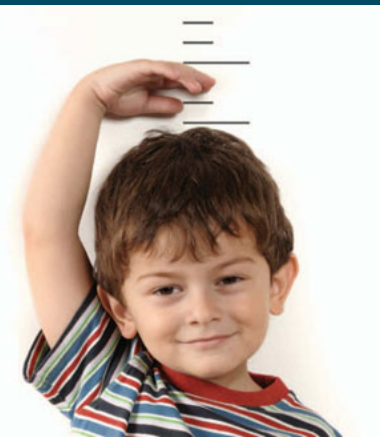




GROWING UP DRUG FREE

A PARENT'S GUIDE TO PREVENTION



The Drug Enforcement Administration's mission

is to enforce the controlled substances laws and regulations of the United States and bring to the criminal and civil justice of the United States, or any other competent jurisdiction, those organizations and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets. [**www.dea.gov**](http://www.dea.gov)

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A PARENT'S GUIDE TO PREVENTION

U.S. Department of Justice
Drug Enforcement Administration
and
U.S. Department of Education

October 2012

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Drug Enforcement Administration

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October 2012

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CONTENTS

Section 1: Introduction – How This Book Will Help You..... 1

| | |
|--|---|
| Did You Know | 1 |
| How to Use This Booklet | 1 |
| What Do You Believe?..... | 3 |
| Myth #1: My child isn't exposed to drugs and wouldn't do them anyway | 3 |
| Myth #2: It's normal for kids to experiment with drugs..... | 3 |
| Myth #3: I can't change my child's future..... | 3 |
| Myth #4: My kids don't care what I think..... | 4 |
| Myth #5: It's okay for me to use BECAUSE I'm an adult..... | 4 |
| Myth #6: I don't want to alienate my child by being too strict | 5 |

Section 2: What Substances Do Kids Use?..... 7

| | |
|--|----|
| Tobacco | 7 |
| Alcohol..... | 8 |
| Alcohol Poisoning | 9 |
| Household Products: Inhalants..... | 9 |
| Over-the-Counter (OTC) Medications | 11 |
| Prescription Medications | 11 |
| Anabolic Steroids | 12 |
| Street Drugs..... | 13 |
| Marijuana | 13 |
| Stimulants..... | 14 |
| Heroin..... | 14 |
| Synthetic Drugs..... | 15 |

Section 3: Why Do Kids Use Drugs?..... 17

| | |
|---|----|
| Risk Factors and Protective Factors | 17 |
| Risk Factors | 18 |
| Academics..... | 18 |
| Your Own Alcohol, Tobacco, and Drug Use | 18 |
| Genetics | 19 |
| Online Environmental Risks..... | 19 |
| Other Environmental Influences | 20 |

| | |
|--|-----------|
| Protective Factors | 21 |
| Family Time | 21 |
| Open Communication | 21 |
| Other Role Models | 21 |
| Rules and Consequences | 22 |
| Positive Activities | 22 |
| School and Community | 23 |
| Section 4: How Do I Teach My Child About Drugs?..... | 25 |
| Educate Yourself | 25 |
| Educate Your Child | 25 |
| Be an Involved Parent | 26 |
| Be Involved at Home..... | 26 |
| Be Involved in Your Child’s Social Life | 26 |
| Be Involved at School..... | 27 |
| Be Involved in the Community..... | 28 |
| Be a Good Role Model..... | 29 |
| Communicate No Tolerance for Substance Use | 29 |
| Talk With Your Children About Drugs | 29 |
| Talking With Preschoolers | 29 |
| Talking With Elementary School Students (6–10 years old) | 30 |
| Talking With Middle School Students (11–14 years old) | 32 |
| Talking With High School Students (15–18 years old) | 34 |
| Section 5: What if I Think My Child Is Using Drugs? | 37 |
| Signs of Abuse | 37 |
| Is It Okay to Snoop? | 38 |
| How to Proceed..... | 38 |
| Addiction | 40 |
| Finding Treatment..... | 40 |
| Recovery | 41 |
| Section 6: Resources | 43 |
| For Youths | 43 |
| For Parents | 44 |
| Section 7: Drug identification Chart | 49 |

SECTION 1:

INTRODUCTION – HOW THIS BOOK WILL HELP YOU

Parenting can be the most rewarding job on earth—and sometimes the toughest. You cradle your newborn the first time and promise, either silently or aloud, to provide the best life possible for him or her. The years quickly fly by—and suddenly, your youngster is about to enter school.

If you're like most people, that is a scary day. *How will little Sara react to being away from me? What will happen if Noah misbehaves? Will the teacher provide the attention that Riley needs in order to learn?*

As your child grows older and continues to achieve new milestones, your concerns grow, too. *Can I trust Sara being home alone after school until I get home? What will Noah do if his friends offer him a cigarette? Will Riley's friends tempt her to try drugs?*

These types of worries are normal and show that you are a loving, attentive parent who wants what is best for your child. Reading this booklet also shows that you are concerned and that you want to help your child achieve a healthy, drug-free lifestyle from preschool through high school—a dozen or so critical years when attitudes about drug use are formed. Many school districts across the country have had to cut funding for alcohol and drug education programs, making it even more important that you are informed, consistent, and

current when you communicate with your child about drugs and alcohol.

DID YOU KNOW ...

According to a national survey called Monitoring the Future (MTF) taken in 2011¹

- › Daily marijuana use is now at a 30-year peak level among high school seniors. One in every 15 high school seniors today is smoking pot on a daily or near daily basis.
- › Energy drinks are being consumed by about one-third of teens, with use highest among younger teens. These drinks are particularly dangerous—even deadly—when consumed with alcohol.
- › Although rates of smoking have declined among youths, 40 percent have tried cigarettes by 12th grade, and 10 percent of 12th graders are daily smokers.
- › Alcohol remains the most widely used drug by today's teenagers. Despite recent declining rates, seven out of every 10 students have consumed alcohol (more than just a few sips) by the end of high school, and one-third of students have done so by the eighth grade.
- › One of every nine high school seniors said they've used synthetic marijuana, sometimes called K2/Spice, within the previous 12 months.

HOW TO USE THIS BOOKLET

Rather than reading this publication from front to back as you would read a book, we hope you will use the Table of Contents to find a topic that interests you or to find a specific substance you'd like to know more about. We've also included some personal stories from parents who've lost children to drugs and a Resource section in the back that suggests online sources where you or your children can learn more.



- › The proportion of 12th-graders misusing psychotherapeutic prescription drugs (i.e., amphetamines, sedatives, tranquilizers, or narcotics other than heroin) is over 15 percent.

This publication was designed to help you understand

- › The substances children are exposed to and where they get them. It will explain the names (and “street names”) of common drugs, how they’re used, their effects, where children obtain them, and how to know if your child is using them.
- › Which children are most at risk for using drugs and how you can offset some of those *risk factors*.
- › The importance of providing what are called *protective factors*—at home, in school, and in the community.

- › How to talk to your children about drugs and alcohol. It will suggest ways to initiate conversations with your child at different ages and at various stages of physical and mental development.
- › What role social media play in what your child learns about drugs.
- › The steps to take if you suspect your child may already be using drugs or alcohol.

This booklet also provides answers to questions your child may have and resources you can use to find more information or get help with your concerns. It covers important topics such as

- › Why drinking alcohol—even **once**—is a serious matter. Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking, which

is more than from all illegal drugs combined.²

- › The importance of maintaining a close relationship with your child. A child who gets through age 21 without smoking, using illegal drugs, or abusing alcohol is much less likely to do so as an adult.³ No one has greater power to influence your child’s behavior than **YOU** do, and a close bond can spare your child the negative experiences associated with illegal drug use. It may even save your child’s life.

Throughout this publication, we refer to what you, as a *parent*, can do. However, raising a drug-free child is seldom done alone. Children also spend time with other caregivers—older siblings, aunts and uncles, family friends, stepparents, grandparents, extended family members, and many others who have the power to influence them. So when we say “parents” on these pages, we really mean all of the caregivers in your child’s life. We also encourage you to share the information here with them so that your child receives consistent information.

We hope this booklet answers many of the questions you have about raising a drug-free child. For more information, please also visit the following websites.

- › United States Drug Enforcement Administration: www.justice.gov/dea
- › Get Smart About Drugs: www.getsmartaboutdrugs.com
- › National Institute on Drug Abuse: www.nida.nih.gov
- › The Partnership at Drugfree.org: www.drugfree.org
- › National Institute on Alcohol Abuse and Alcoholism: www.niaaa.nih.gov

Additional resources are listed at the back of this publication.



WHAT DO YOU BELIEVE?

A *myth* is something we believe without having any proof one way or the other. Many parents maintain myths about drugs because it is easier than finding out or accepting the truth.

Believing a myth doesn't make it true, just like denying that a problem exists does not mean there isn't one. And if trouble signs appear, ignoring them won't make the problem go away.

MYTH #1: MY CHILD ISN'T EXPOSED TO DRUGS AND WOULDN'T DO THEM ANYWAY

Some parents don't believe their child has access to drugs and alcohol, or they think, "My child would never do anything so risky." These are serious misconceptions!

Sadly, children of all ages are exposed to drugs. In 2011, almost 26 percent of youths had been offered, sold, or given an illegal drug on school property, according to a national survey of ninth-through 12th-grade students in public and private schools.⁴ Children being in this type of environment is alarming, since the earlier a child begins to smoke, drink, or use drugs, the likelier that child is to become addicted.

Additionally, CASA's 2011 National Survey of American Attitudes on Substance Abuse⁵ found that almost one in four middle school students perceive their school as *drug-infected* (meaning drugs are used, kept, or sold on school grounds); the number jumps to more than 60 percent for high school students.⁶ Compared to teens attending drug-free schools, teens attending drug-infected schools are

- Twice as likely to have used tobacco, alcohol, and marijuana
- Almost twice as likely to be able to get alcohol in an hour or less

FAMILY TIES

The National Center on Addiction and Substance Abuse (CASA) defines *family ties* as the quality of the relationship between teens and their parents, how often parents argue with one another, how good teens say their parents are at listening to them, how often teens attend religious services, and how often the family has dinner together. In a National Survey of American Attitudes on Substance Abuse,⁷ CASA researchers learned that compared to teens in families with strong family ties, teens in families with weak family ties are

- Four times likelier to have tried tobacco
- Four times likelier to have tried marijuana
- Almost three times likelier to have tried alcohol

- Two-and-a-half times as likely to be able to get marijuana in an hour or less
- One-and-a-half times as likely to be able to get prescription drugs without a prescription in an hour or less

So it is **NOT** a myth that drugs are available. The question is whether **YOUR** child is getting them—and using them.

- One in four kids who have tried alcohol had their first drink at age 12 or younger.⁸
- Every day, more than 4,000 teens try an illicit drug for the first time.⁹
- Some 60 percent of teens who have abused prescription painkillers to get high did so before age 15.¹⁰
- By the time they graduate high school, about 44 percent of U.S. teens will have tried marijuana at least once.¹¹

MYTH #2: IT'S NORMAL FOR KIDS TO EXPERIMENT WITH DRUGS

Some parents believe that experimenting with drugs or alcohol is a normal part of growing up. Those parents are wrong. Alcohol poisoning can occur when someone drinks enough alcohol to depress the nerves that control

involuntary actions such as breathing and the gag reflex (which prevents choking). A fatal dose of alcohol caused by alcohol poisoning can happen the very first time a child drinks alcohol, causing serious brain damage or death.

Also, it's extremely dangerous to minimize the effects of one substance compared to another. The 2011 CASA survey revealed that teens who have used tobacco are 11 times likelier to have used marijuana than teens who have never used tobacco. And simply trying marijuana one time can lead your child to experiment with other drugs and put them at risk for abuse.

Experimenting with drugs or alcohol is not normal. **USE** can lead to **ABUSE**, which can lead to **ADDICTION**, so *any* use is unacceptable.

MYTH #3: I CAN'T CHANGE MY CHILD'S FUTURE

While it's true that children often idolize sports heroes and celebrities, they also idolize **YOU**. As a parent or caregiver, you have the power to help shape their attitudes about drugs. One way to do that is by talking to them regularly about what is going on in their lives. Kids who learn a lot about the risks of drugs and alcohol from their parents are up to 50 percent less likely to use than those who do not.¹²

Talking to your child about drugs and alcohol doesn't mean lecturing. In fact, there are many things you can do (or may already do!) to provide the type of environment that may keep your child from experimenting with drugs or alcohol.

Talking to your child about drugs and alcohol doesn't mean lecturing. In fact, there are many things you can do (or may already do!) to provide the type of environment that may keep your child from experimenting with drugs or alcohol. One is to spend more time with your child. A 2011 national survey about the importance of family dinners revealed that 18 percent of teens said they would like to spend more time with their parents.¹³ That's important because those who spent seven hours or less per week with their parents were twice as likely to have used alcohol and twice as likely to have tried drugs (including marijuana and prescription drugs) to get high. **Imagine! Simply spending time with your children may make them less likely to try drugs or alcohol!**

Family dinners are an excellent way to spend time with your child. And make no mistake—those family dinners matter. Teens who have fewer than three family dinners per week are almost four times as likely to have used tobacco, more than twice as likely to have used alcohol, and two-and-a-half times as likely to have used marijuana. Family dinners don't have to be elaborate or expensive. Think of simple, inexpensive ways to make the

meal fun, such as eating a picnic meal in the back yard, having a contest to see who can create the best pizza, or setting up a burger bar with outrageous toppings. Enjoy the process, and spend the time together talking with your children about their day.

Simply being there for your child—day or night—is also helpful. A child who feels you are available will be more likely to come to you with questions about drugs or challenges with peer pressure or other situations that make your child feel uncomfortable. **It is especially important to be there for your child during times of transition, such as changing schools, moving, or divorce, because the risk of drug use increases greatly during these times.**¹⁴ As children advance from elementary school to middle school, for example, they face new social situations. They will be exposed to cigarettes and alcohol—if they haven't been already—and friends may encourage them to try new things. As they later go from middle school to high school, they will face a larger variety of substances and have more of a desire to fit in or seem cool to their classmates.

Additionally, teens who attend religious services four or more times a month are less likely to have used tobacco (11 percent vs. 3 percent), consumed alcohol (27 percent vs. 13 percent), or used marijuana (15 percent vs. 5 percent) than those who attend such services less frequently or not at all.¹⁵

Remember, preventing the first use prevents abuse, and preventing abuse prevents addiction. You **can** change your child's future.

MYTH #4: MY KIDS DON'T CARE WHAT I THINK

Kids—especially teenagers—sometimes act like they don't care what their parents think. Studies have shown, however, that they *do* care.

According to a 2010 national survey by the Substance Abuse and Mental Health Services Administration (SAMHSA), youths aged 12 to 17 were less likely to use a substance if they believed their parents would strongly disapprove.¹⁶ This was particularly true for tobacco and marijuana.

Your children *do* listen to you, even if they roll their eyes and pretend not to. Don't want them drinking or using drugs? Tell them how you feel and what you expect from them. For example, you might say

- › “I want you to have fun and enjoy this time in your life, but I also want you to stay healthy because I love you. The best way to do that is to stay completely away from drugs and alcohol. Can you promise me that you will?”
- › “I know you may be tempted to try drugs, but I also know you're really smart. That's why I expect you to stay clean—no matter what your friends do. Agreed?”
- › “It scares me to know how easily you could damage your brain or get addicted to something. Will you give me your word that you won't try things just because the people you hang out with try them?”

Your children **do** care what you say, but you have to tell them what you think—and what you expect.

MYTH #5: IT'S OKAY FOR ME TO USE BECAUSE I'M AN ADULT

Some parents may believe that because they are adults, it's okay for them to drink alcohol excessively or to smoke cigarettes (even marijuana) even though they tell their children not to do it. This is especially true if adults think their use isn't affecting their family. But because your children look up to you, they want to *be* like you.

So when they see you smoking, they are going to think it is okay for them to do it, too, no matter what you say. However, if they watch as you struggle to quit smoking, they understand the difficulty of breaking the addiction.

Similarly, if you come home from work complaining that you had a hard day and drink heavily and excessively, or drive while under the influence of alcohol, you may be sending an unintended message. It is certainly not a message about drinking responsibly.

Some parents choose to believe this myth because they are in denial about their *own* behavior and don't like to think about how their own drug or alcohol use is affecting their children. One in four children in the United

States is exposed to alcoholism or drug addiction in the family,¹⁷ and these kids have a significantly increased risk of becoming alcoholics themselves when they grow up.

So if you portray your beliefs about the danger of using drugs and alcohol through your actions, your child is more inclined to believe you. And if you have a problem with tobacco, alcohol, or drugs, speak to your family doctor about getting help.

MYTH #6: I DON'T WANT TO ALIENATE MY CHILD BY BEING TOO STRICT

In some homes today, parents try very hard to be a friend to their child, and this interferes with their ability to be

an effective parent. Consequently, some parents are afraid to set rules and enforce them.

But children *need* a clear understanding of your expectations. Sure, they may test you occasionally by pushing the boundaries of the rules you set. But that is the exact moment when you must be a parent—an enforcer—and follow through with whatever consequences you outlined as punishment.

Developing a strong bond with your child at an early age is important, but it needs to be a parent-child bond in which **YOU** take control. The best way to do that is to (1) set rules and (2) enforce them consistently.



Family dinners are an excellent way to spend time with your child.



- ¹ Johnston, L. D., O'Malley, P. M., Bachman, J. G., and Schulenberg, J. E. *Monitoring the Future national results on adolescent drug use: Overview of key findings*, 2011. National Institute on Drug Abuse. Ann Arbor: Institute for Social Research, The University of Michigan. 2012.
- ² National Institutes of Health. National Institute on Alcohol Abuse and Alcoholism. *Underage Drinking*. Alcohol Alert, Publication Number 67. January 2006.
- ³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. *National Survey of American Attitudes on Substance Abuse XVI: Teens and Parents*. August 2011.
- ⁴ Centers for Disease Control and Prevention. *Trends in the Prevalence of Tobacco, Alcohol, and Illegal Drug Use on School Property. National Youth Risk Behavior Survey 1991–2011*. Accessed September 21, 2012, www.cdc.gov/healthyyouth/yrbs/pdf/us_taodu_trend_yrbs.pdf.
- ⁵ *National Survey of American Attitudes on Substance Abuse XVI: Teens and Parents*.
- ⁶ Ibid.
- ⁷ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. *National Survey of American Attitudes on Substance Abuse XV: Teens and Parents*. August 2010.
- ⁸ The Police and Communities Together (PACT 360) website. Home page, accessed September 21, 2012, <http://pact360.org/programs/parents360>.
- ⁹ Ibid.
- ¹⁰ The Partnership at DrugFree.org website. Home page, accessed September 21, 2012, <http://notinmyhouse.drugfree.org>.
- ¹¹ U.S. Department of Health and Human Services, National Institutes of Health. *Marijuana: Facts Parents Need to Know. A Letter to Parents*. NIH Publication No. 10-4036. Printed 1995, Revised November 1998, November 2002, September 2004, August 2007, March 2011. Reprinted April 2001, February 2007.
- ¹² The Partnership at DrugFree.org sponsored website. Home page, accessed September 21, 2012, www.drugfree.org/prevent.
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- ¹⁴ National Institute on Drug Abuse. *Drugs, Brains, and Behavior - The Science of Addiction*. NIH Pub No. 10-5605. Printed April 2007. Revised February 2008, August 2010.
- ¹⁵ *National Survey of American Attitudes on Substance Abuse XVI: Teens and Parents*.
- ¹⁶ Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*. NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. September 2011.
- ¹⁷ Tian Dayton, PhD. *Portrait of an Alcoholic Family: Forgotten Children; Right Next Door?* National Association for Children of Alcoholics. Kensington, MD. (n.d.) Accessed September 21, 2012, www.nacoa.org/pdfs/Portrait%20of%20an%20Alcoholic%20Family.docx.pdf.

SECTION 2:

WHAT SUBSTANCES DO KIDS USE?

NOTE: Please also see the **Drug Identification Chart** at the end of this publication.

Children today are exposed to drugs and alcohol because they see them used in movies, in music videos, and on television from a very young age. They also learn about them on social networking sites, where information is instant and available 24/7, and they learn from classmates. Exactly *what* they learn depends on what they listen to, read, or watch, and who they hang out with.

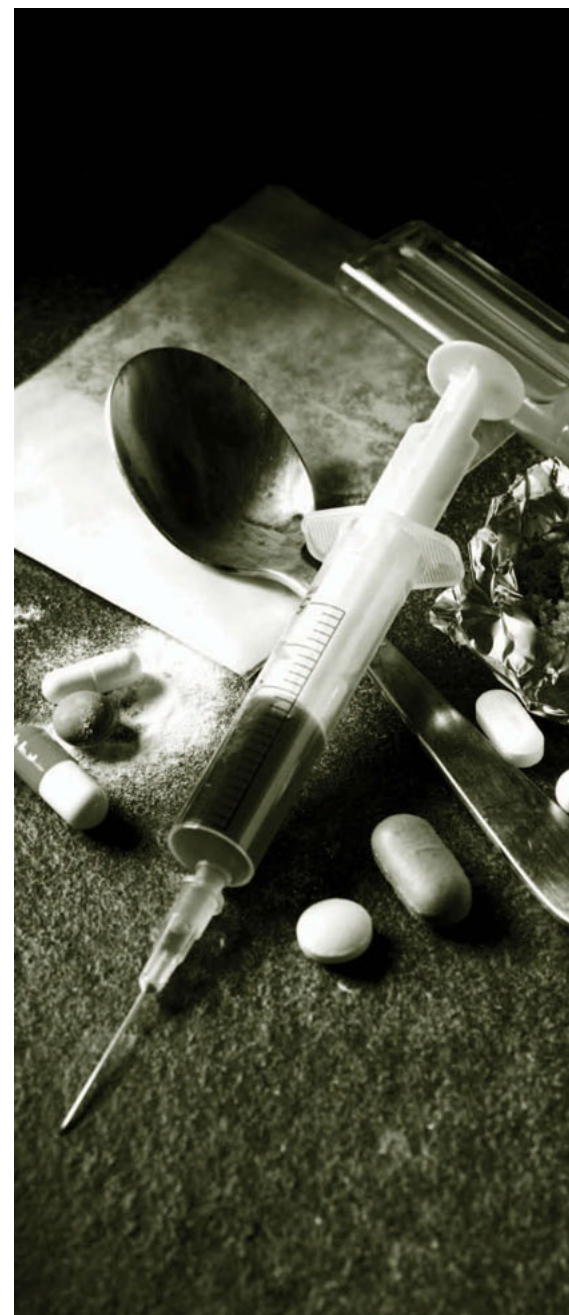
At the end of this publication is a detailed **Drug Identification Chart** that lists many drugs commonly abused today, along with the side effects and “street names.” In this section, we’ll talk about some commonly abused substances, the risks they pose to children, and where children acquire them. Once you know that, the **most important** thing you can do is to talk with your children rather than leave their drug and alcohol education to a random website or television sitcom. We’ll discuss ways to have those conversations in Section 4.

TOBACCO

Whether smoked or chewed, nicotine is one of the most highly addictive drugs used in today’s society—and the addiction is extremely hard to break. The good news is that tobacco

use and experimentation with tobacco products have declined for middle school and high school students compared to previous generations,¹⁸ according to the Centers for Disease Control and Prevention (CDC). Even so, over 19 percent of high school students were cigarette smokers in 2009, as were 5.2 percent of middle school students.¹⁹ In 2009, every day, about 3,800 teens began smoking and 1,100 become regular smokers.²⁰ It is illegal in all states to sell tobacco products to persons under age 18. Smoking continues to be the single leading preventable cause of death and disease in the United States,²¹ so it’s important to establish your household as one where tobacco use is **NOT** tolerated.

- › Many tobacco products are easily recognized: a cigar, a pack of cigarettes, or a container of smokeless tobacco (chewing tobacco or snuff). However, some companies have developed products that you may not know about and that are specifically aimed at young people. One tobacco product you may not be familiar with is called a bidi cigarette, which consists of tobacco wrapped in leaves of plants that are native to Asia. Typically tied on one or both ends with string, bidis come in flavors such as chocolate, mango, vanilla, lemon-lime, mint, pineapple, and cherry—flavors that appeal to young smokers.





Hookah

Though not widely used (estimates are that about 3 percent of current high school students smoke bidi cigarettes), they are especially dangerous because they contain more than three times the amount of nicotine and carbon monoxide as traditional cigarettes and five times as much tar as cigarettes.

- › Another method of using tobacco that you may not recognize is with a hookah. Sometimes called a water pipe, hookahs are used to smoke specially made tobacco that is available in a variety of flavors (e.g., apple, mint, cherry, chocolate, coconut, licorice, cappuccino, and watermelon). Hookah smoking is typically practiced in groups, with the same mouthpiece passed from person to person. While used in Persia and India for centuries, today, hookah cafés are gaining popularity around

the globe, including in the United States. In recent years, there has been an increase in hookah use around the world, most notably among youths.

- › Also, smokeless tobacco is *not* a safe alternative to smoking, as it contains 28 cancer-causing agents (*carcinogens*), and adolescent smokeless tobacco users are more likely than nonusers to become adult cigarette smokers.²² According to the 2011 MTF survey, 3.5 percent of eighth-graders, 6.6 percent of 10th-graders, and 8.3 percent of 12th-graders reported smokeless tobacco use during the past month.²³ These products may be attractive because they are flavored and produce less saliva than previous versions (so no one has to know you are using them).

Regardless of the product, teenagers who use tobacco are at risk of developing cancer, heart and lung disease, and many other diseases associated with smoking. The best ways to prevent your child from smoking are to (1) not smoke, and (2) not allow smoking in your home. Teens whose parents smoke are almost three times as likely to use tobacco themselves.²⁴ And remember, teens who smoke cigarettes are much more likely to use marijuana than those who have never smoked.

If you discover your children are already using tobacco, remind them that it is illegal for them to purchase tobacco products, and let them know you expect them to quit immediately. Be firm but supportive, as breaking a tobacco addiction can be extremely difficult, but continue to emphasize that quitting is imperative. If necessary, your family physician may prescribe medication to help break the habit or direct your child to support programs for quitting smoking.

ALCOHOL

Why have we included alcohol in a book about drugs? Alcohol *is* a drug. It's illegal for kids under 21 (in most states) to use it,²⁵ and it's **dangerous**. Kids who drink are more likely to be victims of violent crimes, have serious problems in school, and be involved in drinking-related traffic crashes.²⁶ **Underage alcohol use is more likely to kill young people than all illegal drugs combined.**²⁷

As children approach adolescence, they want to fit in with their peers, and alcohol is a common drug of choice. You may think your child hasn't begun drinking yet. You may be right, but by the time they reach the eighth grade, nearly half of all adolescents have had a least one drink, and over 20 percent report having been drunk. The trend continues as students enter high school. A recent national study of 12th-graders showed that nearly a third of these students binge drink, which was defined as drinking at least five drinks at one time within the last two weeks.²⁸

Using alcohol is a poor choice that likely leads to more poor choices for young people. Seventy-five percent of teens reported that the teens they knew who drank alcohol or used illegal drugs were more likely to engage in sexual activity.²⁹

Alcohol affects the mind and body in unpredictable ways, and teens lack the judgment and coping skills to handle alcohol wisely. As a result³⁰

- › Alcohol-related traffic crashes are a major cause of death among young people. Alcohol use also is linked with teen deaths by drowning, suicide, and homicide.
- › Teens who use alcohol are more likely to be sexually active at earlier ages, to have sexual intercourse more often, and to have

The risk of alcohol poisoning is also increased when teens drink alcohol along with energy drinks or consume energy drinks that contain alcohol. These drinks, which are on most grocery store shelves, are loaded with caffeine, other plant-based stimulants, and other additives.

unprotected sex than teens who do not drink.

- › Young people who drink are more likely than others to be victims of violent crimes, including rape, aggravated assault, and robbery.
- › Teens who drink are more likely to have problems with school work and school conduct.
- › The majority of boys and girls who drink tend to binge (five or more drinks on an occasion for boys; four or more on an occasion for girls).
- › A person who begins drinking as a young teen is four times more likely to develop alcohol dependence than someone who waits until adulthood to use alcohol.

What can you do? Well, you can restrict your child's access to the liquor stored in your home. In a 2011 survey,³¹ teens whose parent(s) had consumed alcohol in the previous 30 days were more than twice as likely to say they could get alcohol in an hour or less (32 percent vs. 14 percent). If you keep alcohol in your home, keep track of the supply, and lock it up if possible.

Your disapproval of underage drinking is key to keeping your child sober. Don't underestimate your power as a parent—let your kids know what you expect by talking with them and by setting an example for them. Keeping quiet may give your children the impression that you think their drinking is okay.

Alcohol Poisoning

Myth #2 at the front of this publication mentioned that alcohol poisoning, which can happen the very first time someone drinks alcohol, can cause serious brain damage or death. A person (of any age) who drinks enough alcohol will eventually get sleepy and pass out. Particularly troubling is that if the person consumed alcohol rapidly, the level of alcohol in the bloodstream (called *blood alcohol content* or BAC) will continue to rise even after the person passes out. A high BAC suppresses natural reflexes, such as the ability to gag, so a person who vomits while passed out can literally choke and die. And a person who survives may suffer irreversible brain damage.

The risk of alcohol poisoning is also increased when teens drink alcohol along with energy drinks or consume energy drinks that contain alcohol. These drinks, which are on most grocery store shelves, are loaded with caffeine, other plant-based stimulants, and other additives. They are very popular and regularly consumed by 31 percent of 12- to 17-year-olds and 34 percent of 18- to 24-year-olds.³² But when mixed with alcohol, caffeine masks the depressant in the alcohol, and people feel more alert and sober than they really are. They eventually go to bed—not realizing they have consumed a lethal dose of alcohol. A person who appears to be sleeping it off may be in real danger. More than 13,000 ER visits related to the highly

caffeinated drinks were reported in 2009; nearly half the emergencies occurred after beverages were mixed with alcohol or other drugs.³³

Discuss the signs of alcohol poisoning with your children. Those signs include

- › mental confusion
- › stupor
- › coma (or inability to be roused)
- › vomiting
- › seizures
- › slow breathing or irregular breathing
- › hypothermia (low body temperature)
- › bluish skin color and/or paleness

If you suspect someone has alcohol poisoning, call 911 immediately.

HOUSEHOLD PRODUCTS: INHALANTS

Items in your cabinets at home may be enough for your child to get high—even items that you might not consider “drugs.” Hundreds of products such as nail polish remover, cleaning fluid, hair spray, gasoline, spray paint, and the propellant in aerosol whipped cream contain chemicals that youths inhale to get high. Because these inhalants are easily available, they are often among the first drugs that young adolescents abuse.³⁴

Why do children in this group experiment with inhalants? They're cheap. They're available. And most important, kids don't understand the dangers of inhalant use—that these inhalants starve the body of oxygen and can cause unconsciousness, severe damage to the brain and nervous system, and even death.

Inhalants generally fall into the following categories.

Volatile solvents are liquids that vaporize at room temperature. They

MEET SETH BRAMLEY

When Seth Bramley changed high schools in 10th grade, his new friends introduced him to alcohol and marijuana. That was also when he started to get into trouble. He and his mom thought it would be a good idea to change his environment and go to Arkansas to live with his dad. After a month, Seth's dad caught him smoking pot and sent him back home.

Seth realized that he had a drug problem, and he went to rehab (rehab means a drug abuse treatment facility). He did well, although it was very hard on him and he wanted a different program. He went to another rehab, graduated, and went to a halfway house. But the grip of addiction was still there. He told his mom, "Mom, I so much want to live ... I don't want to get high, but I just can't stop." On Father's Day, Seth came home for a visit and got high with friends.

Giving up wasn't Seth's way, so he told his mom he wanted to get his life back on track and go back to southern California to live with his grandmother. He was there for two days. He went to dinner with his mom and grandmother on Friday night. On Sunday morning, he died after "bagging" a can of shaving gel. He was 19 years old.

Would you have pursued further rehabilitation options in this case? Rehab is often not a one-time event. Do not give up hope if your child relapses after being in a drug treatment facility. Continue to work with your physicians, counselors, and other substance abuse professionals to seek appropriate treatment and follow-up care.

SHOULD YOU SCREEN YOUR CHILD FOR DRUGS?

The American Academy of Pediatrics (AAP) suggested in 2011 that all adolescents should be screened for alcohol, tobacco, and other drug use at every office visit because their vulnerability to addiction is particularly high, as are risk-taking and injuries related to alcohol, tobacco, and drug use.³⁵ Screening may consist of the pediatrician simply asking your child about the use of alcohol, marijuana, or anything else to get high. Depending on the answers, the pediatrician can provide positive feedback, advice, or a treatment referral when needed. This type of screening is one indicator of whether you are on the right track with keeping your child drug free.

are found in many easily available products such as paint thinners and removers, dry-cleaning fluids, degreasers, gasoline, glues, correction fluids, and felt-tip markers.

Aerosols are sprays that contain propellants and solvents, such as spray paints, deodorant and hair sprays, vegetable oil sprays for cooking, and fabric protector sprays.

Gases include medical anesthetics (ether, chloroform, and others), as well as gases used in household or commercial products. Nitrous oxide—the most abused of these gases—is found in whipped cream dispensers and products that boost octane levels in racing cars. Other products containing gases include butane lighters, propane tanks, and refrigerants.

Nitrites, unlike most other inhalants, act directly on the central nervous system to dilate blood vessels and relax the muscles. Nitrites are now prohibited by the Consumer Product Safety Commission but can still be found, typically labeled as video head cleaner, room odorizer, leather cleaner, or liquid aroma.

People who abuse inhalants breathe in the vapors through their nose or mouth by

- › Sniffing or snorting fumes from containers
- › Spraying aerosols directly into the nose or mouth
- › Sniffing or inhaling fumes from substances sprayed or placed into a plastic or paper bag ("bagging")
- › "Huffing" from an inhalant-soaked rag stuffed in the mouth
- › Inhaling from balloons filled with nitrous oxide

The lungs absorb the inhaled chemicals into the bloodstream very quickly, and the user feels effects similar to those produced by alcohol (e.g., slurred speech, lack of coordination, euphoria, dizziness). But because the high lasts only a few minutes, people often inhale repeatedly for several hours.

Inhalants can damage brain cells by preventing them from receiving enough oxygen. Repeat abusers may have difficulty learning, carrying on conversations, and solving problems. Long-term inhalant users can experience muscle spasms and permanent difficulty walking, bending, and talking. Inhalants can be addictive and can cause heart damage, liver failure, and muscle weakness.

Prolonged sniffing of these highly concentrated chemicals can cause irregular or rapid heart rhythms, and can lead to heart failure and death within minutes. High concentrations of inhalants also can cause death from

suffocation when the inhalant vapor takes the place of oxygen in the lungs and brain, causing breathing to stop.

OVER-THE-COUNTER (OTC) MEDICATIONS

An over-the-counter (OTC) medication is a drug sold without a prescription, such as a medicine for a cold or cough. Many of these medications contain dextromethorphan (DXM), and the products are very effective when used as directed. But sadly, young people are abusing this type of OTC drug by drinking cough and cold medications (e.g., Robitussin, Coricidin, and Nyquil) either alone or with soft drinks or alcohol. Gelcaps and pills are swallowed or crushed and put into drinks.

Products containing DXM are available over-the-counter in pharmacies and grocery stores; DXM is also sold on the Internet. Some websites even tell users how much to take, what drugs to combine it with, and how to extract the DXM from cough medicines—some even sell a powder form of DXM for snorting.

These products are easy enough to get such that one in 10 teens (10 percent or 2.4 million) report abusing cough medicine to get high.³⁶

As part of CASA's 2011 national online survey, teens aged 12–17 were asked if they knew a friend or classmate who used OTC medicines to get high. Those who answered YES were asked if they knew **more than one** friend or classmate who used OTC medicines to get high. An astounding 70 percent said they did!³⁷

Labels on these medications warn of the side effects when taken in high doses, including confusion, dizziness, double or blurred vision, slurred speech, loss of physical coordination, rapid heartbeat, drowsiness, and disorientation. The problem is that teens rarely read labels and don't understand the danger in using

OTC medications. According to the results of a Partnership for a Drug Free America survey, more than half of teens didn't think using cough medicines to get high was risky.³⁸

Because OTC medications are so widely available, it's important to know which ones are stored in your home and their potential side effects. More importantly, keep **all** medications—particularly cough and cold medicines—in a secure location (such as a locked cabinet) where they aren't accessible to young people.

PRESCRIPTION MEDICATIONS

For decades, people have taken prescription drugs—prescribed by a doctor or dentist and dispensed by a pharmacist—to relieve a host of symptoms. The number of prescription drugs available today is mind-boggling, as is the number of young people abusing these drugs. It is sometimes their first introduction to drug use.

- › Research indicates that as many as one in five teens say they have taken a prescription drug without having a prescription for it themselves.³⁹
- › Every day, 2,100 teenagers use a prescription drug for non-medical use for the first time.⁴⁰

One reason for this increase is that many teens mistakenly believe prescription drugs are safer than “street drugs” because they are *medicine* prescribed by a physician. According to a Partnership for a Drug Free America survey, two in five teens felt prescription medicines, even if not prescribed by a doctor, were “much safer” to use than illegal drugs.⁴¹ And nearly one-third of those teens believed there was “nothing wrong” with using prescription medicines without a prescription “once in a

while.” But when used to get high, prescription medications are every bit as dangerous as “street drugs.” Overdosing (especially on prescription pain relievers such as Vicodin, Percocet, Loritab, and others) can be fatal.

Another reason for the rising rates of use is that prescription drugs are so readily available. The majority of teens get prescription drugs from the medicine cabinets of family, friends, and acquaintances.⁴² Some young people traffic among themselves—handing out or selling extra Ritalin or Adderall pills of their own or that they've acquired or stolen; some get theirs illicitly from doctors, pharmacists, or online.

What drugs in your medicine cabinet can potentially be abused?

- › Also known as *opioids*, **narcotics** dull the senses and relieve pain. Hydrocodone products are the most frequently prescribed



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