cigarettes, alcohol or illegal drugs and not permit others to do so in my car or house.

Choose not to use prescription medications or over-the-counter drugs unless a doctor tells me to.

Not get in an automobile when the driver has used/abused drugs, alcohol or tobacco products.

Tell you where I am going, what I am doing, who I will be with, when I will be home and check in with you at regular times.

Talk to you when I have questions and concerns and listen to what you have to say.

Take responsibility for my choices and actions.

Respect and obey the rules you set and enforce.

Set a good example for my friends, siblings, and others by getting involved in activities that do not involve drugs, alcohol or tobacco.

Signature _____ **Date** _____

Signature _____ **Date** _____



300 N. 2ND STREET, SUITE 1215,

HARRISBURG, PA 17101

(717) 232-0300 OR (800) 533-3394

FAX: (717) 232-5400

WWW.STRAIGHTTALKFORPARENTS.ORG