

GROWING UP **DRUG FREE**

A PARENT'S GUIDE TO PREVENTION



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U.S. Department of Justice
Drug Enforcement Administration

and

U.S. Department of Education
Office of Safe and Healthy Students

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CONTENTS

INTRODUCTION.....	1
SECTION 1: WHAT YOU SHOULD KNOW.....	2
Are Drugs and Alcohol Really a Problem for Young Kids?	2
Since I am an Adult, is it Okay for Me to Use?	2
Will My Children Think I Am Too Strict if I Tell Them Not to Smoke, Drink, and Use Drugs?	2
Will My Kids Listen?.....	2
What if My Child Already Smokes, Drinks, or Has Tried Illegal Drugs?	3
SECTION 2: WHAT SUBSTANCES DO KIDS USE?.....	4
Nicotine.....	4
Alcohol	4
Inhalants.....	4
Over-the-Counter (OTC) Medications.....	4
Prescription Medications.....	5
Opioids, Including Heroin.....	5
Marijuana and Marijuana Concentrates.....	6
Synthetic Cannabinoids (also known as “synthetic marijuana”).....	7
Stimulants.....	7
Drug Identification Chart	8
SECTION 3: WHY DO KIDS USE DRUGS OR ALCOHOL?.....	14
Risk Factors	14
Protective Factors.....	14
Define Rules and Consequences	15
Carve Out Individual Time	15
Provide Positive Role Models	15
Promote Healthy Activities.....	16
Get Involved ... in Their Social Life.....	16
Get Involved ... in Fostering a Healthy School.....	16
Get Involved ... in the Community.....	17
SECTION 4: HOW DO I TALK TO MY CHILD ABOUT DRUGS?.....	18
4 Suggestions for Talking to Preschoolers.....	18
5 Tips for Talking to Elementary School Students (6-10 years old).....	19
7 Ways to Talk to Middle School Students (11-14 years old).....	20
8 Tips for Talking to High School Students (15-18 years old).....	21

Conversation Starters	22
Family Checkup: Positive Parenting Prevents Drug Abuse.....	22
Why You Should Talk With Your Child About Alcohol.....	23
DOs and DON'Ts When Talking with Kids about Drugs or Alcohol.....	23
SECTION 5: WHAT IF I THINK MY CHILD IS USING DRUGS?.....	24
How to Proceed	24
Substance Use Disorders.....	24
Screening and Treatment.....	24
Recovery	25
SECTION 6: RESOURCES	26
For Youths	26
For Parents.....	26
REFERENCES	29
ACKNOWLEDGMENTS.....	32

INTRODUCTION



or other drugs, and protective factors to offset those risks;

- Suggestions for how to talk to children about alcohol, tobacco, and other drugs, regardless of their age; and
- Tips on what to do if you suspect your child is using alcohol, tobacco, or other drugs.

Please note that “substances” or “drugs” in this guide refer to alcohol, tobacco, and other drugs collectively.

Section 6 of this guide lists places where you can find more information about drug and alcohol abuse prevention. In Section 2, you can learn about specific substances.

On these pages, we refer to children, adolescents, kids, youngsters, and young people without regard to age. Until they become adults, they are all children who need healthy adult role models. This guide is for all of the caregivers in your child’s life. We hope you share it with your child’s older siblings, aunts and uncles, family friends, stepparents, grandparents, extended family members, and others who have the power to influence your child.

Parenting can be the greatest job on earth—and the toughest. You want your children to be healthy, but you worry what they will do when faced with the decision of whether to try drugs or alcohol.

This guide offers information that can help you raise drug-free children. You may read it from front to back like a book, or pick a topic from the Table of Contents and go directly to that page. This guide includes:

- An overview of substance use among young people, with a special focus on how it affects academic performance;
- Descriptions of some substances young people use;
- A look at risk factors that may make kids more vulnerable to trying and using alcohol, tobacco,

FOR MORE INFORMATION, PLEASE VISIT THE FOLLOWING WEBSITES:

- United States Drug Enforcement Administration: www.dea.gov
- Get Smart About Drugs: www.getsmartaboutdrugs.com
- National Institute on Drug Abuse: www.drugabuse.gov/related-topics/prevention
- National Institute on Alcohol Abuse and Alcoholism: www.niaaa.nih.gov
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov/prevention

SECTION 1: WHAT YOU SHOULD KNOW

A recent report showed that in 2015, about 2.2 million young people aged 12 to 17 were current (i.e., past 30 days) users of illicit (illegal) drugs.¹ This substance use can lead to a variety of problems that may result in the escalation of use to a substance use disorder and place them at risk for other related health consequences.²

As parents, we want to raise healthy, drug-free children who learn and succeed in school and life. One way to do that is to keep their brains healthy. Those young brains continue to grow and develop into young adulthood. The front part of the brain (called the *prefrontal cortex*) helps us make good decisions and control our emotions and desires. Introducing drugs or alcohol to the brain when it is still developing may cause serious changes that can last a long time.³ For example, problems with learning can develop that can make it hard to concentrate and can cause sleep disturbances.⁴

Students who use substances have a higher risk of failing or dropping out of school.⁵ Failing to graduate can then lead to unemployment.⁶ Plus, once students develop a substance use disorder, changes in their brain circuits compel them to look for and use alcohol or drugs even though it can be devastating for them and for those who love them.⁷

Bottom line: healthy students are better learners.⁸

ARE DRUGS AND ALCOHOL REALLY A PROBLEM FOR YOUNG KIDS?

In 2016, the University of Michigan released findings from the Monitoring the Future Survey, a national survey of students in the 8th, 10th, and 12th grade. The results showed that:

- The majority of students (two out of three) said they drank alcohol (more than just a few sips) by the end of high school. About 26 percent of them did so by 8th grade. Nearly half of 12th graders and one in nine 8th graders reported being drunk at least once in their life.⁹
- Almost half of 12th graders and nearly one third of 10th graders said they had used marijuana.¹⁰

Today, drugs cause a death in the United States every 13 minutes. More people die from accidental drug overdose in the United States each year than in motor vehicle accidents.¹¹ The answer is yes—drugs and alcohol can be a real problem for our youth.

SINCE I AM AN ADULT, IS IT OKAY FOR ME TO USE?

Your children look up to you, and they want to be like you. Send a healthy message to your children. If you are a smoker or have a problem with alcohol or other drugs, seek help. Your life may depend on it, and so may theirs.

WILL MY CHILDREN THINK I AM TOO STRICT IF I TELL THEM NOT TO SMOKE, DRINK, AND USE DRUGS?

Developing a strong bond with your children at an early age is important, but as the parent, it is your job to provide the rules, structure, and discipline to raise a healthy child. Be a parent, not a pal. Set rules and consequences for breaking those rules. Your children will surely test you by pushing the boundaries. This is to be expected. Stay strong and follow through with the consequences previously set.

WILL MY KIDS LISTEN?

Adolescents who have a good bond with an adult are less likely to engage in risky behaviors.¹² Tell your children you don't want them drinking or using drugs. Explain to them how you feel and what you expect from them. For example, you might say:

- *"I know you may be tempted to try drugs, but I also know you're really smart. That's why I expect you to avoid drugs—no matter what your friends do. Agreed?"*
- *"It worries me to know how easily you could damage your brain or develop an addiction. Will you promise me you won't try things just because the people you hang out with try them?"*

Spend time with your kids and learn what is going on in their lives. If they think you will be there for them, they will be more likely to talk to you about drugs

Adolescents who have a **good bond with an adult** are less likely to engage in risky behaviors.

or situations that make them feel uncomfortable. This is especially important during times of change—such as a new school, a move, or a divorce—when they may feel anxious.¹³

WHAT IF MY CHILD ALREADY SMOKES, DRINKS, OR HAS TRIED ILLEGAL DRUGS?

If you learn that your child is using or has used alcohol or drugs, it is important to be prepared to respond.

Remember, preventing the first substance use can help prevent possible misuse, and preventing misuse prevents substance use disorders. But if you suspect substance use, be prepared to talk to your child, directly, to find out if he or she is using substances. Learn about resources you can access to help your child stop his or her substance use. Addressing the substance use and seeking treatment services, if necessary, can help your child stay on or get back on a positive development track. Remember, treatment works and you can help to change your child's future!



SECTION 2: WHAT SUBSTANCES DO KIDS USE?

This section covers some commonly used substances and their risks. Learn more about these and others by reviewing the Drug Identification Chart at the end of this section. Also, see the DEA website for parents, educators, and caregivers at www.getsmartaboutdrugs.com.

NICOTINE

More than 3,200 people under 18 smoke their first cigarette each day.¹⁴

More young people now use vaporizers and electronic cigarettes (often called e-cigarettes).¹⁵ We know less about the health risks of these products, but we do know that nicotine is highly addictive, can harm the developing brain, and that some flavors may be toxic to the lungs. Plus, exploding e-cigarette batteries have hurt youth.

For the health and safety of your child, set a good example. If you use tobacco products, seek help to quit. If your child uses, be firm but supportive: find resources to help your child quit as soon as possible. If needed, ask your family doctor for information on smoking cessation programs. More information can be found at www.smokefree.gov.



Electronic cigarette

ALCOHOL

Why include alcohol in a book about drugs? Because alcohol *is* a drug, and underage drinking is a serious public health problem

in the United States. Alcohol is the most widely used substance of abuse among America's youth and young adults, and drinking by young people poses enormous health and safety risks.¹⁶

A 2015 study¹⁷ asked young people about their alcohol use. Approximately 7.7 million of them (aged 12 to 20) said they drank alcohol in the prior month. Also, 5.1 million reported *binge drinking* in the month prior. Binge drinking is males having five or more drinks and females having four or more drinks on the same occasion on at least one day in the past 30 days. About 1.3 million young people reported heavy alcohol use, which is binge drinking on five or more days in the past 30 days.

Young people may simply want to fit in with their peers. They may not realize that underage drinking can increase their risk for injuries, sexual assaults, and even deaths from car crashes, suicides, and homicides. As discussed earlier, underage drinking can affect normal adolescent brain development.¹⁸ Furthermore, early substance misuse, including alcohol misuse, is associated with a greater likelihood of developing a substance use disorder later in life.¹⁹

What can you do? If you keep alcohol in your home, monitor how much you have and lock it up. Remind your children that the national minimum legal drinking age is 21. Be clear about your rules for them and give them advice on what they can say or do if offered a drink

or a ride with others who have been drinking. Discuss and agree on consequences for underage drinking. For more information on the federal government's efforts to prevent underage drinking, visit www.stopalcoholabuse.gov.

INHALANTS

Young people may get high by inhaling substances found in products like nail polish remover, spray paint, cleaning fluid, glue, felt tip markers, and others. They breathe in fumes directly through the nose or mouth, or from a balloon or a bag. Sometimes they inhale fumes from a rag soaked with a substance (*huffing*) or sniff them from a container or dispenser.

The inhaled chemicals can starve the body of oxygen, cause a person to pass out, and damage the brain and nervous system. Some youth even die from inhalants. Learn more by reviewing the Drug Identification Chart at the end of this section or visit www.getsmartaboutdrugs.com.

OVER-THE-COUNTER (OTC) MEDICATIONS

Many OTC medications for a cough or cold contain dextromethorphan (DXM). These medications work when used as directed. However, some young people get high by drinking Robitussin®, Coricidin® HBP, or others that contain DXM, or they swallow tablets, capsules, or powders that contain DXM. Large doses of DXM taken together with



alcohol or some other drugs can cause death.

Store all medications, including OTC medications for a cough or cold, in places only accessible to adults (such as a locked cabinet).

PRESCRIPTION MEDICATIONS

Prescription drug misuse means taking medication without a prescription for the feeling it causes or in a way that was not prescribed.²⁰ This activity can lead to a substance use disorder.

Three types of prescription medications are most commonly misused.

1. Opioids are pain relievers, such as oxycodone and hydrocodone. Opioids are highly addictive and they also can slow breathing down and cause brain damage or death. They are discussed in the following section (Opioids, Including Heroin).
2. Depressants (benzodiazepines) such as Valium® or Xanax® relieve anxiety or help someone sleep. Misusing them can cause blurred vision and nausea. It can also be hard to think clearly or remember things, and can lead to a substance use disorder. When combined with opioids or alcohol these medications also can cause overdose and death.

3. Stimulants like Adderall® and Ritalin® are used to treat attention deficit hyperactivity disorder (ADHD). Misusing them can cause a high body temperature and irregular heartbeat. It can also cause a person to be paranoid (distrustful), and can lead to a substance use disorder.

OPIOIDS, INCLUDING HEROIN

Some people think medications you get when a health professional (such as a doctor or dentist) writes you a prescription are safer than *street drugs*, such as marijuana, methamphetamine, cocaine, and heroin. But prescription medicine can be dangerous if taken for the wrong reason or in the wrong way.

The most commonly misused prescription medications today are opioids. Examples include oxycodone (such as OxyContin® or codeine) and hydrocodone (such as Vicodin®). Other examples are morphine, methadone, and fentanyl.²¹ Lock up all prescription medicine, and keep track of how much you take so you will know if any is missing. Dispose of medications you no longer need. Visit the Food and Drug Administration’s website (www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm) for guidance on how to dispose of unused medicines.

Heroin is an illegal opioid made from morphine. It is a white or brownish powder, or a black sticky

The most commonly misused prescription medications today are **opioids**.

MEET LAURA

Laura Hope Laws was an active member in her Atlanta church’s youth group. She was known for helping people in a time of need, but she couldn’t help herself—she had a heroin use disorder.

At 13, Laura experimented with alcohol and marijuana; at age 14 she started misusing prescription pain medications prescribed for a broken jaw, which led to an opioid use disorder. When her doctor quit prescribing them, she took other people’s pills and eventually turned to a cheaper and more available drug: heroin.

She reached out to her family, and they helped with treatment programs. Laura eventually spent 30 days in a residential treatment program, but the drugs were stronger than she was, and she relapsed and started taking heroin again.

In the end, Laura overdosed on a mixture of the opioid morphine, alcohol, and cocaine when she was just 17.

substance called black tar heroin. It is usually injected, smoked, or snorted. Today, some individuals with an opioid use disorder buy heroin because it is cheaper and easier to get than prescription opioids.²² In fact, about 80 percent

In 2015, more than **33,000 people died from opioid overdose**, including heroin, fentanyl, prescription pain relievers, and other opioids.



A spoon is often used to dissolve heroin before injecting.

of new heroin users say they started after misusing prescription opioids. But users do not know for sure what is in the heroin they buy or how potent it is, which can be even more dangerous. New highly potent opioids, including fentanyl, are increasingly being mixed with heroin, contributing to a rapid rise in overdose deaths. In 2015, more than 33,000 people died from opioid overdose, including heroin, fentanyl, prescription pain relievers, and other opioids.²³

MARIJUANA AND MARIJUANA CONCENTRATES

Marijuana is usually dry green and brown flowers, stems, seeds, and leaves that come from a cannabis plant. Users roll it into a cigarette and smoke it, or they smoke it in a pipe or bong. Some users brew it as tea or mix it with food (called *marijuana edibles*). Others cut open a cigar, take out the tobacco, and put marijuana in it instead. They call this a *blunt*. The ingredient in marijuana called THC (tetrahydrocannabinol) that produces the “high” feeling is addictive.

It is important for you to know that the THC content in marijuana has increased over the past 2 decades. In the early 1990s, the average THC content in confiscated samples was approximately 3.7 percent; in 2016, it was approximately 13.18 percent.²⁴

Some people try to extract the THC into an oil or resin (called concentrate). It often looks like honey or butter, but it is very strong and can cause serious mental and physical effects. Regular THC levels in marijuana are about 10–20 percent, but some concentrates are 40–80 percent.²⁵ Trying to remove the THC is also dangerous. For example, one method for removal involves using butane, a highly explosive substance. In some cases, people have been badly burned and buildings have exploded.

Some users smoke the sticky THC concentrate in a glass bong. Others “vape” the concentrate—using a vaporizer or e-cigarette to inhale the THC-rich resin

without the smoke. Unlike the usual smell from smoking marijuana, the extracted THC has no odor. The concentrated substance is sometimes called wax or “710” (OIL spelled upside down and backward).

Young people today receive conflicting messages about marijuana. Under federal law, marijuana is a Schedule I controlled substance defined as a drug with no currently accepted medical use and a high potential for abuse. But some states and the District of



Glass Bong

Columbia allow marijuana use for personal (“recreational”) or certain medical use. This may confuse youngsters and make it hard for parents to explain that even in states where marijuana use is permitted it is still illegal for youth and young adults under 21, and to discuss why marijuana is not a healthy choice. In a recent study, more than 38 percent of students



Pipes are made of metal, wooden, acrylic, glass, stone, plastic, or ceramic materials and used to smoke marijuana, cocaine, and other drugs.

MEET CONNOR

At 19 years old, Connor Eckhardt was a typical California teen who enjoyed surfing, skateboarding, and snowboarding. He loved outdoor activities, enjoyed music, and wanted to be a worship leader and songwriter. He was a young man with hopes and dreams.

But in a moment of peer pressure in July 2014, Connor inhaled just one hit of a synthetic drug known as Spice or K2. Shortly afterward, he didn't feel well and laid down to “sleep it off.” Connor slipped into a coma and never woke up.

Synthetic drugs are marketed toward young kids and teens in packaging made to look attractive and safe. But manufacturing processes and chemical content vary from one batch of synthetic drugs to the next, so there are no safe dosages.

Connor did not know that, and his family learned that just one time could be deadly. They share his tragic story to help make others aware of the dangers of synthetic drugs.

in grades 9–12 said they had used marijuana at least once, and 7.5 percent of students first tried it before they were 13 years old.²⁶

SYNTHETIC CANNABINOIDS (ALSO KNOWN AS “SYNTHETIC MARIJUANA”)

Synthetic cannabinoids, also known as K2, herbal incense, or Spice, is a plant material mixture sprayed with a synthetic compound similar to THC, but the ingredients and strength of the products are impossible for users to know. People often roll and smoke it like a cigarette, smoke it in a pipe or e-cigarette, or make it into tea. It can be taken other ways, too. The effects of synthetic marijuana include paranoia, hallucinations, convulsions, and organ damage. Users can die, sometimes even the first time they try it.²⁷ The DEA banned many chemicals used in K2 and Spice, so it is illegal to sell, buy, or possess. These drugs are not as popular as they once were.²⁸

STIMULANTS

Some drugs are stimulants (such as cocaine, methamphetamine, and ecstasy) that speed up the body's systems.

- Cocaine is usually snorted. Sometimes users dissolve it and inject it with a needle or smoke it. Cocaine causes blood






pressure and heart rate to rise, makes pupils look bigger, and makes users feel more awake and less hungry. It may also cause sudden stroke or death. In 2014, more than 5,000 people overdosed and died from cocaine-involved drug overdose deaths.²⁹


- Methamphetamine (or *meth*) comes in clear crystals that look like glass. Sometimes it is a powder that users dissolve in liquid and inject with a needle. This addictive drug can cause convulsions, stroke, or death.
- Ecstasy (MDMA or *Molly*) is often a pill or capsule but can be a powder, crystal, or liquid. What is sold as MDMA/ ecstasy can often contain other ingredients, including synthetic stimulants also known as “bath salts.” MDMA can make it hard for your body to regulate temperature. It can cause your liver, kidney, or heart to stop.

Some people buy synthetic stimulants that are often called “bath salts” or “plant food.” Many times, they are sold in smoke shops or gas stations or online. The drugs are in a powder that users typically snort, or they dissolve and inject them. These very dangerous substances can lead to overdoses that result in emergency room visits, hospitalizations, and severe psychotic episodes.

DRUG IDENTIFICATION CHART







The chart on the following pages covers some commonly used substances and accessories. Also, please go to the DEA website for parents, educators, and caregivers (www.getsmartaboutdrugs.gov/drugs). To learn more, see the DEA's Drugs of Abuse Resource Guide (www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf).

PRESCRIPTION MEDICATION	DRUG NAME(S)	STREET NAME(S)	DESCRIPTION
Narcotic (opioid)	 Oxycodone prescribed as Tylox®, Percodan®, OxyContin® <i>OxyContin®</i>	Hillbilly Heroin, Kicker, OC, Ox, Roxy, Perc, Oxy	Semisynthetic opioid drug prescribed for pain. Comes in pill forms (including tablet or capsule).
Narcotic (opioid)	 Hydrocodone prescribed as Vicodin®, Lorcet®, Lortab® <i>Vicodin®</i>	Hydro, Norco, Vikes	Semisynthetic opioid drug prescribed for pain relief or as a cough suppressant. Comes in tablets, capsules, oral solutions, and syrups.
Central nervous system depressant	 Prescribed as Valium®, Xanax®, Restoril®, Ativan®, Klonopin® <i>Valium®</i>	Benzos, Downers, Nerve Pills, Tranks, Barbs, Georgia Home Boy, GHB, Liquid X, Phennies, R2, Reds, Roofies, Yellows	Drugs in this class (called Benzodiazepines) are used to relieve anxiety or help someone sleep.
Narcotic (synthetic opioid)	 Fentanyl <i>Fentanyl Pills</i>	Apace, China Girl, China Town, China White, Dance Fever, Goodfellas, Great Bear, He-Man, Poison, Tango, and Cash	A synthetic opioid that is about 100 times more potent than morphine as an analgesic. Users may believe they are buying heroin, but instead could be receiving fentanyl or heroin laced with fentanyl, which could result in death. It is illicitly manufactured in China and possibly Mexico, and smuggled into the United States.
Stimulant (amphetamines)	 Prescribed as Adderall®, Concerta®, Dexedrine®, Focalin®, Metadate®, Methylin®, Ritalin®, Desoxyn® <i>Ritalin®</i>	Bennies, Black Beauties, Crank, Ice, Speed, Uppers	Used to treat attention deficit hyperactivity disorder (ADHD). Also used as a study aid, to stay awake, and to suppress appetite.

STREET DRUG	DRUG NAME(S)	OTHER NAME(S)	DESCRIPTION
Cannabis	 Marijuana cigarette (joint) and marijuana edibles <i>Marijuana cigarette with roach clip</i>	Aunt Mary, BC Bud, Chronic, Dope, Gangster, Ganja, Grass, Hash, Herb, Joint, Mary Jane, Mota, Pot, Reefer, Sinsemilla, Skunk, Smoke, Weed, Yerba	Marijuana is an addictive mind-altering psychoactive drug. It is a dry mix of flowers, stems, seeds, and leaves (usually green or brown) from the cannabis sativa plant. The principal component in marijuana that is responsible for its euphoric effects is delta-9-tetrahydrocannabinol (THC).

HOW CONSUMED	EFFECTS
Pills and tablets chewed or swallowed. Inhaling vapors by heating tablet on foil. Crushed and sniffed or dissolved in water and injected. POSSIBLE RELATED PARAPHERNALIA: needle, pipe.	Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.
Usually taken orally, in pill forms (including tablets and capsules) and syrups.	Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.
Comes in pills, syrups, and injectable liquids. Taken orally or crushed and snorted. POSSIBLE RELATED PARAPHERNALIA: needle, straw, or tube.	Effects include calmness, euphoria, vivid or disturbing dreams, amnesia, impaired mental function, hostility, irritability, sedation, hypnosis, decreased anxiety, and muscle relaxation. Can be addictive. Overdose may be fatal; signs can include shallow breathing, clammy skin, dilated pupils, weak but rapid pulse, and coma.
Clandestine fentanyl is typically injected, or inhaled like heroin. POSSIBLE RELATED PARAPHERNALIA: needle, straw, or tube.	Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.
Pill forms (including tablet and capsule) taken orally but sometimes injected. "Ice" or crystallized methamphetamine hydrochloride is smoked. POSSIBLE RELATED PARAPHERNALIA: needle, pipe.	Similar to cocaine but slower onset. Increased body temperature, blood pressure, and pulse rates; insomnia; loss of appetite; and physical exhaustion. Chronic abuse produces a psychosis that resembles schizophrenia: paranoia, hallucinations, violent and erratic behavior. Overdose can be fatal.

HOW CONSUMED	EFFECTS
Smoked as a cigarette (a joint) or in a pipe or bong. Sometimes smoked in blunts (cigars emptied of tobacco and filled with marijuana and sometimes other drugs). Can be mixed with food (marijuana edibles) or brewed as tea. POSSIBLE RELATED PARAPHERNALIA: bong, pipe, roach clip, rolling papers.	Relaxation, loss of inhibition, increased appetite, sedation, and increased sociability. Can affect memory and ability to learn; also causes difficulty in thinking and problem solving. May cause hallucinations, impaired judgment, reduced coordination, and distorted perception. Also decreased blood pressure, increased heart rate, dizziness, nausea, rapid heartbeat (tachycardia), confusion, anxiety, paranoia, drowsiness, and respiratory ailments.

STREET DRUG	DRUG NAME(S)	OTHER NAME(S)	DESCRIPTION
Cannabis	 <p>Marijuana extract concentrate</p> <p><i>Honey Oil (photo by Vjiced)</i></p>	Butane Hash Oil (BHO), Honey Oil, Wax, 710, THC Extractions, Budder, Dabs	A powerful substance made by extracting THC from marijuana. Some marijuana concentrates contain 40 to 80 percent THC. Regular marijuana contains THC levels averaging around 12 percent. One very dangerous way of extracting THC produces a sticky liquid known as “wax” or “dab” (it may resemble honey or butter).
Synthetic cannabinoids	 <p>K2</p>	K2/Spice Bliss, Black Mamba, Blaze, Bombay Blue, Fake Weed, Legal Weed, Genie, Zohai, Red X Dawn, Scooby Snax, Skunk	Synthetic versions of THC (the psychoactive ingredient in marijuana), K2/Spice (and similar products) is a mixture of plant material sprayed with synthetic psychoactive chemicals. It is especially dangerous because the user typically doesn’t know what chemicals are used. Often, the small plastic bags of dried leaves are sold as potpourri or incense and may be labeled “not for human consumption.”
Narcotic (opioid)	 <p><i>Black Tar Heroin</i></p>	Heroin Big H, Black Tar, Chiva, Hell Dust, Horse, Negra, Smack, Thunder	Heroin is a semisynthetic opioid substance. It comes in a white or brownish powder, or a black sticky substance known as “black tar heroin.” Because it is often mixed (cut) with other drugs or substances, especially fentanyl in recent years, users typically do not know how much heroin and other substances are being used, creating the likelihood of overdose.
Stimulant	 <p><i>Cocaine</i></p>	Cocaine Coca, Coke, Crack, Crank, Flake, Rock, Snow, Soda Cot	Cocaine is usually a white, crystalline powder made from coca leaves. Cocaine base (crack) looks like small, irregularly shaped white chunks (or “rocks”).
Stimulant	 <p>Khat</p>	Khat Abyssinian Tea, African Salad, Catha, Chat, Kat, Oat	Khat is a flowering evergreen shrub, and what is sold and abused is usually just the leaves, twigs, and shoots of the Khat shrub.
Methamphetamine	 <p><i>Crystal Meth and Pipe</i></p>	Meth Meth, Speed, Ice, Shards, Bikers Coffee, Stove Top, Tweak, Yaba, Trash, Chalk, Crystal, Crank, Shabu	Meth is a stimulant that speeds up the body’s system. “Crystal meth” is an illegally manufactured version of a prescription drug (such as Desoxyn® to treat obesity and ADHD) that is cooked with over-the-counter drugs in meth labs. It resembles pieces of shiny blue-white glass fragments (rocks) or it can be in a pill or powder form.

HOW CONSUMED	EFFECTS
<p>The “wax” is used with vaporizers or e-cigarettes or heated in a glass bong. Users prefer using e-cigarettes or vaporizers because it is smokeless, odorless, and easy to hide. POSSIBLE RELATED PARAPHERNALIA: vaporizer, e-cigarette, bong.</p>	<p>Marijuana concentrates have a much higher level of THC. The effects of using may be more severe than from smoking marijuana, both psychologically and physically.</p>
<p>Usually smoked in a joint, pipe, or e-cigarette. Can also be brewed into tea. POSSIBLE RELATED PARAPHERNALIA: bong, e-cigarette, pipe, roach clip, rolling papers.</p>	<p>Paranoia, anxiety, panic attacks, hallucinations, and giddiness. This addictive substance can also cause increased heart rate and blood pressure, convulsions, organ damage, and/or death.</p>
<p>Injected, smoked, or sniffed/snorted. High purity heroin is usually snorted or smoked. POSSIBLE RELATED PARAPHERNALIA: needle, pipe, small spoon, straw, or tube.</p>	<p>This highly addictive drug first causes a euphoria or “rush,” followed by a twilight state of sleep and wakefulness. Effects can include drowsiness, respiratory depression, constricted pupils, nausea, flushed skin, dry mouth, and heavy arms or legs. Overdose effects include slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death.</p>
<p>Usually snorted in powder form or injected into the veins after dissolving in water. Crack cocaine is smoked. Users typically binge on the drug until they are exhausted or run out of cocaine. POSSIBLE RELATED PARAPHERNALIA: needle, pipe, small spoon, straw, or tube.</p>	<p>Smoking or injecting creates an intense euphoria. The crash that follows is mentally and physically exhausting, resulting in sleep and depression for several days, followed by a craving for more cocaine. Users quickly become tolerant, so it is easy to overdose. Cocaine causes disturbances in heart rate, increased blood pressure and heart rate, anxiety, restlessness, irritability, paranoia, loss of appetite, insomnia, convulsions, heart attack, stroke, and/or death.</p>
<p>Typically chewed like tobacco, then retained in the cheek and chewed intermittently to release the active drug, which produces a stimulant-like effect. Dried Khat leaves can be made into tea or a chewable paste, and Khat also can be smoked and even sprinkled on food.</p>	<p>Effects are similar to other stimulants, such as cocaine, amphetamine, and methamphetamine.</p>
<p>Swallowed in pill form. In powder form, it can be smoked, snorted, or injected. Users may take higher doses to intensify the effects, take it more often, or change the way they take it. POSSIBLE RELATED PARAPHERNALIA: needle, pipe.</p>	<p>Meth is highly addictive and causes agitation, increased heart rate and blood pressure, increased respiration and body temperature, anxiety, and paranoia. High doses can cause convulsions, heart attack, stroke, or death.</p>

OTHER	DRUG NAME(S)	OTHER NAME(S)	DESCRIPTION
Kratom	 <p><i>Kratom (photo by Vallum1)</i></p>	Thang, Kakuam, Thom, Ketum, Biak	Kratom is a tropical tree native to Southeast Asia. Consumption of its leaves produces both stimulant effects (in low doses) and sedative effects (in high doses).
Inhalants	 <p><i>Inhalants</i></p>	Huff, Rush, Whippets, Gluey	Specific volatile solvents, aerosols, and gases typically found in common household products (such as felt tip markers, spray paint, air freshener, typewriter correction fluid, butane, glue, and thousands of others). These substances are harmful when inhaled.
Cold medicine	 <p><i>Robitussin® Cough Syrup</i></p>	CCC, DXM, Poor Man's PCP, Robo, Skittles, Triple C	Dextromethorphan (DXM) is a cough suppressant found in many over-the-counter cold medications in cough syrups or pill forms (such as tablets and capsules). It is also now sold in powder form.
Alcohol	 <p><i>Beer</i></p>	Beer, wine, wine cooler, malt liquor, booze	Alcohol is a drug that can interfere with brain development in youth and young adults. Alcohol poisoning (or overdose) results from drinking large amounts of alcohol in a short period of time, which can cause serious brain damage or death. Drinking at a young age also makes an alcohol use disorder more likely later in life.
Tobacco	 <p><i>Cigarette</i></p>	Smoke, bone, butt, coffin nail, cancer stick	Tobacco contains nicotine, one of the most highly addictive drugs used today. Teens who smoke cigarettes are much more likely to use marijuana than those who have never smoke.

HOW CONSUMED	EFFECTS
<p>The psychoactive ingredient is found in the leaves from the kratom tree. These leaves are subsequently crushed and then smoked, brewed with tea, or placed into gel capsules.</p>	<p>Effects include nausea, itching, sweating, constipation, loss of appetite, tachycardia, vomiting, and drowsiness. Users also have experienced anorexia, weight loss, insomnia, frequent urination, hepatotoxicity, seizure, and hallucinations.</p>
<p>Fumes are inhaled by sniffing or snorting the substance directly from a container or dispenser. Fumes are sometimes breathed in after being deposited inside a paper or plastic bag, or they are “huffed” from an inhalant-soaked rag or from balloons with nitrous oxide. POSSIBLE RELATED PARAPHERNALIA: aerosol cans, balloons, rags.</p>	<p>Slight stimulation, feeling less inhibition, and/or loss of consciousness. Inhalants damage sections of the brain that control thinking, moving, and seeing. Effects can include slurred speech, loss of coordination, euphoria, and dizziness. Long-term use may damage the nervous system and organs; sudden sniffing death may occur from suffocation or asphyxiation.</p>
<p>DXM use traditionally involved drinking large amounts of OTC cough medication. Tablet, capsule, and pill forms are now snorted or injected. DXM powder is sold online, and extensive “how to use” information is available on various websites. POSSIBLE RELATED PARAPHERNALIA: needle, pipe.</p>	<p>Can cause hallucinations, confusion, loss of coordination, slurred speech, sweating, and lethargy. It is addictive. High doses of DXM taken with alcohol or other drugs, including antidepressants, can cause death.</p>
<p>Orally.</p>	<p>Misusing alcohol can result in an alcohol use disorder, dizziness, slurred speech, disturbed sleep, nausea, vomiting, hangovers, impaired motor skills, violent behavior, impaired learning, Fetal Alcohol Spectrum Disorders, respiratory depression, and, at high doses, death.</p>
<p>Cigarettes, cigars, and pipes are smoked. Some users prefer smokeless tobacco (chew, dip, snuff), which is placed inside the mouth between the lips and gum.</p>	<p>Tobacco has many short- and long-term effects. They include addiction, heart and cardiovascular disease, cancer, emphysema, and chronic bronchitis. It can also cause spontaneous abortion, pre-term delivery, and low birth weight when pregnant mothers smoke.</p>

SECTION 3: WHY DO KIDS USE DRUGS OR ALCOHOL?

Researchers have tried for years to figure out how drug and alcohol misuse starts. They have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. Of course, many people with risk factors do not use illegal drugs or alcohol.³⁰

RISK FACTORS

Young people may try drugs or alcohol to relieve boredom or stress. Some are just curious, while others want to feel grown up or to lessen peer pressure. They may be more likely to try drugs because of circumstances or events called risk factors. Examples³¹ of risk factors include:

- Poor grades in school
- Engaging in alcohol or drug use at a young age
- Friends and peers who engage in alcohol or drug use
- Persistent, progressive, and generalized substance use, misuse, and use disorders by family members
- Conflict between parents or between parents and children, including abuse or neglect

To limit risk factors, establish a strong bond with your children so they know you will be there if they have a problem and that it is safe to ask questions. This bond helps them feel more secure and less likely to turn to drugs or alcohol. Also, remember that your words and actions can make a difference.

For example, if you consume an occasional glass of wine with dinner or a cold beer on the weekend, explain to them how an adult drinking in a low-risk manner differs from a minor drinking illegally. If they want to know about your tobacco use, tell them how it has affected your life. Ask them to support your efforts to quit—then do it. You are an important role model.

A risk factor for some youngsters is bullying. Cyberbullying can involve hurtful or embarrassing e-mails, texts, or posts on social media sites. Online and in-person bullying can have multiple negative effects, including increased risk for substance use, mental health problems, poor academic functioning, and other problems. Watch for changes in your child's behavior and get to know their friends in school. Encourage your children to report bullying, whether it happens to them or to someone else, and let them know that they will be safe and can get support.

Be sure your children use online privileges wisely. Learn the websites they go to and the lingo they use. Know who they talk to in texts, chat rooms, and instant messages. Watch your credit card and bank statements for signs your child may be buying drugs or alcohol. You can also limit their free time or set expectations for how free time is used. For example, you could assign age-appropriate household chores or encourage other productive activities.

Finally, watch media (television shows, movies, online videos) your kids watch. The characters and stories provide great topics for starting conversations with your children and provide insight into their thoughts about sex, drugs, relationships, and other social issues.

PROTECTIVE FACTORS

An important goal is to change the balance so the effects of protective factors outweigh those of risk factors.³² Examples³³ of protective factors are:

- Having high self-esteem
- Attending a school with policies against using alcohol and drugs
- Having an adult role model who doesn't use tobacco or drugs, or misuse alcohol
- Participating in athletic, community, or faith-based groups
- Living in a community with youth activities that prohibit drugs and alcohol

A powerful protective factor is a strong bond with a parent (or caregiver) and letting your child know that someone who cares is available at any time of the day or night. Talking with your child regularly can keep the lines of communication open and build trust. When discussing alcohol and drugs, parents can access a variety of resources to help navigate the conversation. There is even an app for that! The Substance Abuse

A powerful protective factor is a **strong bond with a parent (or caregiver)** and letting your child know that someone who cares is available at any time of the day or night.



and Mental Health Services Administration (SAMHSA) has a campaign called “Talk. They Hear You.” It helps parents and caregivers talk to young people about underage drinking, though many of the concepts apply to drug use as well. The app also suggests questions to ask and gives ideas for keeping the conversation going. Learn more on the Parent Resources page at www.samhsa.gov/underage-drinking/parent-resources and through the “Talk. They Hear You.” app at www.samhsa.gov/underage-drinking/mobile-application.

DEFINE RULES AND CONSEQUENCES

Tell your children often and clearly that you do not want them to use tobacco, alcohol, or illicit drugs. Do not assume they know this.

Set rules that let your child know what you expect. Help your child learn drug refusal skills. For example, when offered a cigarette, your son can say, “If my mom caught me smoking, I’d be grounded!” This takes the

pressure off him and shifts the blame to you, which he may rather do in front of peers. Establish appropriate consequences for breaking rules, and be prepared for your child to test you to see if you follow through. You might even want to involve your children in defining consequences, as it may make them take more responsibility for their behavior.

Praise your child often for respecting family rules. You might share a hug and say, “Thanks for coming straight home from school,” for example. This positive reinforcement boosts your child’s self-esteem and can lessen the likelihood that he or she will use drugs if offered.

CARVE OUT INDIVIDUAL TIME

Strengthening the parent-child bond goes beyond family gatherings. Spend one-on-one time with each child in your home. Ask what is going on in the child’s life without anyone else hearing or interrupting. Make the moments count—whether they happen on a short bike ride or during the drive to school or

while you fold laundry. These informal chats help establish open communication needed to raise drug-free children.

Tell your children you will be there any time they need to leave a place where alcohol or drugs are present. If there are times you can’t be there quickly, such as when you are at work, find a responsible adult who can.

PROVIDE POSITIVE ROLE MODELS

Children learn what they see. Your attitudes and actions shape theirs. If you drink alcohol, do so in moderation. Never suggest it is a good way to handle problems. Instead, show your child healthy ways to cope with stress or problems, such as exercising, listening to music, or talking with a friend.

Invite other adults to serve as positive role models in your child’s life. Grandparents, for example, can reinforce the values you are trying to portray. If they do not live nearby, use texting, messaging, or video chats to bridge the miles.



Sports provide exercise and can teach children how important it is to stay healthy and drug free.

PROMOTE HEALTHY ACTIVITIES

Find a healthy way to keep your children busy after school, on weekends, or in the summer. Sports provide exercise and can teach children how important it is to stay healthy and drug free. Your child might enjoy taking art classes, participating in a youth club, volunteering, or doing paid jobs in the neighborhood like helping at a camp, mowing lawns, or babysitting.

GET INVOLVED ... IN THEIR SOCIAL LIFE

Get to know your child's friends and their parents. Share with the other parents your policy against your child's use of tobacco, alcohol, and illicit drugs. Exchange contact information and ask them to call if they see your child breaking the rules. Promise to do the same for them.

Check on your kids. If one of them is attending a friend's party, call the parents of the friend and ask who will be chaperoning (supervising) the kids. Explain your policy on substance use to the parents and ask that no alcoholic

beverages or illegal substances be present. You can also go check out the party yourself. Remember that you are responsible for your child's friends when they are in your home. Most states have stiff penalties for furnishing alcohol to minors. Lock up your alcohol and be sure nobody brings alcohol or drugs to your home.

GET INVOLVED ... IN FOSTERING A HEALTHY SCHOOL

School connectedness happens when students feel adults and peers at their school care about them and their learning. These students are less likely to engage in risky behaviors and more likely to achieve better grades.³⁴ To learn more, download the free guide, *Helping Your Child Feel Connected to School*, at https://www.cdc.gov/healthyyouth/protective/pdf/connectedness_parents.pdf.

The U.S. Department of Education has developed the new, high-quality, adaptable ED School Climate Surveys and associated Web-based platform to assist schools in assessing their school climate.³⁵ In a

MEET JAROM

Jarom Price knows how substance abuse affects families because he watched his own family members struggle with it—including his father. He and his mother eventually joined the Community Anti-Drug Coalitions of America (CADCA); four years later, Jarom is president of the youth coalition in his county. The group has installed No Smoking signs at bus stops and in schools, conducted educational school assemblies, and worked to educate policy makers.

At CADCA's National Youth Leadership Initiative (NYLI) meeting, Jarom learned about drug prevention science and the Strategic Prevention Framework (SPF), a model to help communities identify and implement programs and strategies to address drug use. This enabled him to help with important policy issues like e-cigarette regulation and disallowing specialty smoke shops in his community. He has since taught other coalition members about the SPF.

"The NYLI showed me I can make a difference," he said. "I am thankful for what I learned and have been able to teach others. It feels great knowing I can help prevent substance abuse."

positive school climate, everyone works together to help young people learn. Students feel safe, engaged, and respected.

A positive school climate is also related to lower rates of substance abuse and psychiatric problems among students.³⁶

If your child’s school doesn’t have a drug education program or a written policy about drug-related incidents, meet with the principal, school board, or PTA to help establish them.³⁷

GET INVOLVED ... IN THE COMMUNITY

Get to know your neighbors. Ask them to tell you about suspicious activity at your home after school if you can’t be there. Return the favor when you are home.

Ask community leaders what they are doing. Are there clubs where teens can hang out, listen to music, or play sports? If not, meet with officials and find out how to create such places. Are there laws (such as checking IDs) to stop minors from buying tobacco and alcohol?

School connectedness happens when students feel adults and peers at their school care about them and their learning.



Also, consider the following:

- The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Strategic Prevention Framework (SPF) shows community members how to address substance misuse and related problems. Learn more at www.samhsa.gov/capt/applying-strategic-prevention-framework.
- Organizations like the Community Anti-Drug Coalitions of America (CADCA) at www.cadca.org can help your community identify and address local issues. CADCA works with more than 5,000 community coalitions in all 50 states and several countries.
- The Drug Free Communities (DFC) Support Program is a federal grant program that provides funding to community-based coalitions to

prevent substance use among youth. The DFC program has funded more than 2,000 coalitions and mobilizes nearly 9,000 community volunteers across the United States. For more information, visit www.whitehouse.gov/ondcp/drug-free-communities-support-program.

MEET MELANEE

Melanee Piskai learned many things in life about substance abuse, but that knowledge came at a cost. She lost friends to drug overdoses and alcohol-related deaths—tragedies that strengthened her commitment to preventing substance use, especially among young people.

“At an early age, I began working with West Chester Area Communities That Care to reduce substance abuse through policy change, public service announcements, and other initiatives,” Melanee said.

Through her work with CADCA, she has learned that substance abuse issues and how they are handled differ among communities, and that substance abuse is a public health issue.

Melanee added that prevention teaches life skills, critical thinking, and a passion for health. She encourages adults to engage young people, and tells young people not to let their age be a barrier in the path to leadership. “Your potential is exponential,” she said.

SECTION 4: HOW DO I TALK TO MY CHILD ABOUT DRUGS?³⁸

Some parents find it difficult to talk with their children about drugs and alcohol. But it is important to teach them about these substances and about your expectations if they are offered drugs. These conversations are not a one-time event. Start talking with your children when they are young; continue as they grow older and their level of interest and understanding changes. Your willingness to talk (and listen) tells them you care about what they are interested in, and it provides you with insight into their world.

A big part of talking is listening. For example, ask your kids what they know about marijuana. Ask if they think alcohol is dangerous. Ask what they think can happen if someone takes heroin. Their attitudes are important because if they think a particular drug is dangerous, they may be less likely to use it; if they think a drug is harmless, they may be more likely to use it. It is up to YOU to tell your children that tobacco, drugs, and alcohol have serious health and social effects.

At some point, your child will likely ask if you have ever taken illicit drugs. If your answer is NO, explain how you avoided the temptation and what opportunities being drug free provided you. If your answer is YES, explain why you do not want your child to use drugs even though you did. You do not need to confess everything you have ever done, but explain honestly what attracted you to drugs and why you want your child to avoid making the same mistake. You might say things like:

- *“I smoked pot to fit in, but now I know how dangerous it was. If I could do things over, I never would have tried it. I hope you don’t either.”*
- *“Drugs were illegal then just like now, and there are serious consequences for getting caught. I would hate for you to ruin your future.”*
- *“I tried drugs, but I felt like I was losing control over them and could not stop. I finally quit, but it was hard to sustain my recovery and avoid drug use. I hope you never try them—any of them.”*
- *“It may seem that most kids your age use drugs, but that isn’t true. Also, substance use can lower your chance of success at school and in the workplace.”*

This section suggests ways to talk with children at various ages. Although divided into preschool, elementary, middle, and high school, the age range of students in these grade levels may differ in your area. Also, children do not necessarily develop at the same pace, and drug issues vary among communities. Use the suggestions most suitable to your child’s maturity level and environment.

4 SUGGESTIONS FOR TALKING TO PRESCHOOLERS

Young children ask many questions. Your response lets kids know you can be trusted to provide honest answers. Throughout early childhood—even when a child enters preschool or attends day care—the family

Young children mimic adults, so use every opportunity you can to share your feelings about substance use.



Children crave praise, so **give it out freely** when deserved.



plays the most important role in their development.³⁹

Do not worry that you will give your child ideas about taking drugs or tempt them to experiment. They likely already know how important prescription medicine is and may even remember you giving them some if they were ill. The early attitudes they form help them make healthy decisions when they are older. Talk often with preschoolers, and listen to what they say.

1. Young children mimic adults, so use every opportunity you can to share your feelings about substance use. When you see someone smoking, for example, tell your child that tobacco is bad and that it can cause people to get very sick and die.
2. Teach on their level. Children this age will listen as you explain that things like cleaning products or paint have unsafe ingredients in them. Caution them never to take a drug unless you,

a grandparent, or a caregiver gives it to them.

3. Preschoolers have short attention spans, so give short, honest answers. If you occasionally enjoy a beer on the weekend and four-year-old Jimmy wants to taste it, try to interest him in something else by saying, *“No, this is only for adults. It can make children very sick. Let me pour you some juice instead.”*
4. Teach them to make their own good choices. If they love a fictional character or famous athlete, encourage them to eat healthy foods so they will grow up to be strong like their idol. Also, let them make decisions (for example, what to wear to preschool) that build confidence in their ability to do so.

5 TIPS FOR TALKING TO ELEMENTARY SCHOOL STUDENTS (6-10 YEARS OLD)

Children this age are anxious to learn. You can talk to them about the consequences of using substances, such as how it can

lead to misuse and a substance use disorder. You can continue to teach and encourage good choices around healthy living.

1. Explain about good drugs versus bad drugs. Let them know that children should only take prescription medication when the adult in charge tells them to. Be sure they understand that even good medicine can make you sick or kill you if it wasn't prescribed for you or you take it for the wrong reason (to get high).
2. Repeat your message regularly. Remind these youngsters that some drugs can cause severe brain damage or cause people to die. Explain how even small amounts of alcohol can make children sick and harm their growing brain, making it harder for them to learn and remember things in school.
3. Children crave praise, so give it out freely when deserved. For example, let them know they are super smart for disliking the smell of cigarettes and that you trust their ability to make good decisions.

4. This is a good opportunity to involve others in your efforts. For example, as your child enters elementary school, offer to help with a school activity or drug education event or program that has an anti-drug or “no tolerance” message.

5. If your child does not start conversations about drugs and alcohol with you, take the lead. Begin discussions using real-life events in the news or in your own lives. This is true no matter your child’s age. For example, your child tells you that a friend named Kevin rode in a car driven by his older brother and that the brother was smoking marijuana while driving. Talk about the importance of not riding in a car with someone who is using drugs, and explain what to do in that situation. You might say, *“Kevin’s brother did something illegal, and he could go to jail or have a serious accident. I hope you know you can call me if someone you are riding with is drinking or using drugs. I will come and get you day or night.”* You could add, *“You’ll be driving in a few years, and I’m glad you are smart enough not to drink or do drugs and drive.”*

7 WAYS TO TALK TO MIDDLE SCHOOL STUDENTS (11-14 YEARS OLD)

Starting middle school (or junior high) is a big step. If you began talking with your children about drugs and alcohol at a young age, they know how you feel and they have information. If you did not start earlier, this is a great time to begin. Your child may already be experiencing stressors that can lead to substance abuse.



Remember, it is important to talk but it is also important to listen.

This is also an important time to listen, observe, and check in with other parents.

1. As with children at earlier ages, encourage your children to share their dreams. Ask what activities they enjoy and help them nurture those interests in positive ways, such as participating in art, music, sports, community service, and academic clubs. Talk to them about making good choices, living healthy, and setting goals.
2. At this age, young teens (especially girls) start to care more about how they look. Remind them that it is normal for their bodies to change. Find healthy ways to help boost their confidence and manage stress, but remind them how activities like smoking cause bad breath and stinky hair. If your children are interested in sports, talk to them about how staying healthy can help them perform better than a “quick fix” like anabolic steroids.
3. Friends become very important at this age, so get to know your children’s friends. If you drive them somewhere,

for example, you can listen in to learn current issues and trends, as well as learn how your child interacts with others. If your child struggles socially or seems drawn to an unhealthy peer group, try to determine why. Get to know their parents, too, and share with them your desire to raise a drug-free child.

4. When you have talks with your children, you can suggest role-playing to help them practice what they can say or do if someone offers drugs or alcohol to them. *“Man, that stuff is really bad for you!”* Or *“My mom will kill me if she finds out I drank a beer!”*
5. Tell your children often that you will come get them any time if they need to leave a place where alcohol or drugs are being used. Promise them they won’t get in trouble for calling you. If you can’t be available, find a responsible adult who will go in your place. Discuss with them what they would do (or should do) if they saw alcohol or substance use at a party.

6. Remember, it is important to talk but it is also important to listen. You may have to ask questions that require more than a simple “yes” or “no” answer. Use movies, song lyrics, or real life events as topics. For example, *“In that movie last night, the girl drank beer even though she was pregnant. Do you think that might affect her unborn baby?”* Or *“My friend’s 14-year-old son got busted for pot and is going into a treatment center. What do you think that will be like?”*
7. You might have to assume the role of a teacher. For example, your kids may think it is okay if they only drink but stay away from drugs. Discuss with them the risks of using all kinds of substances, including alcohol. Also, teach them how to find credible information on websites like www.justthinktwice.com and <https://teens.drugabuse.gov>, which were developed for teens and young adults. You can even require that they visit these websites and report what they learned before they go to their first party.

8 TIPS FOR TALKING TO HIGH SCHOOL STUDENTS (15-18 YEARS OLD)

By this age, most youth have had many opportunities to try drugs, alcohol, and tobacco. Even if they didn’t use, they have probably seen others do it, sometimes to excess and perhaps with serious consequences. They may even know young people with substance use disorders. You can’t choose their friends. You can only help create opportunities for healthy choices around friends and activities that do not involve drinking, smoking, or drugs.

1. Teens this age typically understand what can happen if they use drugs. As they think about their future, remind them that substance use can shatter their dreams. It can negatively affect their chances of getting into college, joining the military, or being hired for some jobs. Encourage them to continue involvement in activities they enjoy, as discussed in the previous section on ways to talk to middle school students.
2. Your children may try to lure you into a debate about marijuana use for medical or other reasons. Make sure your child knows that marijuana use in any form is illegal for youth, has harmful effects on the developing teen brain, and federal law prohibits it.
3. Teens want independence but still need appropriate limits. Have them help you set those limits (such as curfews). Also, ask them what consequences they think are fair for breaking the rules. Consistently follow through if rules are broken, and don’t simply give up when they push back. They are testing the boundaries and this is normal.
4. Tell your children often that you care about them and that they are important to you. Show them you mean it by regularly spending one-on-one time with them. A strong bond will make your child more likely to come to you with questions or concerns about drugs, alcohol, or other issues. Even as they push for independence, they want

A strong bond will make your child more likely to come to you with questions or concerns about drugs, alcohol, or other issues.



someone they love and respect to pay attention to them. They need YOU!

5. Know what's trending. The Drug Identification Chart at the end of Section 2 shows you some (but not all) commonly misused and abused substances. New drugs show up all the time, and what's popular in your community may not be in the chart. Ask your teen about drugs that are an issue at their school, in friends' homes, and at parties.
6. Sometimes teens beg parents to let them drink at home, saying it is safer. Do not let them, and do not let your child host a party in your home where alcohol is served. Doing so would show that you approve of underage drinking. Also, you could be held responsible for anything that happens to minors who drink in your home—even what happens after they leave your home.
7. As with kids at any age, praise them for making good choices. If they know you are proud of them, it can motivate them to stay drug free.
8. Parenting does not stop when your child goes to college. Find out if there is a program for freshmen that covers the school's drug and alcohol misuse prevention policies, programs, and services. If so, attend with your child; if not, find out who is responsible for providing that information and go with your child to obtain it. Ask about whether their drug misuse prevention programs are evidence-based. Be sure your child knows the legal and school penalties for

actions like driving under the influence of drugs or alcohol, underage drinking, illegal drug use, and using a fake ID.

CONVERSATION STARTERS

Talking to your kids about alcohol, tobacco, and drugs is not hard. The following opportunities can serve as teaching moments:

- If you see a young person smoking, talk about the negative effects of tobacco.
- If you see an interesting news story, discuss it with your child. Did a driver who was drinking run over and kill someone? Did a young couple who did drugs lose custody of their children? Ask how your child feels about situations and the potential consequences.

- While watching a movie or TV show with your kids, ask if they think it makes tobacco, alcohol, and drugs look cool.
- If you read or hear about someone affected by substance use, remind your child that preventing drug use is important but that some people develop substance use disorders. Also, discuss the importance of treatment and supporting people in recovery from their substance use disorder.

FAMILY CHECKUP: POSITIVE PARENTING PREVENTS DRUG ABUSE

Parents play an important role in preventing their children from starting to use drugs.⁴⁰ The National Institute on Drug Abuse (NIDA) provides a parenting resource

Parents play an important role in preventing their children from starting to use drugs.



Don't assume your kids know how to handle temptation.

Instead, educate them about risks and alternatives to temptation so they can make healthy decisions.

called Family Checkup: Positive Parenting Prevents Drug Abuse (www.drugabuse.gov/family-checkup). This resource provides five questions that build parenting skills to help prevent drug use. Video clips on the website show positive and negative examples of these parenting skills.



WHY YOU SHOULD TALK WITH YOUR CHILD ABOUT ALCOHOL⁴¹

- The chance that children will use alcohol increases as they get older. About 10 percent of 12-year-olds say they have tried alcohol. That number jumps to 50 percent by age 15. The sooner you talk to them, the more chance you have to influence them.
- Parents play a critical role in a child's decision to experiment with alcohol. About 80 percent of children feel that their parents should have a say in whether they drink alcohol.
- Talking to children before they drink is best, but any time is better than no time. If you are direct and honest, they are more likely to respect your rules and advice. It is never too early to talk to your children about alcohol.

DOS AND DON'TS WHEN TALKING WITH KIDS ABOUT DRUGS OR ALCOHOL⁴²

DO explain the dangers using language they understand.	DON'T react in anger—even if your child makes statements that shock you.
DO explain why you do not want them to use the substance(s). For example, explain that substances can mess up their concentration, memory, and motor skills and can lead to poor grades.	DON'T expect all conversations with your children to be perfect. They won't be.
DO be there when your child wants to talk, no matter the time of day or night or other demands on your time.	DON'T assume your kids know how to handle temptation. Instead, educate them about risks and alternatives to temptation so they can make healthy decisions.
DO believe in your own power to help your child grow up without using alcohol, tobacco, or other drugs.	DON'T talk without listening.
DO praise your children when they deserve it. This builds their self-esteem and makes them feel good without using drugs or alcohol.	DON'T make stuff up. If your child asks a question you can't answer, promise to find the answer so you can learn together. Then follow up.

SECTION 5: WHAT IF I THINK MY CHILD IS USING DRUGS?

Sometimes—no matter how hard parents try—their children will experiment with drugs or alcohol. If you *think* something is going on with your child, take steps to find out for sure.

For example, a child who starts acting withdrawn or seems tired, depressed, or mad for no reason could be experimenting with drugs. Other signs⁴³ can include:

- Changing friends
- Not caring about personal appearance
- Slipping grades, skipping classes
- Losing interest in favorite activities
- Trouble at school or with the law
- Changes in eating or sleeping habits
- Not getting along with family members
- Lying or stealing

These signs do not always mean there is a drug or alcohol problem. But you should be concerned and try to find out what is going on.

HOW TO PROCEED

Share your suspicions with your spouse, partner, or someone you trust who is unbiased and can help you sort out your feelings and help answer your questions, such as a doctor, faith-based leader, school nurse, or a school drug and alcohol counselor.

Before talking with your child, practice the conversation until you are sure you can remain calm. Wait until your child is sober (or has not used drugs) before starting the conversation. Start by sharing your suspicions but do not make accusations. *“Susan, I suspect you may be smoking pot occasionally. I love you and I’m concerned about you. Is there something going on that we need to talk about?”*

Be prepared for all kinds of reactions. Your child may accuse you of snooping, say that you are crazy, or call you a hypocrite (especially if you smoke or occasionally have a drink). Your child may express hatred and threaten to leave home. Remain calm. If your child denies there is a problem, emphasize how much you care. *“I want to believe you, because young people who use drugs are at risk for many bad things. I’d be devastated if something bad happened to you while you were high.”*

If you have evidence your child is using drugs or alcohol, enforce the discipline you agreed on for breaking the rules. *“Remember, we had a deal that no member of this family would use drugs.”* During this conversation, express your love and concern through your words and your tone. *“Sweetheart, I (we) love and care about you. I (we) want you to be healthy, safe, and successful.”*

A word of caution. It is human nature to want to believe your children. If your suspicions are strong (and especially if you have hard evidence), do not pretend that everything is fine. It obviously

isn’t. Also, do not blame yourself or believe that your family is beyond these challenges. Drug misuse occurs in all kinds of families.

If the conversation becomes heated or out of control, express love for your child and end the discussion with a plan to resume it later. You took a big step, and you can try again another day. If your child refuses to talk or takes a turn for the worse, ask a school guidance counselor, family doctor, or drug treatment referral center for help.

SUBSTANCE USE DISORDERS

Society used to think people with a substance use disorder lacked willpower. Today, science tells us that a substance use disorder is a chronic brain disorder with the chance for recurrence (relapse) and recovery. It is a brain disorder because it changes multiple brain circuits that control decision making, impulse control, reward, stress response, learning and memory, motivation, and other functions. The changes can be long lasting and can cause people to engage in harmful and self-destructive behaviors.⁴⁴

Substance use disorders can be treated, but long-term recovery may take several attempts, so do not give up hope!

SCREENING AND TREATMENT

Screening, Brief Intervention, and Referral to Treatment (commonly referred to as SBIRT) is one way to help young people at risk for

substance use. This is a quick screening by a doctor or substance use disorder specialist to see if your child uses substances and at what level and includes referral to specialty treatment as needed. You can also learn about options for treatment. These may range from a few outpatient visits with a professional to more intensive options, such as inpatient treatment.

Call the Substance Abuse and Mental Health Services Administration (SAMHSA) toll free at 1-800-662-HELP (4357). They have information about help in your state. You can also go online to www.findtreatment.samhsa.gov or see Section 6 of this guide.

RECOVERY

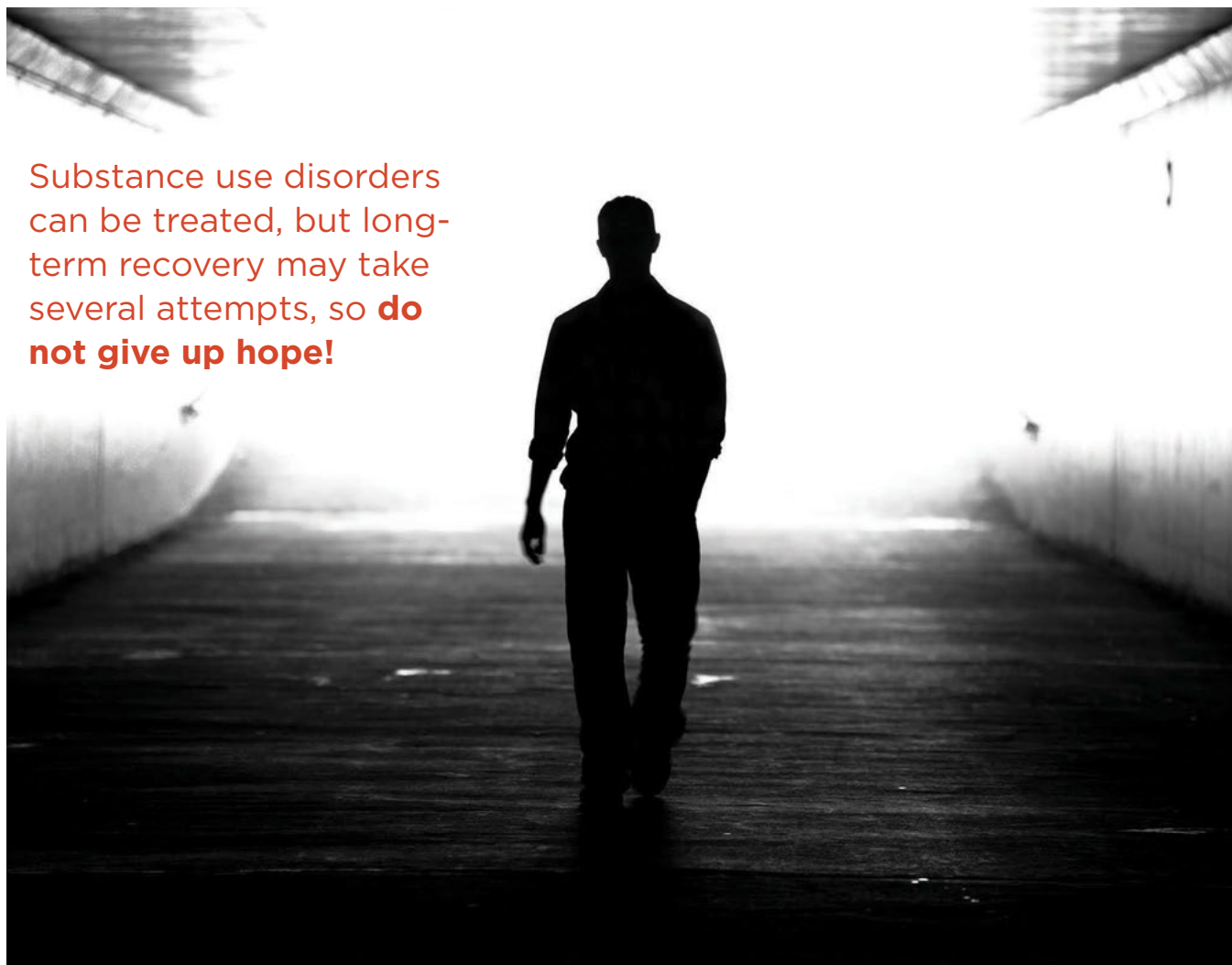
Recovery is when a person with a substance use disorder stops taking drugs and starts living a healthy and productive life without them. Recovery may not be easy. Simply stopping the use of drugs for a few days or even months does not mean someone is cured. Most people need long-term or repeated care to stop using completely and to recover their lives.⁴⁵ Relapse prevention services can help students returning to a school setting.

The **Association of Recovery Schools** (ARS) website at www.recoveryschools.org has information about schools for

students who are recovering from drug and alcohol problems. They offer regular school courses and recovery support services.

The **Association of Recovery in Higher Education** (www.collegiaterecovery.org) supports students who want a college degree by helping prevent relapse and promoting academic performance.

Finally, the entire family may need counseling. Recovery is not just about the person with a substance use disorder. The well-being of all family members is important so they can support and help the person in recovery.



Substance use disorders can be treated, but long-term recovery may take several attempts, so **do not give up hope!**

SECTION 6: RESOURCES⁴⁶

FOR YOUTHS

ABOVE THE INFLUENCE - www.abovetheinfluence.com

This site gives facts to teens that help them stand up to negative influences, such as the pressure to use drugs and alcohol.

THE COOL SPOT - www.thecoolspot.gov

The Cool Spot gives kids 11-13 years old facts about alcohol use, its effects, and tips for handling peer pressure. Created by the National Institute on Alcohol Abuse and Alcoholism.

JUST THINK TWICE - www.justthinktwice.com

This site for young people gives information about drugs and their consequences. Created by the U.S. Drug Enforcement Administration (DEA).

NIDA FOR TEENS - <http://teens.drugabuse.gov>

Teens can learn about drugs, get advice from other teens, watch educational videos, and play brain games. There are sections for teachers and parents. The National Institute on Drug Abuse (NIDA) created the site.

STUDENTS AGAINST DESTRUCTIVE DECISIONS (SADD) - www.sadd.org

SADD wants to stop the things that can happen because of bad decisions, especially those involving underage drinking, drug use, impaired and risky driving, and teen violence and suicide.

TEENS.SMOKEFREE.GOV - <http://teens.smokefree.gov>

This site helps teens understand the decisions they make. A free text messaging app provides encouragement. There is also a toll-free quitline number at 1-800-QUIT-NOW. Website courtesy of the National Cancer Institute.

FOR PARENTS

Depending on the age and maturity of your children, you may wish to share links in this section with them.

ASSOCIATION OF RECOVERY SCHOOLS - www.recoveryschools.org

This group of recovery high schools helps students succeed in education and recovery.

ASSOCIATION OF RECOVERY IN HIGHER EDUCATION - www.collegiaterecovery.org

This group's aim is to support students in recovery who are attending college.

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA (CADCA) - www.cadca.org

CADCA is an organization helping make communities safe, healthy, and drug free.

U.S. DRUG ENFORCEMENT ADMINISTRATION (DEA) - www.dea.gov

DEA enforces controlled substance laws in the United States. They teach teens about dangerous substances with a website at www.justthinktwice.com. They have a website for parents, caregivers, and educators at www.getsmartaboutdrugs.com.

EASY-TO-READ DRUG FACTS - www.easyread.drugabuse.gov

NIDA created this simple site with pictures and videos to help make it easier to learn about drugs, addiction, treatment, and prevention. The website can also read each page out loud.

GET SMART ABOUT DRUGS - www.getsmartaboutdrugs.com

This site has valuable drug education and prevention resources for parents, educators, and caregivers. Information is provided by the DEA.

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC. - www.ncadd.org

Find information on alcohol and drug addiction, including how to find help in your area.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA) - www.niaaa.nih.gov

NIAAA offers pamphlets, fact sheets, and brochures about alcohol-related issues on its website. To learn more about preventing alcohol misuse among college students, go to www.collegedrinkingprevention.gov.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA) - www.nida.nih.gov

NIDA brings the power of science to research about drug use and addiction. The website features a section for parents and teachers, as well as a section for students and young adults.

NATIONAL SUICIDE PREVENTION LIFELINE - www.suicidepreventionlifeline.org

This crisis hotline is for many issues, not just suicide. Call 1-800-273-TALK (8255) toll free if you feel sad, hopeless, or suicidal; if you are concerned about a friend or family member; if you have been bullied; or if you need mental health treatment referrals. Funded by the Substance Abuse and Mental Health Services Administration.

OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP) - www.whitehouse.gov/ondcp

ONDCP staff advise the president on U.S. drug control. They also produce a National Drug Control Strategy to address illicit drugs, as well as crimes and health issues related to drugs.

OPERATION PREVENTION - www.operationprevention.com

The DEA and Discovery Education have joined forces to combat the epidemic of prescription opioid misuse and heroin use nationwide. Operation Prevention's mission is to educate students through virtual field trips, interactive activities, and digital lesson plans on the true impacts of opioids and kick-start lifesaving conversations in the home and classroom.

PARTNERSHIP FOR DRUG-FREE KIDS (PDFA) - www.drugfree.org

PDFA is a nonprofit organization that helps parents and caregivers prevent, intervene in, and find treatment for drug and alcohol use by their children. PDFA maintains a Parents Toll-Free Helpline (in English or Spanish) at 1-855-DRUGFREE (1-855-378-4373). It also provides a toolkit for parents who are seeking treatment for their child (www.drugfree.org/wp-content/uploads/2012/04/treatment-guide-2014.pdf).

SMOKEFREE.GOV - www.smokefree.gov

This website can help you or a loved one quit smoking. It supports your immediate and long-term needs as you quit smoking and learn to stay a non-smoker. Also, you can call the toll-free quitline number at 1-800-QUIT-NOW. Courtesy of the National Cancer Institute.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION - www.samhsa.gov

SAMHSA oversees and administers programs on mental health, drug abuse prevention, and drug treatment. To download or order SAMHSA publications, go to www.store.samhsa.gov.

THE NATIONAL PARENT TEACHER ASSOCIATION (PTA) - www.pta.org

This national organization works with groups that benefit the health and safety of children. The website lets you find a chapter or learn about organizing a group in your area.



REFERENCES

- 1 Substance Abuse and Mental Health Services Administration (hereafter SAMHSA), *Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health* (released September 2016), accessed December 2, 2016, at www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm.
- 2 DuPont, R.L., Caldeira, K.M., DuPont, H.S., Vincent, K.B., Shea, C.L., and Arria, A.M. 2013. *America's dropout crisis: The unrecognized connection to adolescent substance use*. Rockville, MD: Institute for Behavior and Health, Inc. (hereafter *America's dropout crisis*), page ii, accessed August 10, 2016, at <http://preventteendruguse.org/pdfs/AmerDropoutCrisis.pdf>.
- 3 National Institute on Drug Abuse (hereafter NIDA), *Drugs, Brains, and Behavior: The Science of Addiction*, Drug Abuse and Addiction, accessed August 18, 2016, at www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction.
- 4 *America's dropout crisis*, page 35.
- 5 *America's dropout crisis*, page iii.
- 6 *America's dropout crisis*, page i.
- 7 NIDA, *Drugs, Brains, and Behavior: The Science of Addiction*.
- 8 Centers for Disease Control and Prevention (hereafter CDC) website, Adolescent and School Health, Health & Academics, accessed August 18, 2016, at www.cdc.gov/HealthyYouth/health_and_academics/index.htm.
- 9 Johnston, L.D., O'Malley, P.M., Miech, R.A., Bachman, J.G., & Schulenberg, J.E. 2016. *Monitoring the Future national survey results on drug use, 1975-2015*, Ann Arbor: Institute for Social Research, The University of Michigan. 2015 Overview, Key Findings on Adolescent Drug Use, page 7.
- 10 *Monitoring the Future national survey results on drug use, 1975-2015*, Volume 1, Secondary School Students, page 91.
- 11 U.S. Drug Enforcement Administration (hereafter DEA), *You Die From Drugs*, accessed August 10, 2016, at www.justthinktwice.com/you-die-drugs.
- 12 Office of Disease Prevention and Health Promotion, 2020 Topics and Objectives, Adolescent Health, accessed August 18, 2016, at www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health.
- 13 NIDA, *Drugs, Brains, and Behavior: The Science of Addiction*.
- 14 U.S. Department of Health and Human Services (hereafter HHS) website, accessed December 6, 2016, at <https://betobaccofree.hhs.gov/about-tobacco/facts-figures/index.html>.
- 15 *Monitoring the Future national survey results on drug use, 1975-2015*, Volume 1, Secondary School Students, page 36.
- 16 <https://pubs.niaaa.nih.gov/publications/UnderageDrinking/UnderageFact.htm>. Accessed on January 31, 2017.
- 17 SAMHSA, *Key Substance Use and Mental Health Indicators in the United States*.
- 18 National Institute on Alcohol Abuse and Alcoholism (hereafter NIAAA) website, Alcohol Facts and Statistics, at www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics, accessed August 10, 2016.
- 19 HHS, Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.
- 20 SAMHSA website, Prescription Drug Misuse and Abuse Overview, Accessed December 2, 2016, at www.samhsa.gov/prescription-drug-misuse-abuse.

- 21 DEA, Drugs of Abuse, 2015 Edition, a DEA Resource Guide, accessed August 21, 2016, at www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf.
- 22 DEA, Get Smart About Drugs website, How Opioid (Painkiller) Abuse Can Lead to Heroin Use, accessed August 18, 2016, at www.getsmartaboutdrugs.com/content/how-opioid-painkiller-abuse-can-lead-heroin-use.
- 23 CDC website, Injury Prevention & Control, Opioid Overdose, accessed August 18, 2016, at www.cdc.gov/drugoverdose.
- 24 University of Mississippi, Potency Monitoring Program, Quarterly Report 135.
- 25 DEA, Get Smart About Drugs website, What You Should Know About Marijuana Concentrates/Honey Butane Oil, accessed August 11, 2016, at www.getsmartaboutdrugs.com/content/what-you-should-know-about-marijuana-concentrates-honey-butane-oil.
- 26 CDC, *Youth Risk Behavior Surveillance—United States, 2015*, Surveillance Summaries, Vol. 65/No. 6, Morbidity and Mortality Weekly Report for June 10, 2016, accessed August 16, 2016, at https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf.
- 27 DEA, Get Smart About Drugs website, Spice/K2, Synthetic Marijuana Drug Info page, <https://www.justthinktwice.gov/drugs/spice-k2-synthetic-marijuana>, accessed January 8, 2017.
- 28 *Monitoring the Future national survey results on drug use, 1975-2015*, 2015 Overview, Key Findings on Adolescent Drug Use, page 13.
- 29 CDC, National Center for Health Statistics, National Vital Statistics Reports, Volume 65, Number 10, December 20, 2016, *Drugs Most Frequently Involved in Drug Overdose Deaths: United States 2010-2014*. Accessed January 9, 2017, at www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_10.pdf.
- 30 NIDA. *Principles of Substance Abuse Prevention for Early Childhood*, accessed December 5, 2016, at www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood.
- 31 HHS, *Facing Addiction in America*.
- 32 NIDA, *Principles of Substance Abuse Prevention for Early Childhood*, accessed December 5, 2016.
- 33 HHS, *Facing Addiction in America*.
- 34 CDC website, Adolescent and School Health, School Connectedness, accessed August 13, 2016, at www.cdc.gov/healthyyouth/protective/school_connectedness.htm.
- 35 National Center on Safe Supportive Learning Environments website, accessed September 30, 2016, at <https://safesupportivelearning.ed.gov/edscls>.
- 36 School Climate Research Summary: August 2012, School Climate Brief, No. 3, accessed September 30, 2016, at www.schoolclimate.org/climate/research.php.
- 37 Institute of Education Sciences, National Center for Education Statistics, February 2012 Evaluation Brief, *What Are Districts' Written Policies Regarding Student Substance-Related Incidents?* Accessed November 30, 2016, at <http://ies.ed.gov/ncee/pubs/20124022/pdf/20124022.pdf>.
- 38 Suggestions in Section 4 were primarily based on the NIAAA booklet, *Make a Difference – Talk To Your Child About Alcohol*, at http://pubs.niaaa.nih.gov/publications/MakeADiff_HTML/makediff.htm; the NIDA guide, *Marijuana: Facts Parents Need to Know*, at www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know/letter-to-parents; SAMHSA's "Talk. They Hear You." website at www.samhsa.gov/underage-drinking/parent-resources; and HHS, Office of Disease Prevention and Health Promotion, *Talk to Your Kids about Tobacco, Alcohol, and Drugs* web page at <https://healthfinder.gov/HealthTopics/Category/parenting/healthy-communication-and-relationships/talk-to-your-kids-about-tobacco-alcohol-and-drugs>. All were accessed December 7, 2016.
- 39 NIDA, *Principles of Substance Abuse Prevention for Early Childhood*, accessed August 15, 2016.
- 40 NIDA, Family Checkup, accessed December 8, 2016, at www.drugabuse.gov/family-checkup.
- 41 SAMHSA, "Talk. They Hear You." application, Underage Drinking Prevention National Media Campaign, accessed August 17, 2016, at www.samhsa.gov/sites/default/files/why-talk-about-alcohol_0.pdf.

- 42 Suggestions in this table were primarily based on the NIAAA booklet, *Make a Difference – Talk To Your Child About Alcohol*, at http://pubs.niaaa.nih.gov/publications/MakeADiff_HTML/makediff.htm; the NIDA guide, *Marijuana: Facts Parents Need to Know*, at www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know/letter-to-parents; SAMHSA’s “Talk. They Hear You.” website at www.samhsa.gov/underage-drinking/parent-resources; and HHS, Office of Disease Prevention and Health Promotion, *Talk to Your Kids about Tobacco, Alcohol, and Drugs* web page at <https://healthfinder.gov/HealthTopics/Category/parenting/healthy-communication-and-relationships/talk-to-your-kids-about-tobacco-alcohol-and-drugs>. All were accessed December 7, 2016.
- 43 NIDA, *Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide*, accessed December 5, 2016, at www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide.
- 44 NIDA, *The Science of Drug Abuse and Addiction: The Basics*, accessed August 16, 2016, at www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics.
- 45 NIDA, *Treatment Approaches for Drug Addiction*, accessed online November 30, 2016, at www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction.
- 46 The U.S. Drug Enforcement Administration and the U.S. Department of Education do not endorse products or services not affiliated with the federal government.

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