

Thank YOU

The Partnership for a Drug-Free America, Arizona Chapter would like to thank its extraordinary Board of Directors, Founders, community partners and volunteers for their dedication to Partnering with Families™ for healthy living and drug-free kids.

We gratefully acknowledge the following for their financial support and contributions to this booklet.

Major funding provided by:



The mission of The Partnership for a Drug-Free America is to reduce illicit drug use in America. The Arizona Chapter recognizes the devastating impact of teen drug use on our state. Through its programs, The Partnership inspires and persuades Arizonans to join in a united effort to prevent illicit drug use among teens through community-based education.

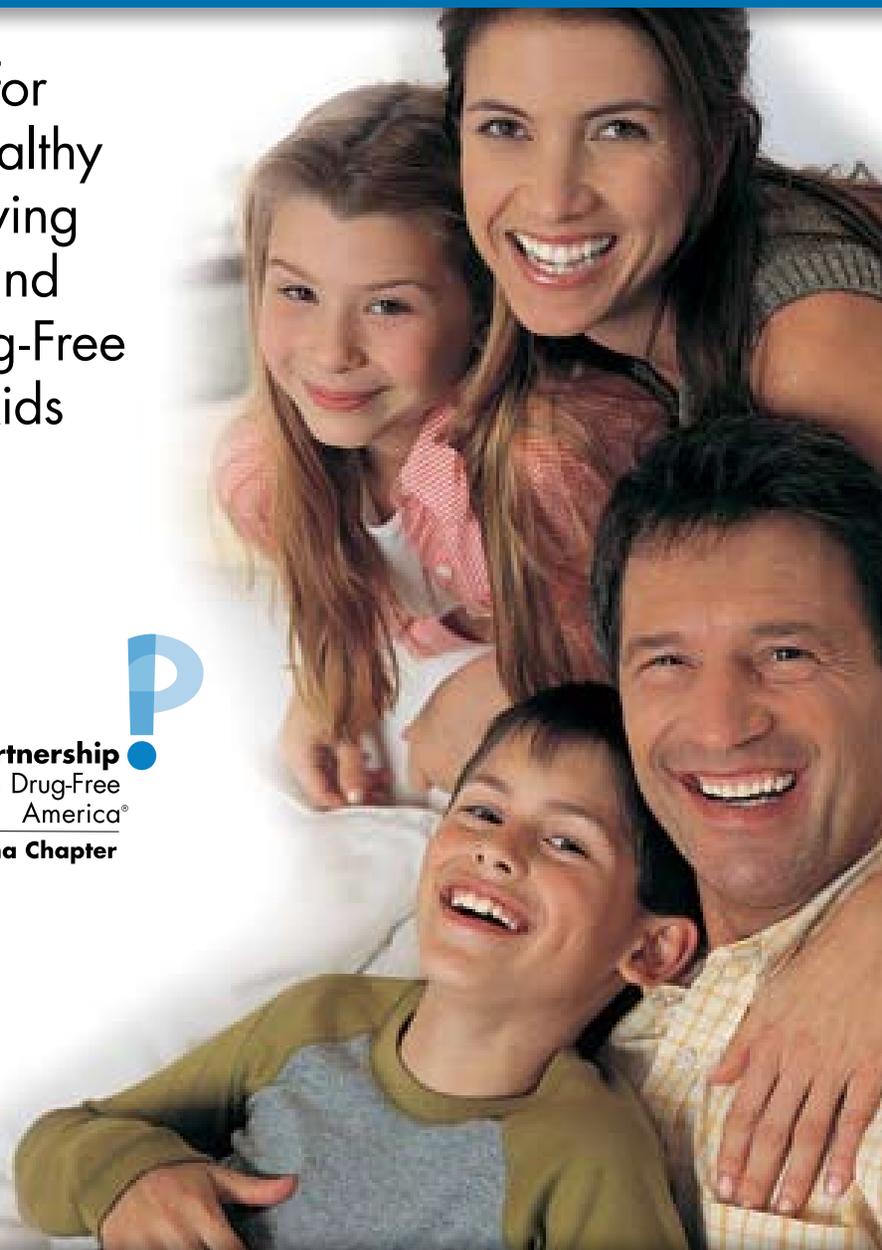


www.drugfree.org/AZ

Partnering with Families™

for
Healthy
Living
and
Drug-Free
Kids

The Partnership
for a Drug-Free
America®
Arizona Chapter



www.drugfree.org/AZ

WHAT'S INSIDE

Parenting for Prevention	1
Family Drug Education	2
Group Think	2
What You Can Do	3
Laying the Foundation	4
Parent Power	4
How to Talk to Your Child About Drugs	5
Preschoolers	5
Kindergarten through third grade (5-8 years old)	6
Grades four through six (9-11 years old)	7
Grades seven through nine (12-14 years old)	8-9
Grades ten through twelve (15-17 years old)	10
Specific Drug Information	12-19
How to Spot Drug or Alcohol Use.	20
Intervene Now	21
Getting Help for Kids in Crisis	21
Helping Hands - Helplines	22-23
Volunteer Opportunities (Parent Partners).	24

The Partnership's Arizona Chapter is a 501-c-3 nonprofit organization that relies on the generous support of Arizonans to carry out its programs. Please consider a contribution today which will help kids make better, healthier decisions for themselves and ultimately for society. You may donate online at www.drugfree.org/AZ or for more information, call 602-664-5987. *Thank you.*



www.drugfree.org/AZ

Parenting for **PREVENTION**

Let's face it. Growing up just isn't what it used to be. Through music, movies, and MTV, kids today are hammered by adult ideas and images and pushed to make important choices at an age when most of us worried about getting a date — or a driver's license.

Just consider some of these startling facts:

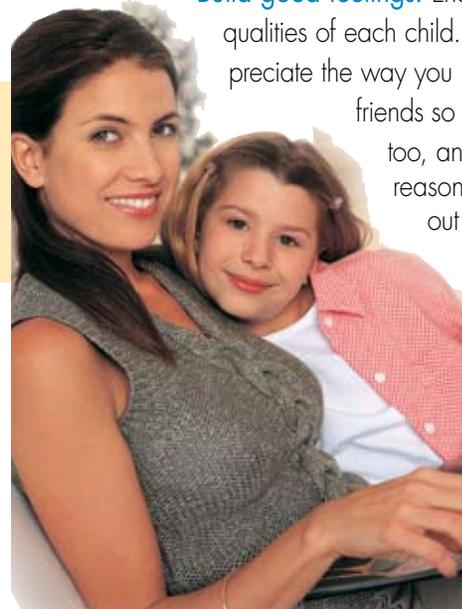
- 1 out of 5 high school seniors has tried a prescription drug to get high and 1 out of 10 8th graders has used a prescription drug illegally
- 43% of high school students have used marijuana by the time they graduate
- Sniffing Inhalants to get high among 8th graders has increased
- Drug use in Arizona starts young. The average age of a young person's first use of alcohol and marijuana is 13

The risks of being young are rising. Still, the basic rules for raising kids haven't changed much over the years. Getting involved in our kids' lives and teaching them a strong sense of self-worth is as important now as ever. Kids who value themselves and their own feelings are less likely to make choices based on what their friends say or think or do.

So how does a busy, modern-day parent do all that?

Spend time together. Set aside at least 10 minutes daily for quiet conversation with each child. Plan at least one family fun time each week — for walks, games, family projects or shared hobbies. Give your kids access to you; it's what they want most.

Build good feelings. Encourage your kids often, pointing out the special qualities of each child. Be specific (they'll know if you're faking): "I appreciate the way you helped your baby brother today," or "You make friends so easily." Remember that your kids are individuals, too, and may choose to be different from you. Within reason, allow for differences in dress and lifestyle without taking your love away.



Build strong boundaries. Teach your children to like and respect themselves by liking yourself. Don't allow your kids, friends, or spouse to bully or mistreat you.

Decision-making. Within careful limits, let your kids make their own choices — when to study, what to play, how to spend their money. Encourage working together on family chores and activities, from making the beds to making plans for a ball game. Watch for “teachable moments” — a chance to talk about an idea, share an experience, or (gulp) let the kids decide what's for dinner.

Family Drug **EDUCATION**

The best place to begin guiding our kids in making decisions about alcohol and other drugs is in the home. We suggest beginning drug education early — and as a natural part of family projects and mealtime talks. And if it's too late to start “early,” start anyway. Your kids may not know as much as they think.

GROUP Think

- Begin by collecting information on drugs and alcohol. Read and talk about issues and separate rumors from facts.
- Share your feelings about how drugs might affect your children: “I'm scared that you'll get hurt by riding in a car with someone who is drunk or high,” or “I'm afraid that once you start, you won't be able to stop.”
- Be honest about your own drug use: “I'm really struggling to quit smoking and I hate the thought of you starting. I hope you'll save yourself all the trouble I'm going through and not start at all.”
- Keep your kids' ages in mind: Young children view the world as black or white and are usually satisfied with the statement that drugs are “bad.” But don't expect your teenagers to see it that simply. They're more likely to view drug use and drinking as their own choice. Be ready with sound facts and solid examples of the damage alcohol and other drugs can do.



What **YOU** Can Do

Your child's transition from elementary school to middle school or junior high calls for special vigilance. Children are much more vulnerable to drugs and other risky behavior when they move from sixth to seventh grade than when they were younger.

Continue the dialogue on drugs that you began when your child was younger, and stay involved in your child's daily life by encouraging interests and monitoring activities. Use the specific actions below to significantly reduce the chance of your child becoming involved with drugs. Some of these actions may seem like common sense. And some may meet with resistance from preteens who are naturally striving to achieve independence from their parents. But all the measures listed below are critically important in making sure that your child's life is structured in such a way that drugs have no place in it.

- **If possible, arrange to have your children looked after and engaged from three to five p.m.** Encourage them to get involved with youth groups, arts, music, sports, community service, and academic clubs.
- **Make sure children who are unattended for periods during the day feel your presence.** Give them a schedule and set limits on their behavior. Give them household chores to accomplish. Enforce a strict phone-in-to-you policy. Leave notes for them around the house. Provide easy-to-find snacks.
- **Get to know the parents of your child's friends.** Exchange phone numbers and addresses. Have everyone agree to forbid each others' children from consuming alcohol, tobacco, and other drugs in their homes, and pledge that you will inform each other if one of you becomes aware of a child who violates this pact.
- **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 dispensed. Don't be afraid to check out the party yourself to see that adult supervision is in place.
- **Make it easy for your child to leave a place where substances are being used.** Discuss in advance how to contact you or another designated adult in order to get a ride home. If another adult provides the transportation, be up and available to talk about the incident when your child arrives home.
- **Set curfews and enforce them.** Weekend curfews might range from 9 p.m. for a fifth-grader to 12:30 a.m. for a senior in high school.

Laying the **FOUNDATION**

There's good news and bad news about being a parent today.

The bad news is that it's hard work — maybe the hardest work that we'll ever take on in our lives. And as growing up gets more complicated for our kids, our job of supporting and guiding them in the decisions they make gets tougher too.

The good news is that we don't have to do it alone.

In this section we'll review common community resources for "drug-proofing" our kids — from simple, common sense changes we can all make at home to community-wide campaigns and activities.

The rest is up to you. Because like parenting, preventing alcohol and drug use is a tough job. But it's one you'll never regret.

PARENT POWER

Know yourself. Be clear about where you (and any other adults in the household) stand on using drugs and alcohol. Talk it over in advance with your spouse or other adult partner.

No drug use. Many families establish a no drug use rule for their kids. It's short, simple — and safe. Whatever your rules are, be certain family members know what they are.

Family rules. Set consequences for breaking family rules that you are willing to carry out and that match the rule that's been broken. Don't threaten if you won't follow through.

Healthy choices. One of the best ways to practice "drug-proofing" in your family is by helping your children make healthy lifestyle choices. Teach them how to reduce stress and worry without illegal substances, through exercise or talking their troubles out. And help them learn to have fun and feel good about themselves by learning new skills — or fine-tuning old ones.

Support systems. Get to know other parents in your neighborhood, your child's group of friends, or after-school

activities. Use your network to provide a caring, supervised setting for your kids when you're not there. Carpool, join the PTA, share supervision of activities, develop joint rules on curfews and dating, and support one another in maintaining a safe space for kids.

Community Connections. Investigate local prevention resources through public schools and special law enforcement programs. Service groups, such as Boys and Girls Clubs, YMCA, Head Start, departments of parks and recreation and others also offer summer and after-school activities and prevention programs for youth.



How to **TALK WITH YOUR CHILD** About Drugs **Preschoolers**

It may seem premature to talk about drugs with preschoolers, but the attitudes and habits that they form at this age have an important bearing on the decisions they will make when they're older. At this early age, they are eager to know and memorize rules, and they want your opinion on what's "bad" and what's "good."

Although they are old enough to understand that smoking is bad for them, they're not ready to take in complex facts about alcohol, tobacco, and other drugs. Nevertheless, this is a good time to practice the decision-making and problem-solving skills that they will need to say "no" later on.

Here are some ways to help your preschool children make good decisions about what should and should not go into their bodies:

- Discuss why children need to eat healthy food. Have your child name several favorite good foods and explain how these foods contribute to health and strength.
- Set aside regular times when you can give your son or daughter your full attention. Get on the floor and play with him; learn about her likes and dislikes; let him know that you love him; say that she's too wonderful and



unique to do drugs. You'll build strong bonds of trust and affection that will make turning away from drugs easier in the years to come.

- Provide guidelines like playing fair, sharing toys, and telling the truth so children know what kind of behavior you expect from them.
- Encourage your child to follow instructions, and to ask questions if he does not understand the instructions.
- When your child becomes frustrated at play, use the opportunity to strengthen problem-solving skills. For example, if a tower of blocks keeps collapsing, work together to find possible solutions. Turning a bad situation into a success reinforces a child's self-confidence.
- Whenever possible, let your child choose what to wear. Even if the clothes don't quite match, you are reinforcing your child's ability to make decisions.
- Point out the poisonous and harmful substances commonly found in homes, such as bleach, kitchen cleanser, and furniture polish, and read the products' warning labels out loud. Explain to your children that not all "bad" drugs have warnings on them, so they should only take prescribed medicine that you, a grandparent or a babysitter give them.
- Explain that prescription medications are drugs which can help the person for whom they are meant but that can harm anyone else – especially children, who must stay away from them.

Kindergarten through third grade (5-8 years old)



A child this age usually shows increasing interest in the world outside the family and home. Now is the time to begin to explain what alcohol, tobacco, and drugs are, that some people use them even though they are harmful, and the consequences of using them. Discuss how anything you put in your body that is not food can be extremely harmful, and how drugs interfere with the way our bodies work and can make a person very sick or even cause them to die.

(Most children of this age have had real-life experiences with a death of a relative or the relative of someone at school.) Explain the idea of addiction – that drug use can become a very bad habit that is hard to stop. Praise your children for taking good care of their bodies and avoiding things that might harm them.

By the time your children are in third grade, they should understand:

- how foods, poisons, medicines, and illegal drugs differ;
- how medicines prescribed by a doctor and administered by a responsible adult may help during illness but can be harmful if misused, so children need to stay away from any unknown substance or container;
- why adults may drink but children may not, even in small amounts – it's harmful to children's developing brains and bodies.

Grades four through six (9-11 years old)

Continue to take a strong stand about drugs. At this age, children can handle more sophisticated discussions about why people are attracted to drugs. You can use their curiosity about major traumatic events in people's lives (like a car accident or divorce) to discuss how drugs can cause these events. Children this age also love to learn facts, especially strange ones, and they want to know how things work. This age group can be fascinated by how drugs affect a user's brain or body. Explain how anything taken in excess – whether it's cough medicine or aspirin – can be dangerous.

Friends – either a single best friend or a group of friends – are extremely important during this time, as is fitting in and being seen as "normal." When children enter middle or junior high school, they leave their smaller, more protective surroundings and join a much larger, less intimate crowd of preteens. These older children may expose your child to alcohol, tobacco, or drugs. Research shows that the earlier children begin using these substances, the more likely they are to experience serious problems. It is essential that your child's anti-drug attitudes be strong before entering middle school or junior high.

Before leaving elementary school, your children should know:

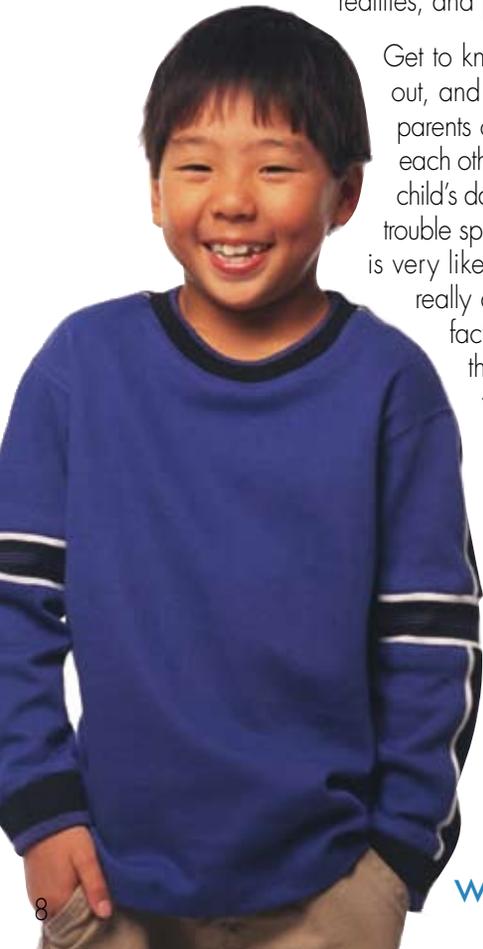
- the immediate effects of alcohol, tobacco, and drug use on different parts of the body, including risks of coma or fatal overdose;



- the long-term consequences – how and why drugs can be addictive and make users lose control of their lives;
- the reasons why drugs are especially dangerous for growing bodies;
- the problems that alcohol and other illegal drugs cause not only to the user, but the user’s family and world.

Rehearse potential scenarios in which friends offer drugs. Have your children practice delivering an emphatic “That stuff is really bad for you!” Give them permission to use you as an excuse: “My mom will kill me if I drink a beer!” “Upsetting my parents” is one of the top reasons preteens give for why they won’t use marijuana.

Teach your children to be aware of how drugs and alcohol are promoted. Discuss how advertising, song lyrics, movies, and TV shows bombard them with messages that using alcohol, tobacco, and other drugs is glamorous. Make sure that they are able to separate the myths of alcohol, tobacco, and other drug use from the realities, and praise them for thinking for themselves.



Get to know your children’s friends, where they hang out, and what they like to do. Make friends with the parents of your children’s friends so you can reinforce each others’ efforts. You’ll feel in closer touch with your child’s daily life and be in a better position to recognize trouble spots. (A child whose friends are all using drugs is very likely to be using them, too.) Children this age really appreciate this attention and involvement. In fact, two-thirds of fourth-graders polled said that they wished their parents would talk more with them about drugs.

Grades seven through nine (12-14 years old)

A common stereotype holds that teenagers are rebellious, are ruled by peer pressure, and court danger even to the point of self-destructiveness. Although teens often seem unreceptive to their parents as they struggle to become independent, teens need parental support, involvement, and guidance more than ever.

www.drugfree.org/AZ



What are the Drugs in Your Child’s World

- | | | |
|----------------------|--|--|
| PRESCHOOLERS | <ul style="list-style-type: none"> • Alcohol • Inhalants • Tobacco | <ul style="list-style-type: none"> • Ketamine • LSD • Marijuana • Mushrooms |
| K-3RD GRADE | <ul style="list-style-type: none"> • Alcohol • Ritalin • Tobacco | <ul style="list-style-type: none"> • Ritalin • Rohypnol • Tobacco |
| 4TH-6TH GRADE | <ul style="list-style-type: none"> • Alcohol • Inhalants • Marijuana • Ritalin • Tobacco | 10TH-12TH GRADE <ul style="list-style-type: none"> • Alcohol • Cocaine • Crack • Ecstasy • Herbal Ecstasy • GHB • Heroin • Inhalants • Ketamine • LSD • Marijuana • Mushrooms • Ritalin • Rohypnol • Tobacco |
| 7TH-9TH GRADE | <ul style="list-style-type: none"> • Alcohol • Cocaine • Crack • Ecstasy • Herbal Ecstasy • GHB • Heroin • Inhalants | |

Young teens can experience extreme and rapid shifts in their bodies, emotional lives, and relationships. Adolescence is often a confusing and stressful time, characterized by mood changes and deep insecurity, as teens struggle to figure out who they are and how to fit in while establishing their own identities. It’s not surprising that this is the time when many young people try alcohol, tobacco, and other drugs for the first time.

Parents may not realize that their young teens feel surrounded by drug use. Nearly nine out of ten teens agree that “it seems like marijuana is everywhere these days.” Teens are twice as likely to be using marijuana as parents believe they are, and teens are getting high in places that parents think are safe havens, such as around school, at home, and at friends’ houses.

Although teens may not show they appreciate it, parents profoundly shape the choices their children make about drugs. Take advantage of how much young people care about social image and appearance to point out the immediate, distasteful consequences of tobacco and marijuana use – for example, that smoking causes bad breath and stained teeth and makes clothes and hair smell. At the same

time, you should discuss drugs' long-term effects:

- lack of crucial social and emotional skills, ordinarily learned during adolescence;
- risk of lung cancer and emphysema from smoking;
- fatal or crippling car accidents and liver damage from heavy drinking;
- addiction, brain coma, and death.

Grades ten through twelve (15-17 years old)

Older teens have already had to make decisions many times about whether to try drugs or not. Today's teens are savvy about drug use, making distinctions not only among different drugs and their effects, but also among trial, occasional use, and addiction. They witness many of their peers using drugs – some without obvious or immediate consequences, others whose drug use gets out of control.

To resist peer pressure, teens need more than a general message not to use drugs. It's now also appropriate to mention how alcohol, tobacco, and other drug consumption during pregnancy has been linked with birth defects in newborns. Teens need to be warned of the potentially deadly effects of combining drugs. They need to hear a parent's assertion that anyone can become a chronic user or an addict and that even non-addicted use can have serious permanent consequences.

Because most high school students are future-oriented, they are more likely to listen to discussions of how drugs can ruin chances of getting into a good college, being accepted by the military, or being hired for certain jobs.

Teenagers tend to be idealistic and enjoy hearing about ways they can help make the world a better place. Tell your teens that drug use is not a victimless crime,

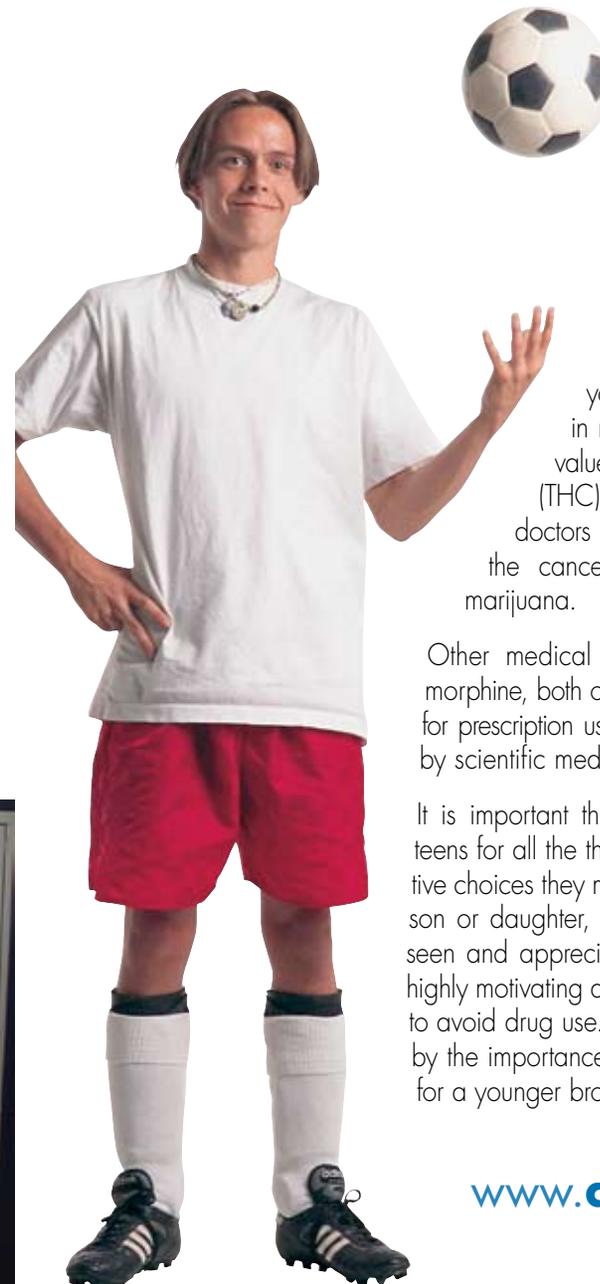


and make sure they understand the effect that drug use has on our society. Appeal to your teen by pointing out how avoiding illegal drugs helps make your town a safer, better place, and how being drug-free leaves more energy to volunteer after school for tutoring or coaching younger kids— activities the community is counting on.

Your teenager may be aware of the debate over the legalization of marijuana and whether or not doctors should be able to prescribe it for medicinal purposes. The idea that there might be legitimate health advantages to an illegal drug is confusing. Now that your teenager is old enough to understand the complexities of this issue, it is important to discuss it at some point – perhaps during a teachable moment inspired by a news report. You may want to let your teen know that the ingredient in marijuana that has some medicinal value – delta-9-tetrahydrocannabinol (THC) – can already be prescribed by doctors in a pill form that doesn't contain the cancer-causing substances of smoked marijuana.

Other medical painkillers include codeine and morphine, both of which have been determined safe for prescription use after rigorous testing and review by scientific medical organizations.

It is important that parents praise and encourage teens for all the things they do well and for the positive choices they make. When you are proud of your son or daughter, tell him or her. Knowing they are seen and appreciated by the adults in their lives is highly motivating and can shore up their commitments to avoid drug use. Your teen may also be impressed by the importance of serving as a good role model for a younger brother or sister.



www.drugfree.org/AZ

ALCOHOL

What is it and what does it look like?

Alcohol is a Depressant, and is consumed orally (swallowed).

Street names or slang terms:

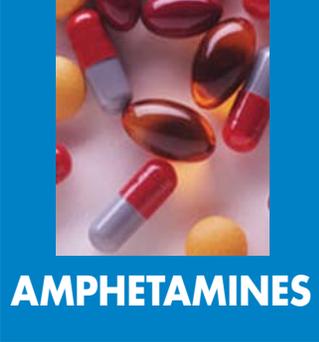
- beer
- wine
- liquor
- cooler
- malt liquor

Short and long term effects:

- dizziness
- slurred speech
- disturbed sleep
- nausea, vomiting
- hangovers
- impaired motor skills
- violent behavior
- impaired learning
- fetal alcohol syndrome
- respiratory depression, death (high doses)

Every parent should know:

According to the 2004 Arizona Youth Survey, first use of alcohol is typically 13 years old.



AMPHETAMINES

Amphetamines are stimulants, and they can be injected, snorted, smoked or swallowed.

Street names or slang terms:

- speed
- ups
- biphphetamine
- hearts
- black beauties
- bennies
- bumble bees
- copilots
- footballs
- dexedrine

Short and long term effects:

- irritability, aggression
- increased blood pressure, temperature
- paranoia/psychosis
- anxiety
- dizziness, convulsions
- loss of appetite
- increased risk of exposure to HIV, hepatitis, other infectious diseases (if injected)

Every parent should know:

Both Ecstasy and methamphetamine are forms of amphetamines. Chronic use of amphetamines can induce psychosis with symptoms similar to schizophrenia.



COCAINE

What is it and what does it look like?

Cocaine is a stimulant is consumed by injecting, smoking, snorting or swallowing.



Street names or slang terms:

- coke
- snow
- flake
- blow
- white
- big C
- nose candy
- snowbirds

Short and long term effects:

- increased blood pressure, and heart rate
- paranoia, anxiety, hallucinations
- seizures, heart attack, respiratory failure
- insomnia, irritability
- loss of appetite
- increased risk of exposure to HIV, hepatitis, other infectious diseases (if injected)
- death

Every parent should know:

Paraphernalia include razor blades, scales, small mirrors, mini ziplock bags, short straws, surgical tubing, syringes, funnels, and spoons with the stems broken off.



CRACK

What is it and what does it look like?

Crack, like cocaine, is a stimulant. Crack normally is heated and smoked in a pipe.

Street names or slang terms:

- rock
- freebase
- pony
- pebbles
- 151
- baseball
- apple jacks
- half track

Short and long term effects:

- increased blood pressure, heart rate
- increased risk of exposure to HIV, hepatitis, other infectious diseases (if injected)
- paranoia, anxiety, hallucinations
- seizures, heart attack, respiratory failure
- insomnia, irritability, loss of appetite
- death

Every parent should know:

Crack is the "rock" form of cocaine. Crack paraphernalia can include a pipe, which can be an actual pipe, or a makeshift one, such as a soda can and hollowed car antenna.



DXM

What is it and what does it look like?

DXM, dextromethorphan, is a cough-suppressant, and is found in many over-the-counter cold medicines (tablets or gelcaps) and liquid cough syrups.

Street names or slang terms:

- Dex
- Robo
- Tussin
- Skittles
- C-C-C
- Triple C
- Red Devils

Short and long term effects:

- nausea, vomiting, abdominal pain
- seizures
- confusion
- hallucinations
- sleep problems
- numbness of fingers and toes
- high blood pressure, irregular heart beat
- brain damage
- death

Every parent should know:

Currently, Coricidin HBP is the over-the-counter medicine with the highest concentration of DXM. The small red pills are called Skittles, for their likeness to the popular candy. Coricidin HBP abuse among teens is a growing problem.



ECSTASY

What is it and what does it look like?

Ecstasy is part stimulant and part hallucinogen, usually in colorful tablets with embossed cartoon characters, symbols or logos, resembling candy.

Street names or slang terms:

- E
- XTC
- Adam
- Hug Drug
- Clarity
- Beans
- Roll

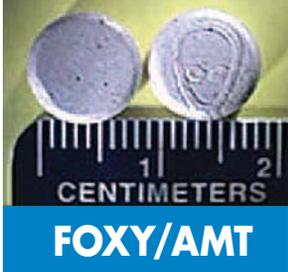
Short and long term effects:

- anxiety, paranoia, depression
- muscle tension
- nausea, reduced appetite
- blurred vision
- fainting
- increased heart rate and blood pressure
- tremors, hallucinations
- death

Every parent should know:

Paraphernalia can include pacifiers, candy necklaces or rings, glow sticks, nasal inhalers, breath sweetener bottles, and dust masks.





FOXY/AMT

What is it and what does it look like?

Foxy/AMT— hallucinations, visual and auditory disturbances or distortions, dilated pupils, emotional distress, nausea, vomiting, diarrhea.

Street names or slang terms:

- Foxy Methoxy
- fake Ecstasy

Short and long term effects:

- hallucinations, visual and auditory disturbances or distortions
- dilated pupils
- emotional distress
- nausea, vomiting
- diarrhea

Every parent should know:

Foxy and AMT are often passed off as Ecstasy, and they come in colorful tablets like Ecstasy. However, unlike Ecstasy, Foxy and AMT can produce extreme hallucinations without the “warm and fuzzy” feeling usually associated with Ecstasy.



GHB

What is it and what does it look like?

GHB – is a depressant gamma hydroxybutyrate
Street names or slang terms:

- goop
- Grievous Bodily Harm
- Georgia Home Boy
- somatomax
- liquid ecstasy

Short and long term effects:

- tremors, seizures
- comas
- insomnia
- anxiety
- difficulty breathing
- impaired motor skills
- violent behavior
- impaired learning
- fetal alcohol syndrome
- respiratory depression, death (high doses)

Every parent should know:

GHB is a clear, colorless, tasteless, odorless liquid that is almost undetectable when dissolved in a drink. GHB can be packaged in water bottles, mouthwash containers, glass vials and eyedropper bottles.



HERBAL ECSTASY

What is it and what does it look like?

Herbal Ecstasy is a stimulant. It comes in various forms that can be swallowed, snorted or smoked.

Street names or slang terms:

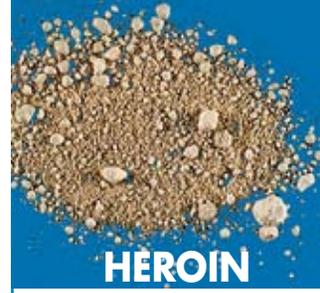
- ephedrine
- Ultimate Xphoria
- ephedra
- Rave Energy
- Cloud 9
- X

Short and long term effects:

- increased heart rate
- increased blood pressure
- seizures
- stroke
- liver failure
- harmful reactions to those with diabetes, high blood pressure or heart disease
- heart attacks
- death

Every parent should know:

“Herbal” doesn’t mean it’s good for you. Herbal Ecstasy contains ephedra, the same ingredient as some diet supplements, and the same ingredient that has been linked to at least 100 deaths. The FDA banned ephedra in late 2003.



HEROIN

What is it and what does it look like?

Heroin is an opiate drug that can be smoked or snorted, or heated into a liquid and injected.

Street names or slang terms:

- smack
- mud
- dope
- horse
- junk
- brown sugar
- big H
- black tar

Short and long term effects:

- constricted pupils, impaired night vision
- vomiting after first use and at high doses
- decreased sexual pleasure, indifference to sex
- respiratory failure
- dry itching skin, skin infections
- increased risk of exposure to HIV, hepatitis, infectious diseases (if injected)
- death

Every parent should know:

Heroin paraphernalia can include burnt spoons or plastic scoops, needles, razor blades, straws, pipes, plastic tubing, rolled-up dollar bills and eyedroppers.



INHALANTS

What is it and what does it look like?

Inhalants can be anything from household cleaning products to spray paint. The vapors from these products are inhaled to produce a fast high.

Street names or slang terms:

- nitrous oxide
- whippets
- laughing gas
- poppers
- huffing
- bagging

Short and long term effects:

- severe mood swings
- decrease or loss of sense of smell and appetite
- decrease in heart and respiratory rates
- liver, lung, kidney damage
- tremors, hallucinations
- dangerous chemical imbalances in body
- fatigue, lack of coordination, muscle weakness
- hepatitis or peripheral neuropathy

Every parent should know:

Products that are used as inhalants can include model airplane glue, nail polish remover, cleaning fluids, fabric protector, hair spray, gasoline, freon, spray paint, cooking spray, correction fluid and the propellant in whipped cream cans.

KETAMINE

What is it and what does it look like?

Ketamine is a dissociative anesthetic. It can be in pill, powder, or liquid form, and is usually snorted or smoked.

Street names or slang terms:

- cat valium
- jet
- vitamin K
- super-K
- Ketalar
- Ketaject
- new ecstasy
- special K
- breakfast cereal
- psychedelic heroin

Short and long term effects:

- delirium
- amnesia
- impaired motor functions
- potentially fatal respiratory problems

Every parent should know:

Ketamine, which is an anesthetic used mostly on animals, is chemically similar to PCP. Many ketamine users have reported severe hallucinations, and those hallucinations turn up as flashbacks during recovery.



LSD

What is it and what does it look like?

LSD is a hallucinogen, and is in pill, liquid, blotter paper or gelatin form. LSD normally is consumed orally or



placed on the tongue (blotter paper).

Street names or slang terms:

- lysergic acid diethylamide
- acid
- tabs
- barrels
- window panes
- yellow sunshines
- microdot
- sugar cubes
- blotter

Short and long term effects:

- elevated body temperature
- elevated blood pressure
- chronic recurring hallucinations
- flashbacks
- suppressed appetite
- tremors, numbness
- psychosis
- death

Every parent should know:

LSD liquid often is sold in breath mint bottles, and blotter paper is decorated with icons, cartoons and other eye-catching symbols.



MARIJUANA

What is it and what does it look like?

Marijuana can be in the form of dried leaves that are consumed orally, or crushed and rolled into a "joint" and smoked in bong or water pipes

Street names or slang terms:

- weed
- reefer
- dope
- Aunt Mary
- sinsemilla
- gangster
- herb
- pot
- grass
- Mary Jane
- 420
- chronic
- ganja
- kif

Short and long term effects:

- bloodshot eyes
- dry mouth, throat
- reduced ability in concentration, coordination
- impairments in learning, memory, perception, judgment
- intense anxiety, panic attacks
- difficulty in speaking, thinking, retaining knowledge, problem-solving, forming concepts

Every parent should know:

Marijuana paraphernalia can include alligator clips, "roach" clips, cigarette-rolling papers, surgical tubing and glass or homemade pipes.



METHAMPHETAMINE

What is it and what does it look like?

Meth is a stimulant that can be snorted, swallowed, injected, or smoked (the smokable form, crystal meth, resembles crushed ice).

Street names or slang terms:

- meth
- crank
- fire
- glass
- crisy
- white cross
- speed
- crypto
- crystal
- ice
- quartz

Short and long term effects:

- increased blood pressure, hyperthermia
- convulsions, stroke, heart and blood toxicity
- hallucinations, and the sensation of insects crawling on or under skin
- compulsive behavior
- paranoia

Every parent should know:

Meth paraphernalia can include glass pipes or bong, scales, hand torches, syringes and mini ziplock bags. A disturbing trend among female teens is using meth to lose weight. Weight loss is severe, but so are the side effects.



MUSHROOMS

What is it and what does it look like?

Mushrooms are hallucinogens, and are dried, then consumed orally or brewed in tea.

Street names or slang terms:

- magic mushrooms
- shrooms
- psilocin
- caps
- psilocybin

Short and long term effects:

- increased blood pressure
- hallucinations
- distorted perceptions of sensations, such as touch, sight, sound and taste
- paranoia
- nervousness
- sweating
- nausea

Every parent should know:

The use of "magic" mushrooms didn't die with the 1970s. Mushrooms and other hallucinogenics have made a comeback, especially at raves.



OXYCONTIN

What is it and what does it look like?

OxyContin comes in tablets or caplets and are swallowed, but some users snort the crushed powder or boil it with water and inject it.



Street names or slang terms:

- hillbilly heroin
- poor man's heroin
- killers
- oxy
- oxycodone
- oxycotton
- OC

Short and long term effects:

- respiratory depression
- constipation
- nausea, vomiting
- dizziness, weakness
- analgesia
- headache, dry mouth
- sedation

Every parent should know:

OxyContin, a prescription muscle relaxer, can be legally prescribed to relieve moderate to severe pain. However, non-legal use of the drug is on the rise because it can produce a heroin-like high without the heroin-like withdrawals.



PCP

What is it and what does it look like?

PCP is a dissociative anesthetic, and comes in tablets, capsules and various colors of powder. It can be injected, snorted, swallowed or smoked.

Street names or slang terms:

- angel dust
- ozone
- wack
- elephant tranquilizers
- dust
- rocket fuel
- peace pill
- embalming fluid

Short and long term effects:

- hallucinations, sometimes severe
- "out of body" experiences
- impaired motor skills
- inability to feel pain
- respiratory attack
- aggressive behavior, violence, paranoia
- increased risk of exposure to HIV, hepatitis, other infectious diseases (if injected)
- death

Every parent should know:

PCP has made a comeback in recent years. The severe effects are still the same, but the look has changed to attract the younger "rave" crowd. PCP pills now can look like candy (and Ecstasy): colorful tablets embossed with cartoon characters.



RITALIN

What is it and what does it look like?

Ritalin is a prescription medication

used to treat ADHD. It is in tablet form, which can be swallowed, crushed into a powder and snorted, or injected.

Street names or slang terms:

- methylphenidate
- smart drug
- west coast
- vitamin R

Short and long term effects:

- irregular heartbeat or respiration
- paranoia, hallucinations, delusions
- excessive repetition of movements and meaningless tasks
- tremors, convulsions, seizures
- stroke
- increased risk of exposure to HIV, hepatitis, other infectious diseases (if injected)

Every parent should know:

There have been reports of Ritalin's abuse for whom it is not a medication. These prescription tablets can create powerful stimulant effects and serious health risks when crushed and then snorted like cocaine, or injected like heroin.



ROHYPNOL

What is it and what does it look like?

Rohypnol is a prescription medication that comes in pill form. It can be swallowed, or crushed and dissolved into a drink, or snorted.

Street names or slang terms:

- date-rape drug
- flunitrazepam
- roach
- forget pill
- rope
- rib
- la roche
- roofies
- rophies
- R2
- roofenol

Short and long term effects:

- blackouts with complete loss of memory
- sense of fearlessness
- aggression
- dizziness
- disorientation
- nausea
- difficulty with motor movements and with speaking

Every parent should know:

Rohypnol is a prescription drug used to treat severe sleep problems. It is tasteless, odorless, and can completely dissolve in liquid, hence its popularity as a "date-rape drug" at nightclubs or parties.



SOMA

What is it and what does it look like?

Soma, the brand name for the prescription muscle relaxant Carisoprodol, is a depressant, and it comes in pill form.

Street names or slang terms:

- carisoprodol
- somas
- DANs
- D's
- dance
- DAN5513

Short and long term effects:

- drowsiness
- extreme weakness
- increased heart rate
- dizziness
- burning in the eyes
- temporary loss of vision
- nausea, vomiting
- impaired mental and physical abilities
- difficulty breathing

Every parent should know:

Soma can help relieve pain from muscle injuries, when legally prescribed. However, illegal use of Soma is on the rise. In a 2000 report, the DEA named Carisoprodol the most abused non-controlled substance in America.



STEROIDS

What is it and what does it look like?

Steroids are man made substances related to male sex hormones.

Street names or slang terms:

- rhoids
- juice
- sauce
- slop

Short and long term effects:

- liver cancer
- sterility
- masculine traits in women
- feminine traits in men
- aggression
- depression
- acne
- mood swings

Every parent should know:

Paraphernalia associated with steroids can include syringes and ampules (small, sealed glass vials that hold hypodermic injectable solutions).



TOBACCO

What is it and what does it look like?

Tobacco originates from the tobacco plant. The leaves are chopped up and are made into smokable or chewable forms.

Street names or slang terms:

- cigarettes
- pipes
- butt
- bone
- cancer stick
- cigars
- smoke
- snuff
- coffin nail

Short and long term effects:

- heart, cardio-vascular disease
- cancer of the lung, larynx, esophagus, bladder, mouth, pancreas and kidney
- emphysema
- chronic bronchitis
- spontaneous abortion, pre-term delivery, low birth weight

Every parent should know:

According to a 2004 NIDA report, 42% of high school students have smoked cigarettes. The pressure to try smoking can start as early as the fourth grade.



VICODIN

What is it and what does it look like?

Vicodin, a prescription pain reliever, is a combination of hydro-codone and acetaminophen. Hydrocodone, an opioid, is similar in structure to codeine.

Street names or slang terms:

- hydrocodone
- hydrocodone bitartrate
- vike
- vics

Short and long term effects:

- dizziness
- nausea, vomiting
- mood changes
- anxiety and fear
- drowsiness
- skin rash
- decreased mental and physical abilities
- hearing loss
- slowed breathing

Every parent should know:

The DEA lists Vicodin as one of the most abused pharmaceutical controlled substances in America. Non-medical use of Vicodin is a growing trend among teens. Many users combine Vicodin with other drugs, such as OxyContin.

How to spot **DRUG OR ALCOHOL USE**

Most parents have a sixth sense about how their kids act and feel. We usually know when something is “off” — and sometimes long before full-blown problems appear. But identifying drug and alcohol problems is tricky.

Lots of kids first get involved — or get in trouble — at the age when they naturally start demanding greater freedom and more privacy from parents.

Learning the difference between “symptoms” of growing up and the warning signs of alcohol and other drug use isn’t easy. As a parent, you must ask questions carefully and avoid snap judgments, yet learn to trust our sense that our kids are in trouble.

By themselves, many of the following signs may signal nothing more than the pains and pangs of “teenagehood.” But taken together, they should make a parent’s sixth sense tingle. Because if alcohol or drug use is not the problem, something else may be.

Your Child Might Be Using Drugs If:

- she’s withdrawn, depressed, tired, and careless about personal grooming;
- he’s hostile or uncooperative, and frequently breaks curfews;
- her relationships with family members have deteriorated;
- he’s hanging around with a new group of friends;
- her grades have slipped, and her school attendance is irregular;
- he’s lost interest in hobbies, sports, and other favorite activities;
- her eating or sleeping patterns changed;
- she’s up at night and sleeps during the day;
- he has a hard time concentrating;
- her eyes are red-rimmed and/or nose is runny in the absence of a cold;
- household money has been disappearing.



What you can say to get a conversation going

- I think you’ve got a problem and I need to talk with you about it
- You’ve scared me and broken our rules. Here’s how we’re going to help you
- Do you want to tell me what’s going on?

If you suspect your child is drinking or using drugs, find out the extent of the problem with our online questionnaire at www.Drugfree.org/intervention/quiz.

TIPS to help parents and caregivers intervene

- Hold a conversation when your child is not high or drunk, and when you feel you can be calm and rational.
- Explain that your love and concern for your child’s safety and well-being is the basis for your concern.
- Try to remain neutral and non-judgmental
- Tell your child the warning signs you’ve observed in her behavior that have made you concerned. Openly voice your suspicions, but avoid direct accusations.
- Listen to everything your child has to say. If she brings up related problems, promise you’ll address those problems later. Reiterate that what you are addressing at the moment is her drug use, which is a serious health issue and may be at the core of other problems.
- If you need help during this conversation, involve another family member, your child’s guidance counselor or physician.

INTERVENE NOW if you think your child is using drugs or alcohol

Your suspicion or hunch may be right. The faster you act, the faster your child can become healthy again.

Have an informal intervention with your child; it doesn’t have to be a formal confrontation. A powerful way to intervene is to have a conversation with your child. Letting her know that you don’t want her using drugs or alcohol and sharing your reasons is a perfectly acceptable and responsible place to start.

For Kids in Crisis: Get Help

As with any health issue, an important first step is to get a professional evaluation of your child’s condition. Call your doctor, local hospital, state or local substance abuse agencies for a referral. Drug addiction is a treatable disease. And with proper treatment, you, your child and your family can live healthy, drug-free lives. If it’s determined that your child has developed a pattern of drug use or an addiction, the next step could be a drug treatment program. Your school district may have a substance abuse coordinator or a counselor who can refer you to treatment programs. Parents whose children have been through treatment programs may also be a good source of information. To find a treatment center close to your home log on to www.drugfree.org/Intervention and enter your zip code in the treatment locator. You will be directed to the treatment facilities in your area.

Need Help? **GET HELP!**

Inclusion in this guide does not constitute an endorsement by the Arizona Chapter of the Partnership for a Drug-Free America. Errors or omissions are not intended.

For help please visit www.drugfree.org/AZ

EMERGENCIES

Police, fire or medical emergencies. 911

CRISIS HOTLINES

EMPACT— Suicide Prevention Center (480) 784-1500
24-hour crisis line
County Wide Crisis System 1-800-631-1314
24-hour line in Maricopa County
State of Arizona Child Abuse Hotline (602) 530-1800
Teens-Talking-to-Teens (602) 248-8336
Peer counseling Mon. – Thurs. between 5 and 10 p.m.
ValueOptions 24-Hour Crisis Hotline. (602) 222-9444
Across Arizona 1-800-631-1314

HELPLINES

Adult Children of Alcoholics. (602) 241-6760
AlAnon and AlAteen (602) 249-1257
Alcoholics Anonymous (602) 264-1341
Banner Helpline (602) 254-HELP (4357)
In Arizona. 1-800-254-HELP
Cocaine Anonymous. (602) 279-3838
Community Information & Referral Services (602) 263-8856
24-hour helpline
Community Bridges – East Valley (480) 962-7711
24-hour helpline
National Council on Alcoholism (602) 264-6214
Only available during business hours; press 4 at recording
NOVA (623) 937-9203
Open 8 a.m. to 6 p.m.

Salvation Army Shelters (602) 267-4130
Maricopa County Shelter Information 1-800-799-7739
ValueOptions Services 1-800-564-5465
24-hour line; web site: www.valueoptions.com/arizona

VALLEY/STATE WIDE SERVICES

ANASAZI Foundation 1-800-678-3445
Banner Behavioral Health Hospital (Scottsdale) (480) 941-7500
Adolescent residential and outpatient chemical dependency
Black Family & Child Services of Central Phoenix
Counseling (602) 243-1773
The CARE Center (South Phoenix)
Main Number. (602) 764-5053
Social Worker (602) 764-5054
Catholic Social Services (Valley-wide). (602) 997-6105
Centro de Amistad (Guadalupe). (480) 839-2926
Chicanos Por La Causa, Inc. Drug and Alcohol Rehabilitation
Corazon (Males) (602) 233-9747
De Colores (Females) (602) 269-1515
Centro de la Familia (Females/Males outpatient) (623) 247-0464
Via de Amistad (602) 257-5530
EMPACT - Suicide Prevention Center (E. Valley) (480) 784-1500
Maricopa County Attorney's Office, Drug-Free AZ (602) 506-3422
Native Americans Connections, Inc. (602) 254-3247
Jewish Family and Child Services (Multi-Sites). (602) 279-7655
NOVA, Inc. (Northwest) (623) 937-9203
Southwest Behavioral Health Services
Administration. (602) 265-8338
Family Counseling (602) 257-9339
PREHAB of Arizona (Mesa) (480) 969-4024
TASC Treatment Assessment Screening 1-888-412-8272 (TASC)
Center (Multi-Sites) (602) 254-7328
Valle del Sol (South Central) (602) 258-6797
ValueOptions Services 1-800-564-5465
24-hour line; web site: www.valueoptions.com/arizona



VOLUNTEER OPPORTUNITIES

Sign up be a **PARENT PARTNER**

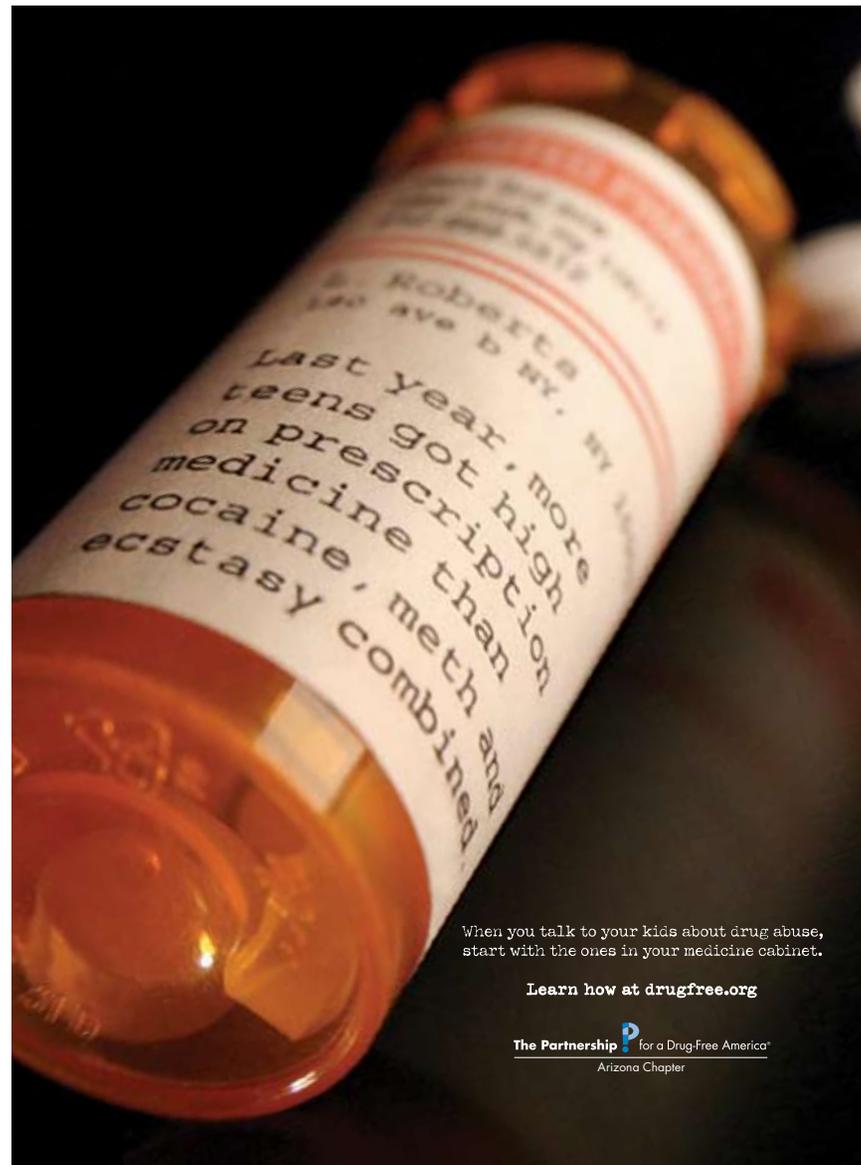
The *Parent Partners* program goes beyond the traditional approach to drug prevention. It includes a new, innovative parent-to-parent network and speaker's bureau – the *Parent Partners* – that provide parents with opportunities to learn from other parents' experiences during local meetings and events; we're reaching out to parents where they work, play and spend time. The program also gives parents important information about drug and alcohol usage trends, risk factors, and tips for protecting their children.

Your Role in Parent Partners

As a *Parent Partners* member, you work within your community—among parents like yourselves—to build a network focused on the *Partnering with Families™* objectives. Specifically, *Parent Partners* will:

- Be trained to build a grassroots network of other parents—right in your neighborhood or extended community; training and support materials are provided at no cost to you
- Make at least three presentations about *Partnering with Families™* – *Parent Partners* in your community annually
- Join the *Parent Partners* online community to tap into resources, share ideas with *Parent Partners* throughout America, and support the national initiative to protect kids from drinking and drugs
- Serve as a community ambassador for the *Partnering with Families™* – *Parent Partners* program
- Expect to spend two to four hours per month actively working in the network

To sign up for a free e-newsletter or to join the Parent Partner campaign please e-mail us at az_chapter@drugfree.org or call our toll free number 602-664-5987.



When you talk to your kids about drug abuse, start with the ones in your medicine cabinet.

Learn how at drugfree.org



Content for this publication provided by The Partnership for a Drug-Free America, the Drug Enforcement Administration and the U.S. Department of Education. Special thanks to the Arizona Criminal Justice Commission for statistics on Arizona student drug use.