



Keeping Your Kids Drug-Free

*Parent Information
and Resource Guide*



ASAP

Alliance for Substance Abuse Prevention

Research has shown that kids who learn the anti-drug message at home are 50% less likely to start using. This guide will help you get this very important conversation started with your child. It will walk you through the often intimidating task of talking to your kids about drugs, no matter their age or grade.

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Hey Parents!

Help me grow up with healthy perspectives on drugs and alcohol with these ideas:



Listen to me.

Encourage me to express my feelings. Make sure I know that no subject is off limits.

Help me gain perspective.

TV and music can give me the idea that most adults use alcohol, drugs and tobacco. Help me understand that's not the case.

Help me learn ways to say no.

Role play with me, and help me learn creative, effective ways to say no.

Give me limits.

Be clear about family rules – for instance, that kids aren't allowed to drink alcohol and that the only time it's ok to take a drug is when mom or dad gives me medicine.

Look for teachable moments.

When we're watching TV together and marijuana is mentioned, ask me if I know what that is, and if any of my friends have ever talked about it.

Don't overwhelm me.

Keep your answer to my questions short, and age-appropriate. Make other resources available to me so I can learn more on my own.

Keep me busy.

Help me discover things I'm good at. Make sure I stay involved in those activities.

Be a good example for me.

Understand that I watch – and learn from – your behavior.

Build my self-esteem.

The more confidence I have in myself, the better I'll be able to steer clear of dangerous behaviors. So praise me and tell me you are proud of me.

If you suspect a problem, get me help. Know the warning signs of alcohol or drug use, and depression. Know where to find me help if I need it. You can call 211 anytime day or night.

Grade Ages	Child Profile	What To Do	Drugs of Concern
Preschool Ages 2-4	-Eager to memorize rules -Want to know “good” and “bad”	Practice problem-solving skills. Provide guidelines for behavior. Allow child to make clothing choices. Point out harmful substances. Explain Rx drugs are good only for person to whom they were prescribed.	Alcohol Inhalants Tobacco
Grades K-3 Ages 5-8	-More interest in outside world -Can understand their brains are still growing -Alcohol is a bad choice	Explain alcohol, tobacco, drugs can be harmful, how they interfere with body. Introduce idea of addiction. Praise child for taking care of body. Should know helpful vs harmful drugs.	Alcohol Ritalin Tobacco Inhalants
Grades 4-6 Ages 9-11	-Curious about how things work -Love to learn facts -Fascinated about how drugs affect brain/body -Friends are very important	Explain how taking anything in excess can be dangerous. Get to know your child’s friends and their parents. Peer influence is major. Your child should know immediate and long-term effects of drug use. Explain how drugs/alcohol are promoted in music, movies, internet, etc.	Alcohol Inhalants Marijuana Ritalin Tobacco
Grades 7-9 Ages 12-15	-DO need parent support -Struggle to become independent -Extreme, rapid shifts in bodies, emotions, and relationships -Confusing, stressful time -Deep insecurity -The time many first experiment with drugs	Youth feel surrounded by drug use. Social media reinforces this belief. Parents need to express their beliefs about the dangers of drugs. Discuss short-term health risks: accidents, overdose, blackouts Discuss long-term effects: Inhibits development of social/emotional skills, Risk of diseases, and Addiction	Alcohol, Cocaine, Crack, E-cigarettes, Ecstasy, Herbal Ecstasy, GHB, Heroin, Inhalants, Ketamine, LSD, Marijuana, Mushrooms, Ritalin, Rohypnol, Synthetic Drugs, Tobacco, (Vaping)
Grades 10-12 Ages 15-18	-Have already made decisions about drug use -Make distinctions between different drugs, their effects, occasional use, and addiction -Have observed friends who have used: some without consequence, some out of control	Aim for more specific messages, like the deadly effects of combining drugs. Anyone can become a chronic user or addict, with serious permanent consequences. Discuss how drug use can affect future career choices: getting into a good college, military academy, or a good job. Appeal to their idealism. Drug use is NOT a victimless crime. Avoiding drugs (and drug dealers) makes the community safer.	Alcohol, Cocaine, Crack, E-Cigarettes, Ecstasy, Herbal Ecstasy, GHB, Heroin, Inhalants, Ketamine, LSD, Marijuana, Molly Mushrooms, Ritalin, Rohypnol, Synthetic Drugs, Tobacco, (Vaping)

Transitions:

Children are much more vulnerable to drugs and other risky behavior when they move from sixth to seventh grade.

A child's transition from elementary school to middle school or junior high is a risky time. Use specific actions below to reduce the chance of your child becoming involved with drugs.

- Continue to talk about drugs
- Stay involved in your child's daily life by encouraging interests and monitoring activities.
- Arrange to have your children looked after or engaged from 3-5 p.m.
- Give kids a schedule and set limits on their behavior.
- Give them household chores.
- Enforce a strict phone-in-to-you policy.
- Provide easy-to-find snacks.
- Get to know the parents of your child's friends.
- Exchange phone numbers and addresses.
- Inform each other if one of you becomes aware of a child who is using drugs or alcohol.
- Set curfews and enforce them.



Sleepovers and Parties

As a parent, you know the importance of your child's social life and that parties are a way to socialize and relax. But an unsupervised or poorly planned party can result in unwanted or even tragic consequences.

Parental responsibility is the key to a fun and safe party.

Teens often expect alcohol and marijuana at parties. Some parents believe that it is better to allow teens to drink in their home so they can keep them safe. While this idea may be well intentioned, it is simply misguided. **Parents cannot keep impaired teens safe**, and parents are legally responsible for anything that happens to a minor who has been served alcohol or other drugs in their home.

If you are hosting a sleepover or teen party:

- Keep parties small
- Set a guest list
- Set starting and ending times for the party
- Set party "rules" and your expectations like:
 - No tobacco, alcohol or other drugs
 - No one can leave and then return
 - Lights are left on
 - Certain rooms are off limits

If your child is going to a sleepover or party:

- Know where he is going and how long he will be there.
- Call parents whose home is to be used for a party. Make sure they can assure you that no alcoholic beverages or illegal substances will be there.
- Don't be afraid to check out the party yourself to see that adult supervision is in place.
- Talk with your child beforehand.
- Make sure she has a way to get to and from the party.
- Discuss how to contact you, or another designated adult, in order to get a ride home. Be up to greet your child when he comes home.
- Create a code word with your child that they can use if they feel unsafe and want to be picked up.

Source: American Academy of Pediatrics

Signs of Drug Use

Most parents usually know when something is wrong. However, identifying drug and alcohol problems is tricky. Learning the difference between “symptoms” of growing up and the warning signs of alcohol and other drug use isn’t easy.

Behavioral changes that might indicate drug use:

- Withdrawn, depressed, tired, and careless about personal grooming
- Hostile or uncooperative, and frequently breaks curfews
- Relationships with family members have deteriorated
- Hanging around with a new group of friends
- Grades have slipped and school attendance is poor
- Loss of interest in hobbies, sports, and other favorite activities
- Eating or sleeping patterns have changed
- Awake at night and sleeps during the day
- Difficult time concentrating
- Eyes are red-rimmed and/or nose is running in the absence of a cold
- Household money has been disappearing

Common Hiding Places

Common places where kids hide drugs or conceal alcohol.



Highlighters or pens. Your teenager may look like he's seriously studying since he has his highlighter with him all the time but that innocent-looking writing tool may be where your son keeps his secret marijuana stash. Marijuana or hash may be stored in the space between the nib of the highlighter and the edge of its cap, in pens or pen holders. Sometimes, tiny amounts of Cocaine are hidden in pens, since pen barrels can be used to snort this drug. You can also check handy compact mirrors for traces of Cocaine.

Lip gloss or lipstick. It's rare that tubes of lip gloss or lipstick containers are checked for drugs. Ecstasy tablets or even LSD can be concealed safely inside lip gloss or lipstick containers.



In cars. There are a lot of places where kids can hide drugs in cars—from under the hood to the area below the dashboard, where they can tape tea bags of marijuana or cocaine.

Underneath toilet tanks. Wrapped in plastic, small amounts of drugs can be taped beneath toilet tanks. Bathrooms with exhaust fans are also the perfect place for kids to smoke marijuana. Some even go as far as lining a toilet paper tube with fabric softener and blow through this to hide the smell of marijuana.



Candy wrappers. Candy or gum can be removed from their wrappers, replaced with tiny amounts of drugs, and then the ends of the wrappers are glued shut.

Belt buckles. A lot of belt buckles are being sold on the Internet, or other shops, that have secret compartments. Some can even be transformed into a pipe to smoke marijuana. Ordinary belt buckles can also hold a small amount of drugs.



Behind posters. Posters tacked on walls offer a huge area wherein kids can hide drugs. Drugs that can be stored as flat as possible, can be placed inside a small bag and taped to the wall. Posters are then tacked over them to conceal the illegal drugs.

Inside socks. Sock drawers are usually messy, especially in teenagers' rooms. Small packets of drugs can be hidden inside a sock and stashed beneath a couple of socks.

Inside game consoles or power cords. Most game consoles have hollow parts in them that can be good hiding places for drugs.

Inside pillows and the lining of the mattress.

The inside of light switches—where you take the switch plate off.

The inside of shampoo bottles or common household products. (Similar to the toilet tank, the item is wrapped in a baggie and then inserted into the bottle.)



Inside of a Kleenex box, under the tissue.

Alcohol is being inserted into and concealed in several different ways.

Buzzballs - little balls of alcohol which are 20% proof. "Pocket Shock" looks like a Capri Sun but contains 40% alcohol. Teens use eye drop containers, breath fresheners, sunscreen bottles, pompom flasks, umbrellas that are actually flasks, lunch ice packs and tampon wrappers that actually contain booze tubes.



Drunkly Bears - gummy bears soaked in vodka overnight. Vodka has no smell so parents and teachers are thinking this is harmless.

Alcohol buffing - This is done by placing a cork in the wine bottle, inserting a bicycle tire pump, and removing the cork makes a vapor that can be inhaled. The alcohol gets to the brain faster.

Powdered alcohol - One ounce (about the same amount as a sweet 'n low sugar packet) added to 5 ounces of liquid creates an alcoholic drink. The powder can also be sniffed like cocaine.

Vanilla Extract - Found in most kitchens contains 40% alcohol.

The Myths & Reality of Substance Abuse

Addiction is a disease- no different from cancer or diabetes- that can happen to anyone who uses drugs or alcohol.

Myth: *“She could stop if she really wanted to.”*

Reality: Continued drug use changes the chemical make-up of the brain, forcing the brain and body to crave more drugs. For kids, whose brains are still developing, the drug use does not have to be that long-term for addiction to happen.

Myth: *“He’ll just have to learn for himself when he hits rock bottom.”*

Reality: Addiction can be treated at any time. Friends and family members can influence and motivate addicted people to get help. Healthcare laws now require substance abuse to be treated as any other disease both by healthcare professionals and insurance companies.

Myth: *“Treatment isn’t going to work.”*

Reality: Treatment works and people do recover. According to research that tracks individuals in treatment, most people who get into, and remain in, treatment stop using drugs. Talk therapy, medication assisted treatment, support groups, or a combination of all of the above are appropriate for different people.

Myth: *“It’s just a phase. He’ll grow out of it.”*

Reality: According to *Pediatrics* magazine, youth who start drinking before age 15 are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21. Alcohol use during adolescence is associated with significant and possibly irreversible damage to the brain.

Myth: *“All she needs to do to get clean is to be in recovery.”*

Reality: Recovery is a process that requires dedication and work to maintain. Being in recovery means that he or she is living a new lifestyle and is able to use new coping skills to deal with stress, pressure, or any other situation in a healthy way, rather than turning to drugs or alcohol.

Myth: *“Being in recovery is a taboo that will hurt my child.”*

Reality: The recovery community is made up of people from all walks of life, including: professors, lawyers, police officers, and other professionals who are proud to speak out about the reality of recovery. They ensure that being in recovery is viewed as a well-respected accomplishment.



Getting Help

Discovering that a child is using drugs is one of the scariest situations a parent ever faces. Fear and anger are natural reactions to a family crisis, but they just aren't very helpful. In fact, the first rule of dealing with adolescent drug problems is staying calm. Children need love and support.

Get the Facts First:

- Begin by asking questions and gathering facts. Speak with your child's friends, teachers, coach, school counselor, or employers. Get specific: how much, how often, and how long have they been using?
- Try to get a sense of how deeply your child is involved. Do most of the "Signs and Symptoms" fit? Meet with a local drug and alcohol counselor to discuss your situation.
- Agree on a course of action with your spouse or other adults in the household before talking with your child. Consider options you are willing to offer, such as new family rules or a written contract with conditions your child must meet.

Getting Treatment

If your child continues using drugs and alcohol, your best bet may be a treatment program. It's a serious move, and should not be used as a threat, punishment, or a way to force your child to "behave." Deciding to put your child in treatment is a message that you consider their behavior destructive and dangerous – to themselves and the family.



For help due to drug or alcohol use, contact one of these agencies:

Compass Family & Community Services

Outpatient treatment and prevention

330-394-9090

First Step Recovery

Detoxification, outpatient treatment, and supportive housing

330-369-8022

Glenbeigh Niles

Detoxification, outpatient treatment and recovery housing

330-652-6770

Meridian Healthcare

Adult residential treatment, medication assisted treatment, outpatient drug/alcohol and gambling treatment and prevention

330-318-3871

Neil Kennedy Recovery Centers

Detoxification, inpatient treatment, outpatient treatment, supportive housing and recovery supports

330-609-5441

Mercy Health – Behavioral Health Institute, New Start Program

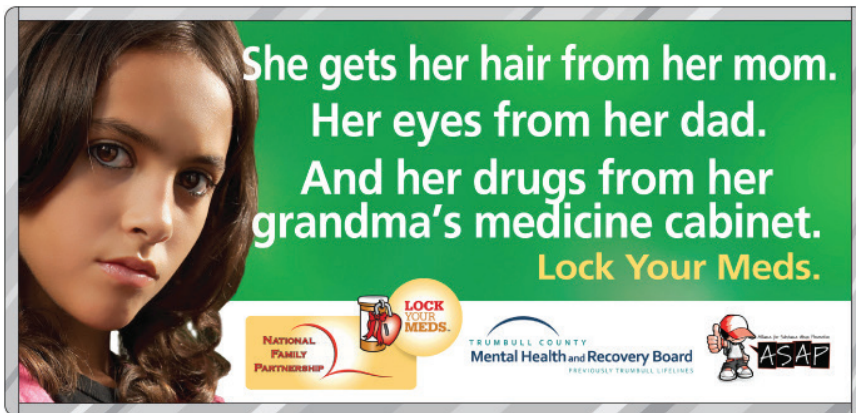
Provides the treatment and support needed to break free from a substance use disorder and begin a new life

330-306-5010

Inclusion in the ASAP Parent Handbook does not constitute endorsement by the ASAP Coalition or the Trumbull County Mental Health and Recovery Board. Errors or omissions are not intended.

What you can do to help prevent prescription drug abuse

The stockpiling of expired and unused medicines at home is a relatively unknown but *extremely dangerous problem*. Teen abuse of prescription medicines ranks second only to marijuana as the nation's most prevalent illegal drug problem. Much of this abuse appears to be due to the relative ease of access to prescription and over-the-counter medications. Approximately 66% of youth report getting prescription pain relievers for abuse from a friend or relative. Concerned community members can be part of this solution by **cleaning out expired or unused medications at least once per year**.



Do not flush unwanted medications

Many medications pass through our sewage treatment plants and septic systems. Antibiotic residuals can be harmful to sewage treatment facilities. Expired or unwanted medicines flushed down the toilet are reaching streams, lakes and our drinking water supplies.

The best way to dispose of medications is to take them to a drop box. For a list of drop box locations in Trumbull County, go to www.trumbullmhrb.org.

If you can't get to a drop off location:

Follow these simple steps to dispose of medicines in the household trash

MIX

Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, kitty litter, or used coffee grounds.



PLACE

Place the mixture in a container such as a sealed plastic bag.



THROW

Throw the container in your household trash.



SCRATCH OUT

Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.





DRUG GUIDE FOR PARENTS: LEARN THE FACTS TO KEEP YOUR TEEN SAFE

	ALCOHOL	COCAINE/CRACK	COUGH MEDICINE/DXM
Street Names / Commercial	Booze	Big C, Blow, Bump, Coke, Nose Candy, Rock, Snow	Dex, Red Devils, Robo, Triple C, Tussin, Skittles,
Looks Like	Liquid (types include beer, wine, liquor)	White crystalline powder, chips, chunks or white rocks	Syrup Liquid, pills, powder, gel caps
How It's Used/Abused	Swallowed	Cocaine can be snorted or injected; crack can be smoked	Swallowed
Dangerous Because	Impairs reasoning, clouds judgement. Long-term heavy drinking can lead to alcoholism and liver and heart disease	Can cause heart attacks, strokes and seizures. In rare cases, sudden death on the first use	Can cause abdominal pain, extreme nausea, liver damage
Teen Usage (Grades 9-12)	1 in 2 teens drank alcohol in the last year	1 in 10 teens has abused cocaine or crack in their lifetime	1 in 7 teens has abused cough medicine in their lifetime
Signs of Abuse	Slurred speech, lack of coordination, nausea, vomiting, hangovers	Nervous behavior, restlessness, bloody noses, high energy	Slurred speech, loss of coordination, disorientation, vomiting
Important to Know	Being a child of an alcoholic places children at greater risk for developing alcohol problems	Cocaine is one of the most powerfully addictive drugs	The "high" from cough medicine is caused by ingesting a large amount of dextromethorphan (DXM), a common active ingredient

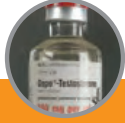


ECSTASY/MDMA	HEROIN	INHALANTS	MARIJUANA
Adam, Bean, E, Roll, X, XTC	Big H, Black Tar, Dope, Junk, Skunk, Smack	Whippets, Bagging, Huffing, Poppers, Snappers, Dusting	Blunt, Boom, Dope, Grass, Hash, Herb, Mary Jane, Pot, Reefer, Skunk, Weed Wax, Dabs
Branded tablets (Playboy bunnies, Nike swoosh)	White to dark brown powder or tar-like substance	Paint thinners, glues, nail polish remover, whipped cream aerosol, air conditioner fluid (Freon) and more	Shredded buds and leaves, wax-like substance
Swallowed	Injected, smoked, freebased or snorted	Inhaled through nose or mouth	Smoked, brewed into tea or mixed into foods-marijuana laced foods
Can cause severe dehydration, liver and heart failure and even death	Chronic heroin users risk death by overdose	Chronic exposure can produce significant damage to the heart, lungs, liver and kidneys. Can induce death	Can cause memory and learning problems, hallucinations, delusions and depersonalization
1 in 8 teens has abused Ecstasy in their lifetime	1 in 20 teens has abused heroin in their lifetime	1 in 6 teens has abused inhalants in their lifetime	Nearly 1 in 2 teens has abused marijuana in their lifetime
Teeth clenching, chills, sweating, dehydration, anxiety, unusual displays of affection	Track marks on arms, slowed and slurred speech, vomiting	Missing household products, a drunk, dazed or dizzy appearance	Slowed thinking and reaction time, impaired coordination, paranoia
Can be addictive. A popular club drug because of its stimulant properties which allow users to dance for long periods of time	Heroin overdose is a particular risk on the street. The purity of the drug cannot be accurately known.	More than 1000 common products are potential inhalants that can kill on the first use or any time thereafter	Contrary to popular belief, marijuana can be addictive



DRUG GUIDE FOR PARENTS: LEARN THE FACTS TO KEEP YOUR TEEN SAFE

	METHAMPHETAMINE	PRESCRIPTION PAIN RELIEVERS	PRESCRIPTION SEDATIVES AND/OR TRANQUILIZERS
Street Names / Commercial	Ice, Chalk, Crank, Crystal, Fire, Glass, Meth, Speed	Codeine, OxyContin (Oxy, O.C.), Percocet (Percs), Vicodin (Vike, Vitamin V)	Mebaral, Quaaludes, Xanax, Valium
Looks Like	White or slightly yellow crystal-like powder, large rock-like chunks	Tablets and capsules	Multi-colored tablets and capsules; some can be in liquid form
How It's Used/Abused	Swallowed, injected, snorted or smoked	Swallowed or injected	Swallowed or injected
Dangerous Because	Chronic long-term use, or high dosages, can cause psychotic behavior (including paranoia, delusions, hallucinations, violent behavior, insomnia and strokes)	A large single dose can cause severe respiratory depression that can lead to death	Slows down the brain's activity and when a user stops taking them, there can be a rebound effect, possibly leading to seizures and other harmful consequences
Teen Usage (Grades 9-12)	1 in 12 teens has abused methamphetamine in their lifetime	1 in 7 teens has abused prescription pain relievers in their lifetime	1 in 13 12th graders has abused sedatives and/or tranquilizers in their lifetime
Signs of Abuse	Nervous physical activity, scabs and open sores, decreased appetite, inability to sleep	Medicine bottles present without illness, Rx bottles missing, disrupted eating and sleeping patterns	Slurred speech, shallow breathing, sluggishness, disorientation, lack of coordination
Important to Know	Meth has a high potential for abuse and addiction, putting children at risk, increasing crime and causing environmental harm	Abusing prescription painkillers is just as dangerous, addictive and deadly as using heroin	Using prescription sedatives and tranquilizers with alcohol can slow both the heart and respiration and possibly lead to death



PRESCRIPTION STIMULANTS	STERIODS	FENTANYL AND OTHER SYNTHETIC OPIOIDS	TOBACCO
Adderall, Dexedrine, Ritalin	Juice, Rhoids, Stackers, Pumpers, Gym Candy	China Girl, China White, Murder 8, Tango & Cash, Pink	Cancer Sticks, Chew, Cigarettes, Dip, Fags, Smokes, : E-Cigs, Vaping
Tablets and capsules	Tablet, liquid or skin application	White powder, tablets, liquid, lozenges, transdermal patches	Brown, cut up leaves
Swallowed, injected or snorted	Swallowed, applied to skin or injected	Swallowed. patch on skin, injected	Smoked or chewed
Taking high doses may result in dangerously high body temperatures and an irregular heartbeat. Potential for heart attacks or lethal seizures	Boys can develop breasts, girls can develop facial hair and a deepened voice. Can cause heart attacks and strokes	High potency increased the risk of overdoses. If mixed with heroin/cocaine, potency is amplified.	Cigarette smoking harms every organ in the body and causes coronary heart disease, and stroke, as well as many forms of cancer
1 in 8 teens has abused Ritalin or Adderall in their lifetime	1 in 15 teens has abused steroids in their lifetime	Heroin laced with fentanyl is 100 times more powerful than morphine and 30-50 times more powerful than heroin.	1 in 5 teens smoked cigarettes in the last 30 days
Lack of appetite, increased alertness, attention span and energy	Rapid growth of muscles, opposite sex characteristics and extreme irritability	Euphoria, drowsiness, confusion, sedation, respiratory depression & arrest	Smell on clothes and hair, yellowing of teeth and fingers that hold cigarettes
Many teens abuse this prescribed medication to help them cram for exams or suppress their appetite	Teens who abuse steroids before the typical adolescent growth spurt risk staying short and never reaching their full adult height	Overdoses of these drugs may require higher doses of naloxone to successfully reverse the overdose	Secondhand smoke contributes to more than 35,000 deaths related to cardiovascular disease

Sources: Partnership Attitude Tracking Study, National Institute on Drug Abuse, Monitoring the Future, National Institute on Alcohol Abuse and Alcoholism.
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Alliance for Substance Abuse Prevention

The Alliance for Substance Abuse Prevention (ASAP), a community project of the Trumbull County Mental Health and Recovery Board, is a Coalition that engages strategic partnerships to solve our community's substance abuse problems. Its members are a network of people including health professionals, parents, people in recovery, educators, elected officials, merchants, business members, police, administrators, and students. ASAP Coalition members formed the ASAP Opiate Task Force in response to the opiate epidemic in Trumbull County. This handbook was created by the ASAP Opiate Task Force as part of the Trumbull County Drug and Crime Prevention Strategic Plan.



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