



HEADS UP

PHILADELPHIA POLICE DEPARTMENT

215-685-1120

The **HEADS UP PROGRAM** was established to attack drug problems from a preventive standpoint. We, in the Narcotics Bureau, have come to realize the importance of presenting a no-holds barred outlook on the true damage and destruction that drugs are causing young and old alike. This program is so important that every effort must be made to present it to as many people as possible.

The **HEADS UP PROGRAM** has reached its six year anniversary on April 10th, 2007. Since its inception in April 2001 the Program has been viewed by 466,144 people at 3,178 locations, and has been shown across Pennsylvania, New Jersey, Delaware, Massachusetts and now in Connecticut. During the calendar year of 2006 the program was presented to 92,878 people at 598 locations. None of this would have been possible without the dedication and commitment of everyone involved.

On 1/24/05 to 1/26/05 members of the Philadelphia Police Department went to Fitchburg, MA and presented the **HEADS UP** Program to the Superintendent and Administrators from their School District, and also to the local middle and high schools. One of the most important aspects of the presentation is the ability to localize the program to the presenting area. Officially, this was the very first Police Department to receive this type of training.

Members of the Police Department, along with volunteers from the recovering community and the family members who have lost loved ones to drugs and violence, have devoted their time and energy to educate children in order to prevent their involvement in drug use and to give them the tools to build solid character.

We all strongly believe that the **HEADS UP PROGRAM** has all the components necessary to become the next National Drug Education Program, and only by working together with every community and conveying the emotions of the family members who have lost loved ones, will this success be achieved.

We listen very closely to everyone in order to make sure that we are building strong partnerships which continue long after the program is over. The one clear message that we must leave behind is that we are just a phone call away and will get you help. We pride ourselves on the fact that we have never turned anyone down who has called to schedule a program or asked for help.

Each September, there is a revised version of the program to begin the new school year which we will gladly share with any Police Department who wishes to participate.

Please contact this office at 215-685-1120 or 1121 in reference to scheduling your school or group for a presentation. You can use our website www.ppdonline.org and we are under prevention from more information about **HEADS UP**.

We will continue our quest to reach as many people as possible, hopefully inspiring and motivating them into making better choices concerning their lives. Our ultimate goal is not to have another family experience the heartache that comes from drugs and violence.

H eroin

E ducation

A nd

D angerous

S ubstance

U nderstanding

P rogram

*The **HEADS UP** program
is dedicated to the memory of
Chief Inspector Raymond Rooney.*



*Raymond J. Rooney
November 22, 1941
June 8, 2004*

DRUG PREVENTION PROGRAM

After you view the Heads-up Program, you might want or need to contact us. No matter what the problem we will put you in touch with the right people. Please do not hesitate to contact any of us.

PLEASE CALL OR E-MAIL:

COUNSELLING/PLACEMENT: Derrick Ford - BHSI

Work – 215-546-6435 Ext 4780 Pager – 215-899-9883

E-Mail – DFord@PMHCC.org

PHILADELPHIA NARCOTICS BUREAU:

Sgt Thomas Gleeson

PO Virginia Pagano

PO William Brunswick

PO Deanna Demnisky

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PO Mary Ellen Ferry

PO Andrea Smallwood

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On any given day, the presenters might be different than those listed above depending upon the availability of different people in our group. If there is someone that you need to get in touch with who does not appear on this list, please feel free to call 215- 685-1120.

Also attached please find a variety of web sites. We have found some of these sites helpful and others not so helpful. The point that we are trying to make is just how easily accessible these sites are to all of our children and we need to be aware of them.

For more information you can go to www.ppdonline.org and look for the Prevention tab, click, and you will find HEADS UP on the left.

WEB SITES

GOVERNMENT

www.attorneygeneral.gov
www.nida.nib.gov
www.drugabuse.gov
www.usdoj.gov/dea/index.htm
www.fbi.gov/kids/kids.htm
www.mctft.com
www.counterdrug.org/pacda
www.theantidrug.com

www.whitehousedrugpolicy.gov
www.dhhs.gov
www.samhsa.gov
www.health.org
www.dare-america.com
www.nih.gov
www.customs.gov
www.freevibe.com

PREVENTION SITES

www.drugfreeamerica.org
www.clubdrugs.org
www.ashesonthesea.com/ghb
www.nationalfamilies.org

www.cadca.org
www.dlnets.com
www.ashesonthesea.com
www.inhalants.org

RAVE SITES

www.local13.com
www.611records.com
www.spaceistheplace.com
www.digitalanalog.com
www.mthre3.com
www.sapcespin.com/cyberdelic
www.lycaeum.org
www.raveworld.net
www.iloveraving.com
www.trendydrugs.org
www.technofilm.com

www.ravedata.com
www.enation.org
www.kbud.com
www.ravegear.com
www.dancesafe.org
www.hightimes.com
www.hyperreal.org/raves
www.stuckonearth.com
www.ultraworld.net
www.sympty.com
www.comicera.com

MOMS SQUAD

We are the MOMS Squad, a group of mothers who have each lost a child to drug/alcohol abuse or its related violence. Our members speak with the drug awareness program, HEADS UP, presented by the Philadelphia Police Narcotics Bureau. You can contact HEADS UP at 215-685-1120 or by e-mail at Headsup@pchidta.org.

We are also members of a larger group, the MomsTell Coalition (Moms On a Mission advocating for Treatment and Education and Lobbying for Legislation). As a parent, you need to be involved in certain legislation concerning our children. We are currently working on the following Pennsylvania Bills:

House Bill 473 amends the Pennsylvania Drug and Alcohol Abuse Control Act, giving immediate family the power to have an addict involuntarily committed for treatment.

(For further legislative alerts please visit the Momstell website at www.momstell.com)

In order to get these bills moving, we must do two things:

Call or write your local Representatives and ask their support of the bill.
Fax the Chairman of the Judiciary Committee and ask him to move the bills.

We can and we will get this legislation moving. Please take the time to help.

The MOMS Squad is also available to speak to parent groups regarding drug and alcohol awareness and violence prevention. For more information please contact:

MOMS Squad Members

Kathleen Berry, Philadelphia, PA (Karen Berry – Daughter – heroin overdose)
Kthlber@aol.com

Corine Toms, Philadelphia, PA (Duan Toms – Son – drug violence)
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Linda Chamberlain, Bucks County, PA (Jennifer Monti – Daughter – drug violence)
LandLChamb@starlinx.com

Judy Zuggi, Philadelphia, PA (Frank Zuggi – Son – drug overdose)
JudyZuggi@aol.com

Nancy Byrne, Philadelphia, PA (Vincent Byrne – Son – drug overdose)

Linda Wagner, Philadelphia, PA (Krystle Baehr – Daughter – drug overdose)
Lindamikewag@aol.com

HELPING A FRIEND WITH A DRUG PROBLEM

So you think your friend or sibling has a problem with drugs or alcohol? Maybe he or she seems like a different person since starting to drink or get high.

Well, you are not alone. Many teens are facing the same issues all across the country. Many of us are afraid to discuss serious issues with our friends because we fear being rejected. It is not easy to tell a friend or loved one that they have a problem.

This Action Guide provides advice for helping a friend with a drug problem. Once you get past the fear of talking with your friend or sibling, you'll need to understand how to approach him or her and know what to say. There is no way to know how your friend might react but the information on this page can help you with the challenge.

My Friend Has a Problem

Maybe your friend has been letting you down because he's using drugs. Or maybe some of the things she does when he is drunk or high are just scary. Whatever it is, the important thing is that you've noticed that your friend might be heading for trouble.

You can help your friend now — before something really bad happens. Your friend will probably insist that his or her drinking or drug use is not a big deal. This is very common among people with drug or alcohol problems. Don't let your friend's denial keep you from talking with him. If he continues using, he could face serious consequences like getting caught or arrested, losing his drivers' license, getting suspended, or more severely, getting involved in a drug or alcohol-related car crash or becoming dependant.

Should I Help?

Many of us are afraid to discuss serious issues with our friends because we fear being rejected. It is not easy to tell a friend or loved one that they have a problem.

However, what are the alternatives? If you don't discuss a friend's drug or drinking problem with them now, the friendship might change forever. That means no more late night conversations, no more shoulder to cry on, no more laughs, no more holidays together, etc.

No one ever thinks that trying or casually using drugs is going to lead to a life-threatening addiction. That's the reason why substance abuse is so complex...no one thinks they're going to be the one with the problem. Yet, millions of people suffer and die from drug addiction every year.

Getting Past the Fear

It is a critical time for action once you suspect — or know — that your friend has a drug or alcohol problem. This can be a difficult situation to deal with, and sometimes the situation gets worse before it gets better. The most important thing is for you to take action on your friend's behalf the first time that you suspect a problem. Don't make excuses. You can play an important role in your friend's future.

Do you hear yourself saying things like...

"If I talk to my friend about his drug problem, he won't like or trust me anymore." - If you aren't going to discuss the problem with your friend, the chances are that no one will. Friendship is all about doing whatever is best for the other person. While it might feel difficult now, think about what may happen down the road if you don't address the issue when you first recognize it.

"I won't talk to my friend now because this is his first time using or he only uses or drinks once in a while." — If you don't let your friend know where you stand on drugs and alcohol, you might be enabling them or subconsciously telling them that you don't think it's a problem. You could be the most influential person in your friend or sibling's life. Your words matter. The chances are that your friend will see that you are speaking up out of care and concern, not to be judgmental or critical.

HELPING A FRIEND WITH A DRUG PROBLEM

How to Begin

Most of us don't enjoy conflict, particularly with someone we care about. When discussing difficult subjects with a friend or sibling, it is just as important to consider how you say something as it is to decide what to say. Our words are very powerful, especially to our best friends and loved ones. A supportive, caring tone usually goes much farther than the judgmental approach. If you are discussing a serious topic, such as drug and alcohol use, with a close friend you should keep the following points in mind:

Privacy. No one likes their dirty laundry exposed. Discuss important issues in a private place where no one is likely to overhear the details of your conversation.

Positive Messages. Always remember to include some type of positive message before or after expressing an opinion that a friend might perceive as "critical." This will help to remind them that you are expressing yourself out of care and concern. For example, "You are my best friend and one of my favorite people on the planet. But I feel like your drug use is changing the person I know and love." If you're not the type that can express these types of feelings easily, think about sending an e-card or writing an old-fashioned handwritten note.

Research. Read up on whatever topic you might be discussing with a friend or sibling in need. [A little research](#) and specific examples go a long way in discussing tough issues.

Solutions. No one likes it when a person points out a problem but doesn't offer a solution. Even if a solution isn't clear, you can still recommend that your friend talk to a caring adult or health professional. The point you will have made is that you've come to the table with suggestions and ideas for how to improve the situation.

How Will My Friend React?

If a friend drinks alcohol, smokes marijuana, or uses other drugs, there is no way to predict how he or she will act, or what will happen when they are drunk or high. All drugs, including marijuana, can be harmful and addictive. There is no way to know how many drug experiences it takes to become addicted. But drug and alcohol use can lead to abuse, and continued abuse can lead to addiction.

Common sense tells us that helping a friend address a drug or alcohol problem early can help keep it from getting out of control and doing serious harm. This is why it is important to step up and talk with your friend sooner rather than later — you never know what could happen if he or she continues to drink or do drugs —but it can't be good.

The Power of Friendship

Did you know that 68 percent of teens [TODO: NEED SOURCE FOR THIS] said they would turn to a friend or brother/sister about a serious problem related to substance abuse? This means that when you talk, your friends will listen — even if you've tried drugs or alcohol yourself. Don't underestimate your own power to influence your friend and explain to him how you see his drug use getting out of hand. Sure, it may have been his choice to start using drugs in the first place, and you may be scared that your friend or sibling will get mad at you and tell you that his choices are none of your business. But if you really think your friend needs help, you have a responsibility to him — and your friendship — to step up and say something. By not talking with your friend about your concerns, you are only sending him the silent message that his drug or alcohol use is no big deal.

The Conversation

If you decide to sit down and talk with your friend or sibling about his or her drinking or drug use, you may not know what to say. You may wonder how she will respond. Will she get defensive? Will she deny she has a problem? Will she get mad at you and tell you to mind your own business? It's likely that she will. People with drug or alcohol problems usually defend their use or make excuses for it. It's hard for people to admit to themselves that they have a drug or alcohol problem.

HOW TO TALK TO YOUR FRIEND

Discussing a friend's drug or alcohol use isn't an easy thing to do. It's very normal to worry about how a friend or sibling will respond to your concerns. If you're at a loss about how to start this type of discussion with someone you care about, here's a list of steps which may help with your approach and delivery.

Make a Plan

Before you engage your friend in a conversation, you'll need to prepare yourself. Go for a walk, sit where you can't be disturbed, and think. Reflect on the facts of the situation. Organize your thoughts. Decide what you want to say to your friend. Focus on a tone that is assertive, but not aggressive. Think about what resources you might need: a parent, a counselor, your faith leader, a school counselor, etc. Once you start the conversation, remain calm and supportive.

Discuss your concerns and identify some of the changes that you've seen in your friend. For example, you were at a party and saw your friend using drugs or acting in a way that you find inconsistent with their "normal" behavior; their grades have slipped or they're missing classes; your friend has changed from being "the person you know" to someone who is getting into trouble at home, or school, or in the community; or simply, you have noticed your friend has become quiet and secretive. Tell them you miss them and that you're concerned about them and that's why you want to talk. You may also decide that writing a note to your friend might be an appropriate first step.

Listen

After presenting your side of the story, ask your friend for his/her response to the information you've presented. Listen to your friend. Hear what he/she is saying. Offer your help or ask them if they think they need a professional's help.

Continue the Conversation

Determine a time when you and your friend will follow up about the discussion. Talking to your friend about drugs may be a continuous process – not a one-time event. Let your friend know that you'd like to touch base about the situation again in the near future because you care about them. And, for you, don't be afraid to ask an adult who you can trust for help.

Key Talking Points

- I don't want anything to happen to you or for you to hurt yourself.
- We all count on you. Your brothers/sisters (if applicable) look up to you/care about you, as do I. What would they do if you were gone?
- Look at all the things that you would miss out on. Drugs and alcohol can ruin your future and chances to... keep your drivers' license, graduate, go to college and get a job.
- What can I do to help you? I am here to support you.
- Are there other problems you want to talk about?
- Are you feeling pressure to use? Let's talk about it.
- I love you and I won't give up on you.
- If you need professional help or you need an adult to talk to, I can help you find someone. I will be here to help you and support you every step of the way.

Talking to a Parent or Supportive Adult

If you decide that your friend's problem is bigger than both of you, it may be time to bring the issue up with your parents, your friend's parents, or another supportive adult (coach, doctor, etc.). Keep in mind that only you know the people and relationships involved. Talking to a counselor about this decision may also be a good idea if you're not sure how your parents or your friend's parents will react.

It's Not Your Fault

Helping a friend with a drug or alcohol problem is hard work and can be a very difficult experience for you as well as your friend. You may feel a great deal of pressure to get your friend to stop drinking or doing drugs. Or you may get discouraged if your efforts to convince your friend to stop using drugs or alcohol don't work. But it is important to know that your friend's drug or alcohol use is NOT your fault. Remember that it's ultimately up to your friend to make that change and you can't do that for him. Sometimes, as much as you may try to get your friend to quit or seek help, you just can't seem to make it happen. If this becomes the situation you are in, you should do one of the following:

- Seek support from other friends or trusted adults – your friend is not the only one who needs help in this situation.
- Limit the time you spend with your drug or alcohol-using friend. Remember your friend's use may also be putting you at risk.
- Start thinking about yourself-get out and participate in activities that you enjoy to take your mind off of the situation.

IF YOU ARE A CHILD CONCERNED ABOUT A PARENT

If you are reading this page, you might be wondering if your mom or dad has a problem with alcohol or other drugs. Or you might already know they do. In either case, the information below will help you think about what to do to help them — and yourself.

How can I tell if my mom or dad has a problem with drinking or drugs?

Some people drink a lot of beer, wine, or hard alcohol like whisky or vodka. Some use other drugs like marijuana, cocaine, heroin, or pills. When they do, it can sometimes change the way they act and how other people act around them.

Maybe everyone gets tense when mom or dad is drinking or taking drugs. Maybe mom and dad fight a lot about how much the other person is drinking, or how often the other person is using drugs. "You've been drinking all day and that is not normal!" "Whenever you take those pills, you act crazy!"

Maybe family plans are always getting messed up. Did you ever miss out on a chance to go somewhere because your dad drank too much and forgot that you had plans? Or maybe your parent is having job problems. Does Mom ever call in sick to work after a night of drinking or taking drugs?

Maybe Mom or Dad changes into "a different person" after drinking or getting high on drugs. Sometimes people call this a "personality change" because a person who is quiet or calm gets loud, nasty, and maybe even violent. They might not remember things that happen, even if they seem to be O.K.

People who act like this probably have a problem with alcohol or drugs. Sometimes a problem with alcohol is called alcoholism, and a problem with drugs is called drug addiction.

Why does my mom or dad have a problem with alcohol or drugs? Is it my fault?

It is not your fault! You can not make your parent have a problem with alcohol or drugs. Adults can't make other adults have these problems, either.

No one knows why a person develops a problem with alcohol or drugs. Some people start drinking or taking drugs to avoid things that make them sad, angry, or worried. Others do it to relax. Pretty soon, they are not able to face their problems *except* by drinking or taking drugs. Their bodies are used to the feeling that alcohol and drugs gives them, and they feel like they need to keep drinking or using drugs. If they have to go without drinking for very long, they will feel shaky and may need to vomit. They may get a headache or even see things that aren't really there.

I want my parent to stop. What can I do?

You must remember, you did not cause the problem and you cannot make it go away. Your parent has an illness and needs help from other adults.

The first thing to do is to find an adult you trust and tell them you are worried. This person could be someone from school like a teacher, school nurse, coach, or guidance counselor. It could be your family doctor, or a minister, priest, or rabbi. The best people to talk to are people who work with children and understand problems like alcoholism and drug addiction. Find someone you can tell about what's going on.

You also need to take care of yourself. Get enough sleep, eat right, and have fun. Kids living with parents who have problems with alcohol or other drugs can forget to take care of themselves because they are so worried about their parents all the time.

Remember, though: you are not alone. Telling someone else will help your parent and yourself.

Will my mom or dad get in trouble if I tell someone?

Your parent needs help from adults who understand alcoholism and drug addiction. That's the only way things will change.

If no one finds out, then your mom or dad could get worse and hurt themselves or someone else.

If you talk with an adult and you are worried about getting your parents or yourself into trouble, you could ask that person to keep the information private until the two of you can figure out what to do.

Will I get myself in trouble if I tell?

Your parents may be angry for a while. But if the family can get help, they may be glad someone else knows. Remember, it's not your fault. Your parent is sick. You didn't cause it, and you can't stop it by yourself.

IF YOU ARE A CHILD CONCERNED ABOUT A PARENT

Should I talk to my mom or dad about their behavior?

Definitely don't talk to your mom or dad when they are drinking or taking drugs. Your parent may become angry, lose control, and blame you. Wait until they are sober.

Start by trying to have an adult you trust with you when you talk to your mom or dad. If that can not happen, get advice from an adult about what you should say to Mom or Dad.

If you do decide to talk to your mom or dad, try to tell them how you feel about their drinking or drug taking. It's OK to say that it upsets you. But don't tell them what they are doing is wrong or blame them for everything that isn't going right. When adults feel blamed, they get angry and it's hard for them to listen and stay calm. Talk about your own feelings.

What else can I do?

Try not to blurt out what you are feeling whenever you get upset. Ask your mom or dad if there is a quiet time when they can talk to you. That way they won't have to talk with you when they are in the middle of doing something else, and they won't get mad. Also, don't argue with your parent. It will not be helpful to you or them.

The most important thing to remember is that this is not your fault and you can not fix the problem. Your parent needs to get help.

Source: *When Your Parent Drinks Too Much: A Book of Help and Hope for Teenagers* by Eric Ryerson (Warner Books); Mary Ann Amodeo/Join Together

HELPING SOMEONE UNDERSTAND THEY HAVE A PROBLEM

Sometimes friends and family members may feel that they constantly express concerns about a loved one's substance use but never see any changes. You may have reached this point after weeks or months of giving lectures, making threats, ignoring behaviors, accepting promises of change, giving second chances, or imposing consequences.

Experts recommend developing and repeating a consistent, positive message: "We care about you and we want you to get help." Define substance use as a problem for you and others who care about the person. Avoid blaming, arguing, and reproaching; and expect denial, distortion, avoidance, rationalization, and intellectualization of the problem.

Perhaps a friend, another family member, doctor, clergy, boss, co-worker or other significant person might be able to have an effective discussion. Or maybe the substance user would respond to activities you can do together, such as reviewing [brochures](#) or videos, meeting with a professional, or going to a self-help or [Twelve Step](#) meeting.

DOs and DON'Ts

As you continue to try to talk to the person in need of help, please remember these important details:

- Don't try to talk when either one of you is under the influence.
- Do protect yourself and others around you from physical harm.
- Do call police if there is violence.
- Do set limits that will protect your home, finances, and relationships, and stick to those limits.

And if you are at your wits' end, you might consider an [intervention](#).

7 STEPS TO TAKE IF YOU SUSPECT YOUR CHILD HAS A DRUG PROBLEM

If you recognize any alcohol or drug use warning signs, it's time to take action. At this point parents often feel confused about whether there really is a problem and are reluctant to risk taking the first step, unsure of where it will lead them.

Parents, grandparents and other family members often feel tempted to wait things out and see if they get better. Sometimes they confront the child only to be accused of being distrustful or they hear angry denial, leaving them more confused than before.

It is important to remember that you don't have to do it alone. Following are crucial steps that will ease getting help for you and your child.

1. Involve a professional to help determine what to do next.

- Your child's doctor, school counselor, a clergy, a local youth service bureau, drug treatment or counseling agency can all provide you with information and advice on what to do next.
- If your child is in the very early stages of alcohol or drug use, making your no-use rules clear and enforcing consequences for behaviors that concern you may stop the problem. Many schools and youth service bureaus offer drug prevention groups through their student assistance program that your child can participate in.
- Contact your child's school, speak to your child's guidance counselor and ask if school staff are seeing any unusual behavior or inconsistencies in performance. Ask to be contacted if they observe anything of concern. Ask if they have a student assistance program; ask to speak to a student assistance team member.
- The more warning signs you observe, the more likely it is that your child is facing a serious problem that requires professional help. A combination of warning signs indicate that child has been using alcohol and drugs on a regular basis. A professional evaluation will be needed to determine the best course of action.

2. Document as much evidence as you can.

- Use checklists to record all the behaviors that concern you. Carefully record every behavior that concerns you during this period. Documenting your observations is important because your child will work hard to convince you that things didn't happen the way you remember.
- Some parents search their child's room looking for evidence of drugs or paraphernalia. You should expect that your child will be offended at your invasion of privacy. If you do find contraband, oftentimes your child will claim that it belongs to someone else.

3. Prepare what you want to say to your child.

- Careful preparation will increase your confidence in dealing with the problem. Anticipating your child's response gives you time to prepare your own. Decide if you want to want anyone else to be present when you talk to your child. You might consider another family member, a school counselor, or clergy.

4. Plan to talk with your child at a time in a setting where you can have uninterrupted discussion. Strengthen your interaction by using the following talking points:

- Describe *specific* behaviors you and others have observed and when they occurred. The more specific you are, especially if you have written your observations down, the harder it will be for your child to deny, disagree, or argue.
- Express your love and concern and your desire to help your child.
- Emphasize your firm, non-negotiable position that you will not tolerate drug use and that you intend to determine if these behaviors are indications of drug use.
- It is not useful simply to ask if your child if he or she is using drugs. Almost always, children will deny using. But it's not a bad idea to voice your suspicions at some point.
- If you haven't observed very many warning signs and believe that your child has just begun using, emphasize that any use of alcohol or other drugs at all is unacceptable. Describe the consequences for further behaviors that concern you. Use strong leverage; consequences might include no driver's license, no use of the family car, an earlier curfew.
- If you have observed multiple warning signs, discuss your immediate plan of action. It is a sound strategy to schedule a drug evaluation before you talk with your child. (You may first want to go by yourself to talk to a counselor about your concerns with your teen and the need for an evaluation.) Then during your discussion with your child, explain that you will go together to the scheduled appointment. If your child balks at the having an assessment, claiming that drugs are not a problem, you can offer reassurance that the assessment will support his assertion, if true, and, therefore, there should be nothing to worry about.
- Reiterate the behaviors that concern you and your intention to get help. Don't negotiate, bargain, or debate. Keep it simple. Stick with your major points and documented behaviors of concern.

7 STEPS TO TAKE IF YOU SUSPECT YOUR CHILD HAS A DRUG PROBLEM

5. Make an appointment for a drug assessment for your child.

- A drug assessment is the surest way to determine the extent of your child's problem with alcohol and other drugs. When you make the appointment, make sure that the agency understands that the evaluation is for an adolescent; also that the evaluation includes a drug test. Don't alert your child that a drug test will be part of the assessment.

It is your child's decision whether or not you can be present during the conduct of the assessment. Provide the agency/counselor with your documented information before the interview. Encourage the counselor to have your child sign a release of information consent so that he or she may discuss the evaluation results with you. Federal law prohibits disclosure of the results unless the child consents.

6. Keep the appointment no matter what.

- Again, don't negotiate, bargain, or debate. Don't allow temporarily improved behavior to weaken your resolve. If your child absolutely refuses to go to the appointment, go yourself. Use the time with the counselor to discuss the situation with the counselor and determine what to do next.

7. Don't give up if things don't go the way you want -- go the distance.

- If ignored, alcohol-other-drug use will progress. Your efforts to this point have been an effective intervention. Hopefully, it will work early on. Often, parents have to continue to discuss the situation with the child, document evidence and work with other significant adults in the child's life to turn things around. This difficult intervention may take more time than you want. Persevere.
- Get help for yourself. Parent support groups such as Families Anonymous, Tough Love, and Alanon can provide effective help as you strive to provide effective help to your child.

SIGNS SOMEONE IS USING DRUGS OR ALCOHOL

If you notice unexplained changes in physical appearance or behavior, it may be a sign of substance use – or it could be a sign of another problem. You will not know definitively until a professional does a screening.

Physical Signs

- Change in sleeping patterns
- Bloodshot eyes
- Slurred or agitated speech
- Sudden or dramatic weight loss or gain
- Skin abrasions/bruises
- Neglected appearance/poor hygiene
- Sick more frequently
- Accidents or injuries

Behavioral Signs

- Hiding use; lying and covering up
- Sense that the person will "do anything" to use again regardless of consequences
- Loss of control or choice of use (drug-seeking behavior)
- Loss of interest in previously enjoyed activities
- Emotional instability
- Hyperactive or hyper-aggressive
- Depression
- Missing school or work
- Failure to fulfill responsibilities at school or work
- Complaints from teachers or co-workers
- Reports of intoxication at school or work
- Furtive or secretive behavior
- Avoiding eye contact
- Locked doors
- Going out every night
- Change in friends or peer group
- Change in clothing or appearance
- Unusual smells on clothing or breath
- Heavy use of over-the-counter preparations to reduce eye reddening, nasal irritation, or bad breath
- Hidden stashes of alcohol
- Alcohol missing from your supply
- Prescription medicine missing
- Money missing
- Valuables missing
- Disappearances for long periods of time
- Running away
- Secretive phone calls
- Unusual containers or wrappers

Tobacco

Nicotine, the main drug in tobacco, is one of the most heavily used addictive drugs in the United States. In 2004, 29.2 percent of the U.S. population 12 and older—70.3 million people—used tobacco at least once in the month prior to being interviewed. This figure includes 3.6 million young people age 12 to 17. Young adults aged 18 to 25 reported the highest rate of current use of any tobacco products (44.6 percent) in 2004. Most of them smoked cigarettes.

In 1989, the U.S. Surgeon General issued a report that concluded that cigarettes and other forms of tobacco, such as cigars, pipe tobacco, and chewing tobacco, are addictive and that nicotine is the drug in tobacco that causes addiction. In addition, the report determined that smoking was a major cause of stroke and the third leading cause of death in the United States. Once hooked, nicotine addiction is extremely difficult to overcome.

Health Hazards

It's highly addictive. Nicotine is highly addictive and acts as both a stimulant and a sedative to the central nervous system. The ingestion of nicotine results in an almost immediate "kick" because it causes a discharge of epinephrine from the adrenal cortex. This stimulates the central nervous system, and other endocrine glands, which causes a sudden release of glucose. Stimulation is then followed by depression and fatigue, leading the abuser to seek more nicotine.

Smoking cigarettes and marijuana are closely related. Research shows that youth who smoke cigarettes are *fourteen times* more likely to try marijuana as those who don't.

Nicotine accumulates in the body. Nicotine is absorbed readily from tobacco smoke in the lungs, regardless of whether the tobacco smoke is from cigarettes, cigars, or pipes. Nicotine is also absorbed readily when tobacco is chewed. With regular use of tobacco, levels of nicotine accumulate in the body during the day and persist overnight thus exposing daily smokers to the effects of nicotine for 24 hours each day.

There are long-term hazards. In addition to nicotine, cigarette smoke is primarily composed of a dozen gases (mainly carbon monoxide) and tar. The tar in a cigarette, which varies from about 15 mg for a regular cigarette to 7 mg in a low-tar cigarette, exposes the user to a high expectancy rate of lung cancer, emphysema, and bronchial disorders. The carbon monoxide in the smoke increases the chance of cardiovascular diseases.

Second-hand smoke can cause illness. The Environmental Protection Agency has concluded that secondhand smoke causes lung cancer in adults and greatly increases the risk of respiratory illnesses in children and sudden infant death

Marijuana

Usually smoked as a cigarette or joint, or in a pipe or bong, marijuana has appeared in "blunts" in recent years. These are cigars that have been emptied of tobacco and re-filled with marijuana, sometimes in combination with another drug, such as crack. Some users also mix marijuana into foods or use it to brew tea.

The main active chemical in marijuana is THC (delta-9-tetrahydrocannabinol). Short-term effects of marijuana use include problems with memory and learning; distorted perception; difficulty in thinking and problem-solving; loss of coordination; and increased heart rate, anxiety, and panic attacks.

Health Hazards

Effects of Marijuana on the Brain. Researchers have found that THC changes the way in which sensory information gets into and is acted on by the hippocampus. This is a component of the brain's limbic system that is crucial for learning, memory, and the integration of sensory experiences with emotions and motivations. Investigations have shown that THC suppresses neurons in the information-processing system of the hippocampus. In addition, researchers have discovered that learned behaviors, which depend on the hippocampus, also deteriorate.

Effects on the Lungs. Someone who smokes marijuana regularly may have many of the same respiratory problems that tobacco smokers have. These individuals may have daily cough and phlegm, symptoms of chronic bronchitis, and more frequent chest colds. Continuing to smoke marijuana can lead to abnormal functioning of lung tissue injured or destroyed by marijuana smoke.

Regardless of the THC content, the amount of tar inhaled by marijuana smokers and the level of carbon monoxide absorbed are three to five times greater than among tobacco smokers. This may be due to marijuana users inhaling more deeply and holding the smoke in the lungs.

Effects of Heavy Marijuana Use on Learning and Social Behavior. A study of college students has shown that critical skills related to attention, memory, and learning are impaired among people who use marijuana heavily, even after discontinuing its use for at least 24 hours. Researchers compared 65 "heavy users," who had smoked marijuana a median of 29 of the past 30 days, and 64 "light users," who had smoked a median of 1 of the past 30 days. After a closely monitored 19- to 24-hour period of abstinence from marijuana and other illicit drugs and alcohol, the undergraduates were given several standard tests measuring aspects of attention, memory, and learning. Compared to the light users, heavy marijuana users made more errors and had more difficulty sustaining attention, shifting attention to meet the demands of changes in the environment, and in registering, processing, and using information. The findings suggest that the greater impairment among heavy users is likely due to an alteration of brain activity produced by marijuana.

Longitudinal research on marijuana use among young people below college age indicates those who used have lower achievement than the non-users, more acceptance of deviant behavior, more delinquent behavior and aggression, greater rebelliousness, poorer relationships with parents, and more associations with delinquent and drug-using friends.

PCP

What are the street names/slang terms for PCP?

Angel Dust, Embalming Fluid, Killer Weed, Rocket Fuel, Supergrass.

What is PCP?

PCP, or phencyclidine, is a dissociative anesthetic that was developed in the 1950s as a surgical anesthetic. Its sedative and anesthetic effects are trance-like, and patients experience a feeling of being "out of body" and detached from their environment. Use of PCP in humans was discontinued in 1965, because it was found that patients often became agitated, delusional, and irrational while recovering from its anesthetic effects.

What does it look like?

PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste.

How is it used?

PCP turns up on the illicit drug market in a variety of tablets, capsules, and colored powders. It is normally used in one of three ways -- snorted, smoked, or eaten. When it is smoked, PCP is often applied to a leafy material such as mint, parsley, oregano, tobacco or marijuana. Many people who use PCP may do it unknowingly because PCP is often used as an additive and can be found in marijuana, LSD, or methamphetamine.

What are its short-term effects?

PCP: At low to moderate doses, PCP can cause distinct changes in body awareness, similar to those associated with alcohol intoxication. Other effects can include shallow breathing, flushing, profuse sweating, generalized numbness of the extremities and poor muscular coordination. Use of PCP among adolescents may interfere with hormones related to normal growth and development as well as with the learning process.

At high doses, PCP can cause hallucinations as well as seizures, coma, and death (though death more often results from accidental injury or suicide during PCP intoxication). Other effects that can occur at high doses are nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance, and dizziness. High doses can also cause effects similar to symptoms of schizophrenia, such as delusions, paranoia, disordered thinking, a sensation of distance from one's environment, and catatonia. Speech is often sparse and garbled.

PCP has sedative effects, and interactions with other central nervous system depressants, such as alcohol and benzodiazepines, can lead to coma or accidental overdose.

Many PCP users are brought to emergency rooms because of PCP's unpleasant psychological effects or because of overdoses. In a hospital or detention setting, they often become violent or suicidal, and are very dangerous to themselves and to others. They should be kept in a calm setting and should not be left alone.

Formaldehyde (the chemical used in embalming, not in PCP): Short-term exposure to formaldehyde can be fatal; however, the odor threshold is low enough that irritation of the eyes and mucous membranes will occur before these levels are achieved.

What are its long-term effects?

PCP: PCP is addicting; that is, its use often leads to psychological dependence, craving, and compulsive PCP-seeking behavior.

People who use PCP for long periods report memory loss, difficulties with speech and thinking, depression, and weight loss. These symptoms can persist up to a year after cessation of PCP use. Mood disorders also have been reported.

Formaldehyde (the chemical used in embalming, not in PCP): Long-term exposure to low levels of formaldehyde may cause respiratory difficulty, eczema, and sensitization. Formaldehyde is classified as a human carcinogen and has been linked to nasal and lung cancer, and with possible links to brain cancer and leukemia.

What is its federal classification?

Schedule II

www.drugfree.org/Intervention

Alcohol

Alcohol is a depressant that comes from organic sources including grapes, grains and berries. These fermented or are distilled into a liquid.

Alcohol affects every part of the body. It is carried through the bloodstream to the brain, stomach, internal organs, liver, kidneys, muscles--everywhere. It is absorbed very quickly (as short as 5-10 minutes) and can stay in the body for several hours.

Alcohol affects the central nervous system and brain. It can make users loosen up, relax, and feel more comfortable or can make them more aggressive.

Unfortunately, it also lowers their inhibitions, which can set them up for dangerous or embarrassing behavior. Alcohol is a drug and is only legal for people over the age 21.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 2.6 million young people do not know that a person can die of an overdose of alcohol. Alcohol poisoning occurs when a person drinks a large quantity of alcohol in a short amount of time.

A standard drink is:

One 12-ounce bottle of beer or wine cooler

One 5-ounce glass of wine

1.5 ounces of 80-proof distilled spirits.

Health Hazards

- People who begin drinking before the age of 15 are four times more likely to develop alcohol dependence than those who wait until age 21. Each additional year of delayed drinking onset reduces the probability of alcohol dependence by 14 percent.
- Adolescents who drink heavily assume the same long-term health risks as adults who drink heavily. This means they are at increased risk of developing cirrhosis of the liver, pancreatitis, hemorrhagic stroke, and certain forms of cancer.
- Adolescents who use alcohol are more likely to become sexually active, which places them at greater risk of HIV infection and other sexually transmitted diseases.
- One study showed that students diagnosed with alcohol abuse were four times more likely to experience major depression than those without an alcohol problem.
- Alcohol use among adolescents has been associated with considering planning, attempting, and completing suicide.

For more information about talking with your teen about alcohol, tips for your teen to handle peer pressure, and warning signs of a drinking problem, please refer to: The National Institute on Alcohol Abuse and Alcoholism's pamphlet: **Make A Difference: Talk to Your Child About Alcohol - Parents Booklet**

XANAX

Xanax addiction is especially dangerous because Xanax addiction often begins with a prescription from a doctor. Xanax addiction is a common side-effect of the prescription drug Alprazolam. The drug is a central nervous system depressant and Xanax addiction occurs when the drug is abused beyond its prescribed purposes. Used to treat many disorders from anxiety to stress, Xanax addiction results in the overuse of the drug to suppress unwanted feelings. Whether the drug is taken every night to fall asleep or continually throughout the day to remain calm, Xanax addiction progresses quickly and has become a serious health problem for many people.

Xanax is the brand name for Alprazolam which produces a calming effect on the brain by literally slowing it down. The Xanax user might experience a drowsy feeling during the first few days until the body builds up a tolerance to the drug. This is an important factor of Xanax addiction because it is this tolerance that allows the user to take more and more of the drug to feel the same effects. Those with a Xanax addiction seek the drowsy feeling with a much higher intensity than normal people. The brain in those with a Xanax addiction associates Xanax with reward and stimulates pleasure centers that give the user feelings of euphoria that normal users do not experience.

With the increasing use and tolerance, consequences soon begin to emerge. Soon the single prescription from the family doctor is not enough to satisfy the user and those with Xanax addiction may seek other doctors for additional prescriptions. It is not unusual for individuals with serious Xanax addiction to be juggling five, ten or sometimes even more doctors, getting prescriptions for Xanax from each of them. Clearly the cost of this adds up quickly and the user might resort to crime to get Xanax. Fraudulent prescriptions, theft of prescription pads and bogus phone calls to pharmacies are a national problem.

The wife/mother/father/waitress/truck driver/lawyer/executive who began taking Xanax on the advice of their doctor to relieve tension and stress does not do so with the knowledge that a few months from now they might be committing forgery or buying Xanax off the black market on the street. Xanax addiction slowly consumes the user in such a way that no amount of self-will and desire can halt the process on its own. Those with a Xanax addiction have developed a medical condition in which the brain and body are altered. This condition is progressive and if not treated, Xanax addiction can be fatal.

When the body and mind build up a tolerance that allows or could be said, requires that 5, 15, 20, or even 80 pills must be taken on a given day to feel "normal" that is Xanax addiction. At this point it is not even safe to just stop on your own. Physical dependence is well established and the withdrawal effects could be deadly. Brain seizures occur as the brain goes from being suppressed into hyperactivity when the Xanax is removed. This is why Xanax addiction should always be done at a rehabilitation center staffed with medical doctors and medical equipment.

VICODIN

Vicodin addiction is an extremely powerful disease that affects the lives of many Americans each year; however, with proper treatment vicodin addiction can be overcome. In recent years prescription drug abuse and addiction has been on the rise but denial around the issue of addiction also continues to persist. Vicodin addiction is the obsessive-compulsive misuse of a mood-altering drug. In this sense, misuse means using the drug without the authorization of a medical profession, or using the drug when it is no longer needed as prescribed. Vicodin addiction can have devastating effects on a person's mind and body.

Prescription drug addiction, and vicodin addiction in particular, is very problematic since originally the drugs were prescribed by a doctor. In many cases people who have become addicted to vicodin are in denial that they have a problem and they rationalize their use by saying things like, "I'm taking it for the pain", or "the doctor said I could take a few extra". Vicodin produces a euphoric feeling, relaxing both the physical body and the mind, as well as relieving pain. Vicodin addiction is extremely common among prescription drug users, most likely because it is readily prescribed for many different types of pain problems.

Some prescription drug users do not intend to get hooked on the medicine, but when their prescription runs out they begin to obsess about how they are going to obtain more and more of the drug. Vicodin addicts find that they cannot longer function normally without the drug and that even though the pain is gone, vicodin produces an effect in them that they feel they cannot live without. People suffering from vicodin addiction start looking to outside sources for more prescriptions and are willing to go to great lengths to get more drugs.

Vicodin addiction is often seen a less serious condition than addiction to illicit street drugs or alcohol. This is because vicodin is prescribed by a physician and also because vicodin is not seen as causing the same negative problems as other drugs. This misconception often leads vicodin addicts and their loved ones to believe that they do not need to seek treatment.

All mind altering substances affect the way that the brain functions, and in the case of vicodin, the brain stops producing chemicals like endorphins. Because the brain has stopped producing these essential chemicals, the body feels that it is unable to function without the use of the drug. A person who suffers from vicodin addiction has become dependent upon the drug and will go into withdrawal and cravings if he/she cannot acquire anymore.

Vicodin addiction affects the mental, emotional, physical and spiritual aspects of a person's life. In addition, vicodin addiction can tear apart families, ruin relationships and leave lives in shambles. Many people who are addicted to vicodin want to stop but find that they are unable to live without the drug. By understanding the devious nature of vicodin addiction, helping yourself or someone you love is a much easier task.

Freedom from vicodin addiction is possible. Seeking drug abuse treatment is the best course of action for anyone who has a problem with drugs or alcohol. During the initial phase of vicodin addiction treatment, the addict will undergo the detoxification process, to cleanse the physical body of the drug and make the person ready for further treatment. The treatment program will give the addict tools and resources to live without the use of vicodin.

Oxycontin

OxyContin is the brand name of a pharmaceutical drug produced by OxyContin manufacturers Purdue Pharma L.P.. OxyContin was approved by the Food and Drug Administration (FDA) for pain relief in 1995. Within the last 7 years, OxyContin has quickly become the subject of news reports and research as cases of addiction and intentional abuse rose quickly. OxyContin is an opioid analgesic with similar chemical structure to that of morphine, Percodan, Percocet and street drugs like heroin. The FDA did classify OxyContin as a Schedule II drug which carries with it strong abuse warnings and is only available with a prescription from a doctor.

Unfortunately, individuals who have developed an addiction must have the drug and find various ways around legal hurdles. Black market street sales and illegally forged prescriptions have been used for years to obtain dozens of abused pharmaceuticals and OxyContin has quickly become a leader as one of the most widely abused drugs.

Why?

Well, OxyContin contains the active ingredient oxycodone, which is basically synthetic morphine. This is an opiate that gives the user a euphoric feeling that some people become addicted to and try to recapture the pleasurable feeling again and again by abusing the drug. According to the Substance Abuse and Mental Health Services Administration's Drug Abuse Warning Network, emergency room incidents involving oxycodone have increased 89% between 1993 and 1999. It jumped another 68% from 1999 to 2000 so clearly the abuse issue is very real.

You may have found this website because you are already familiar with the potential problems OxyContin poses. The doctor may have started you out on OxyContin to relieve your persistent pain and at some point you started taking more than the prescribed dosage because it wasn't working as well as it once did. A few days, weeks or months later you wake up and realize that getting your hands on more OxyContin has become a major goal of your day. You seem to think about it constantly. Friends and love ones start to bring it up as a problem affecting your life. Soon you find yourself doing things you never would have done before, going to multiple doctors, exaggerating or pretending to have pain or even forging prescriptions and stealing from pharmacies.

These are all signs and symptoms of addiction to Oxycontin. Here are some others:

- You feel physically sick if your supply of Oxycontin is gone.
- You commit crimes such as forgery and lying to keep up your doses.
- Your tolerance has gone up, you take more pills than recommended
- You have feelings of guilt or shame about Oxycontin.
- Your Oxycontin use has become a problem for a loved one.

Oxycontin Addiction

OxyContin addiction has come to the attention of drug abuse watchdog groups nationwide as OxyContin addiction has increased many times over in recent years. OxyContin addiction is a new phenomenon in that OxyContin was approved by the Food and Drug Administration (FDA) only 7 years ago in 1995. OxyContin addiction is as severe as heroin addiction because they are both derived from opium. Although man-made by the pharmaceutical company Purdue Pharma, OxyContin addiction is no less severe just because it is a synthetic drug. Like heroin, Percodan or Percocet, OxyContin addiction must be treated in a facility like Spencer Recovery Center where doctors can aide withdrawal with medications and licensed counselors can address new behavioral skills.

OxyContin is the brand name for oxycodone hydrochloride which is used as a mild to severe pain reliever for patients with chronic pain. Individuals with a legitimate need for OxyContin include cancer patients and the drug has been praised for its long lasting pain relieving qualities. However, the manufacturer has been criticised for not properly informing doctors and patients of the high potential of OxyContin addiction. Thousands of prescriptions are handed out every year and abuse, crime and fatal overdoses have since all been linked to OxyContin addiction. Though formulated as a 12 hour time release pill, OxyContin addiction becomes more likely as individuals abuse the drug. This is done by disabeling the time release structure of the pill by chewing, crushing or dissolving the pill into liquid form and then eating, snorting or injecting the solution.

When taken orally or injected in this powder form, the time-release structure is by-passed and the user experiences a rush similar to heroin. The mind and body easily become obsessed with this pleasurable rush and a physical craving can develop causing addiction. OxyContin addiction manifests through chronic use and increasing tolerance so that more of the drug is needed to feel the same effects smaller doses once provided.

Opioids like OxyContin and heroin block pain messengers to the brain and central nervous system. They also increase the amount of dopamine in the brain which causes increased feelings of pleasure and euphoria. Consequences result as the body seeks a balance and compensates for the increased dopamine and increased pleasure. Tolerance develops when the body compensates and the individual soon needs more and more OxyContin to get the same pleasurable feelings that one or two doses used to provide. OxyContin addiction creeps up on the individual until acquiring the drug becomes a full time obsession affecting friends, family, career, kids, finances and possibly involving the police.

PRESCRIPTION DRUG ABUSE

In recent years, prescription drug abuse has escalated with easier access to these medicinal drugs, and prescription drug abuse affects thousands of people each year. Prescription drug abuse has become one of many common forms of addiction because of two main reasons. First, pills are very accessible both through physician recommendations as well as through the black market and Internet. Second, prescription drug abuse is not only easy to hide, but the use of prescription drugs for innumerable different ailments and conditions is readily acceptable within society. Prescription drug abuse often leads people into the deadly cycle of addiction and throughout its course ruins lives and injures all people who come into contact with the addict.

With the rise of prescription drug abuse, medical facilities and practitioners have cracked down on the number of prescriptions they fill for each of their patients, however there are many different ways to access more pills than prescribed. Many prescription drug abusers begin to steal from other peoples' medicine cabinets in order to get the excess pills they need or they ask other people to fill the prescription for them, making up excuses like they lost their pills. Other people see multiple doctors complaining of chronic pain or other medical conditions in order to get a surplus of prescriptions. The Internet has also become a popular way for prescription drug abusers to find the pills they are looking for. Countries, other than the U.S., host websites that sell prescription drugs without a prescription, and this has become a popular, yet costly way for addicts to continue in their disease.

People who are prescription drug abusers often had no intention of becoming hooked on the pills they are taking. The potential abuser might have been injured or undergone an operation that requires the use of pain medication or a muscle relaxer. This prescription, even when taken correctly, may give the user a 'high' or euphoric effect that he/she finds desirable. When the prescription runs out or the pain has gone away, the user remembers the euphoric feeling and begins to have a craving for more of the drug. Often times the supervising physician will warn the patient of the drug's addictive properties, however for prescription drug abusers, they have already been caught in the cycle of addiction.

Prescription drug abuse can also start when a person is experiencing mental or emotional problems and have sought treatment through the use of medicine. These types of prescription drugs when mixed with other drugs, produces different and sometimes enjoyable effects that they disturbed person is looking for. Alcohol is most commonly used in combination with prescription drugs because alcohol enhances the effects of the pills and makes the user feel better than he/she would have if alcohol or pills were used alone. The combination of alcohol and pills is very popular, but it can also produce very harmful and even fatal effects in a person's body. The body has a difficult time processes all of the chemicals and toxins simultaneously and always has the possibility of rejecting the drug mixture and shutting down completely. Prescription drug abusers that have developed a high tolerance and mix these drugs with alcohol may overdose or die.

Some pills commonly used in prescription drug abuse include vicodin, codeine, percocet, xanax, lorcet, aderhol and many others. Each prescription drug has certain side effects that can negatively affect the user, but they have one thing in common - they can lead to addiction.

Over-the-Counter Drugs Abuse Where You Least Expect It

Think that drug abuse among teens is limited to illegal substances like marijuana and club drugs such as Ecstasy? Think again.

If you're like most parents, you're probably not aware that a number of over-the-counter (OTC) products can potentially be abused by teens looking to get high. But it's important to educate yourself about the potential abuse of consumer products found right in your home. It is important to know the facts about OTC product and medication abuse and make a habit of closely monitoring the use of certain household substances. Talk with preteens and teens about the proper use of all medications (including those that are available over the counter) and the health risks associated with their abuse.

One category of products sometimes abused by teenagers that few parents know about is OTC cough and cold remedies. The OTC cough and cold medications available in your local pharmacy, supermarket or convenience store are safe and effective when used as directed. But some youth are drawn to an ingredient found in nearly half of these medications called dextromethorphan, or DXM. When taken in excessive doses, dextromethorphan can produce a high or cause psychoactive effects.

What is dextromethorphan or DXM?

Dextromethorphan is a cough-suppressing ingredient in a variety of OTC cold and cough medications. It is found in more than 125 OTC products and comes in various forms, most commonly in cough suppressants in caplet or liquid form.

Why are teens abusing products that contain dextromethorphan?

Dextromethorphan is a safe and effective cough suppressant when used as indicated on the product label. However, when taken in doses that far exceed the amount recommended, the ingredient may produce feelings of euphoria that some seek to get "high." A teenager looking to get high or experiment with drugs may turn to OTC cough and cold preparations that contain dextromethorphan because they are readily available at home or the local drug store. Dextromethorphan can also be purchased in a bulk powder form on the Internet. Some Web sites encourage teenagers to abuse dextromethorphan and actually offer "recipes" for the best way to achieve a high.

What does dextromethorphan do?

Depending on the dose, DXM's effects vary. Misuse of the drug creates both depressant and mild hallucinogenic effects. Users report a set of distinct dose-dependent "plateaus" ranging from a mild stimulant effect with distorted visual perceptions at low doses to a sense of complete dissociation from one's body. If a child consumes large doses of a product containing dextromethorphan, it may cause a number of adverse effects, including impaired judgment and mental performance, loss of coordination, dizziness, nausea, hot flashes, dissociation, and hallucinations.

Another major concern is the risk incurred when abusers get high and engage in activities requiring reasonable judgment and quick reactions, like driving or swimming. The effects induced by overdose of DXM can make these activities deadly.

How can I tell if my child is abusing dextromethorphan?

You should be concerned if you notice that your child is taking excessive amounts of a cold and flu remedy, or if he or she continues to take medicine even after symptoms have subsided. Likewise, if cough and cold medications seem to disappear from the medicine cabinet or if you find packages of cough and cold preparations in the child's room or backpack, he or she may be abusing the product.

Over-the-Counter Drugs Abuse Where You Least Expect It

What else can I do?

Talking with teens and staying in touch with their lives are the first steps to keeping them free from abusing consumer products and medications. Following are a few basic preventative steps that you can take to help your child understand the importance of using OTC medications responsibly and help discourage abuse of dextromethorphan.

- **Talk to your child.** Speak with your children often about the importance of carefully following directions on the labels of all OTC medications. Help them understand the dangers of abusing OTC cough and cold medications.
- **Be mindful of the season.** Your child can benefit from medicinal relief of cough, cold, and flu symptoms by taking OTC cough and cold preparations according to the instructions on the manufacturer's label. But be aware if your child is using cough and cold medications outside of cold and flu season or if he or she continues to self-medicate after symptoms have subsided.
- **Check your home.** Take a quick inventory of all consumer products kept in your home. Be aware of the products in your medicine cabinet, and ask questions if you notice that any products are used frequently or disappear.
- **Monitor your child's Internet use.** Unfortunately, there are Internet sources that sell dextromethorphan in a bulk powder form or encourage teens to share their experiences with abusing dextromethorphan. These individual sites are not regulated so it becomes increasingly imperative that you be aware of where your child is getting information on the Internet, what sites he/she is spending time on, or with whom he/she may be communicating. Ask them why they think the information that appears there is true or false. Do they think the source is credible? Ensure your child's Internet time is properly supervised.

Ecstasy

MDMA, called "Adam," "ecstasy," or "XTC" on the street, is a synthetic, psychoactive (mind-altering) drug with hallucinogenic and amphetamine-like properties. Its chemical structure is similar to two other synthetic drugs, MDA and methamphetamine, which are known to cause brain damage.

Beliefs about MDMA are reminiscent of similar claims made about LSD in the 1950s and 1960s, which proved to be untrue. According to its proponents, MDMA can make people trust each other and can break down barriers between therapists and patients, lovers, and family members.

Health Hazards

Physical and psychological symptoms. Many problems users encounter with MDMA are similar to those found with the use of amphetamines and cocaine. They are:

- Psychological difficulties, including confusion, depression, sleep problems, drug craving, severe anxiety, and paranoia during and sometimes weeks after taking MDMA (in some cases, psychotic episodes have been reported).
- Physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, and chills or sweating.
- Increases in heart rate and blood pressure, a special risk for people with circulatory or heart disease.

Long-term effects. Recent research findings also link MDMA use to long-term damage to those parts of the brain critical to thought and memory. It is believed that the drug causes damage to the neurons that use the chemical serotonin to communicate with other neurons.

MDMA is also related in structure and effects to methamphetamine, which has been shown to cause degeneration of neurons containing the neurotransmitter dopamine. Damage to dopamine containing neurons is the underlying cause of the motor disturbances seen in Parkinson's disease. Symptoms of this disease begin with lack of coordination and tremors, and can eventually result in a form of paralysis.

Cocaine

Cocaine is a powerfully addictive drug of abuse. Individuals who have tried cocaine have described the experience as a powerful high that gave them a feeling of supremacy. However, once someone starts taking cocaine, one cannot predict or control the extent to which he or she will continue to use the drug. The major ways of taking cocaine are sniffing or snorting, injecting, and smoking (including free-base and crack cocaine).

Health risks exist regardless of whether cocaine is inhaled (snorted), injected, or smoked. However, it appears that compulsive cocaine use may develop even more rapidly if the substance is smoked rather than snorted. Smoking allows extremely high doses of cocaine to reach the brain very quickly and results in an intense and immediate high. The injecting drug user is also at risk for acquiring or transmitting HIV infection/AIDS if needles or other injection equipment are shared.

Health Hazards

Physical effects. Physical effects of cocaine use include constricted peripheral blood vessels, dilated pupils, and increased body temperature, heart rate, and blood pressure. Some cocaine users report feelings of restlessness, irritability, and anxiety, both while using and between periods of use. An appreciable tolerance to the high may be developed, and many addicts report that they seek but fail to achieve as much pleasure as they did from their first exposure.

Paranoia and aggression. High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they may become depressed. This depression causes users to continue to use the drug to alleviate their depression.

Long-term effects. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to cause it to collapse. Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest.

Added Danger. When people mix cocaine and alcohol, they are compounding the danger each drug poses and unknowingly causing a complex chemical interaction within their bodies. Researchers have found that the human liver combines cocaine and alcohol to manufacture a third substance, cocaethylene, which intensifies cocaine's euphoric effects and possibly increases the risk of sudden death.

Heroin

Years ago, thoughts of using a needle kept many potential heroin users at bay. Not anymore. Today's heroin is so pure, users can smoke it or snort it, causing more kids under 18 to use it. Kids who snort or smoke heroin face the same high risk of overdose and death that haunts intravenous users. Yet 40% of high school seniors polled do not believe there is great risk in trying heroin.

Recent studies suggest a shift from injecting to snorting or smoking heroin because of increased purity and the misconception that these forms of use will not lead to addiction.

Heroin is processed from morphine, a naturally occurring substance extracted from the seed-pod of the Asian poppy plant. Heroin usually appears as a white or brown powder. Street names associated with heroin include "smack," "H," "skag," and "junk." Other names may refer to types of heroin produced in a specific geographical area, such as "Mexican black tar."

The short-term effects of heroin abuse appear soon after a single dose and disappear in a few hours. After an injection of heroin, the user reports feeling a surge of euphoria ("rush") accompanied by a warm flushing of the skin, a dry mouth, and heavy extremities. Following this initial euphoria, the user goes "on the nod," an alternately wakeful and drowsy state. Mental functioning becomes clouded due to the depression of the central nervous system.

Reports from the Drug Abuse Warning Networks (DAWN) Annual Medical Examiner Data from 1997 show that heroin/morphine was the top-ranking drug among drug-related deaths in 14 US major metro areas. It ranked second in another eight.

According to DAWNs Year End 1998 Emergency Department Data, 14 percent of all emergency department drug-related episodes had mentions of heroin/morphine in 1998. From 1991-1996, the number of heroin/morphine mentions more than doubled.

Health Hazards

Irreversible effects. Heroin abuse is associated with serious health conditions, including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis.

Long-term effects. Long-term effects of heroin include collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration.

Infection. In addition to the effects of the drug itself, street heroin may have additives that do not readily dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This can cause infection or even death of small patches of cells in vital organs.

Methamphetamine

Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain. Methamphetamine is closely related chemically to amphetamine, but the central nervous system effects of methamphetamine are greater. Both drugs have some medical uses, primarily in the treatment of obesity, but their therapeutic use is limited.

Street methamphetamine is referred to by many names, such as "speed," "meth," and "chalk." Methamphetamine hydrochloride, clear chunky crystals resembling ice, which can be inhaled by smoking, is referred to as "ice," "crystal," and "glass."

Health Hazards

Neurological hazards. Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement. It also appears to have a neurotoxic effect, damaging brain cells that contain dopamine and serotonin, another neurotransmitter. Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease, a severe movement disorder.

Addiction. Methamphetamine is taken orally or intranasally (snorting the powder), by intravenous injection, and by smoking. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria - a high, but not a rush. Users may become addicted quickly, and use it with increasing frequency and in increasing doses.

Short-term effects. The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death.

Long-term effects. Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.

L S D

LSD, aka "acid," is odorless, colorless, and has a slightly bitter taste and is usually taken by mouth. Often LSD is added to absorbent paper, such as blotter paper, and divided into small, decorated squares, with each square representing one dose.

Health Hazards

Physical Psychological short-term effects. The effects of LSD are unpredictable. They depend on the amount taken; the user's personality, mood, and expectations; and the surroundings in which the drug is used. Usually, the user feels the first effects of the drug 30 to 90 minutes after taking it. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors.

Sensations and feelings change much more dramatically than the physical signs. The user may feel several different emotions at once or swing rapidly from one emotion to another. If taken in a large enough dose, the drug produces delusions and visual hallucinations. The user's sense of time and self changes. Sensations may seem to "cross over," giving the user the feeling of hearing colors and seeing sounds. These changes can be frightening and can cause panic.

LSD trips are long - typically they begin to clear after about 12 hours. Some users experience severe, terrifying thoughts and feelings, fear of losing control, fear of insanity and death, and despair while using LSD. In some cases, fatal accidents have occurred during states of LSD intoxication.

Flashbacks. Many LSD users experience flashbacks, recurrence of certain aspects of a person's experience, without the user having taken the drug again. A flashback occurs suddenly, often without warning, and may occur within a few days or more than a year after LSD use. Flashbacks usually occur in people who use hallucinogens chronically or have an underlying personality problem; however, otherwise healthy people who use LSD occasionally may also have flashbacks. Bad trips and flashbacks are only part of the risks of LSD use. LSD users may manifest relatively long-lasting psychoses, such as schizophrenia or severe depression. It is difficult to determine the extent and mechanism of the LSD involvement in these illnesses.

G H B

Gamma-hydroxybutyric acid or GHB, is a compound that was initially used by body builders to stimulate muscle growth. In recent years it has become popular as a recreational drug among club kids and partygoers.

This "designer" drug is often used in combination with other drugs, such as Ecstasy. GHB is synthesized from a chemical used to clean electrical circuit boards, and is available in clear liquid, white powder, tablet and capsule form.

GHB is odorless and nearly tasteless. Users report that it induces a state of relaxation. The effects can be felt within 5 to 20 minutes after ingestion and the high can last up to four hours.

The Food and Drug Administration banned GHB in 1990 after 57 cases of GHB-induced illnesses (ranging from nausea and vomiting to respiratory problems, seizures and comas) were reported to poison control centers and emergency rooms. The drug was only permitted under the supervision of a physician. Since then, the drug has been implicated in several deaths and was subsequently added to the Schedule I list of drugs in the Controlled Substance Act. Anyone who possesses, manufactures or distributes GHB could face a prison term of up to 20 years.

GHB users risk many negative physical effects including vomiting, liver failure, potentially fatal respiratory problems, and tremors and seizures, which can result in comas.

GHB has reportedly been used in cases of date rape. Because GHB is odorless and tasteless, it can be slipped into someone's drink without detection.

Ketamine

Ketamine hydrochloride, or "Special K," is a powerful hallucinogen widely used as an animal tranquilizer by veterinarians. Users sometimes call the high caused by Special K, "K hole," and describe profound hallucinations that include visual distortions and a lost sense of time, sense, and identity. The high can last from a half-hour to 2 hours. The Drug Enforcement Administration reports that overt effects can last an hour but the drug can still affect the body for up to 24 hours.

Use of Special K can result in profound physical and mental problems including delirium, amnesia, impaired motor function and potentially fatal respiratory problems.

Special K is a powder. The drug is usually snorted, but is sometimes sprinkled on tobacco or marijuana and smoked. Special K is frequently used in combination with other drugs, such as ecstasy, heroin or cocaine.

Liquid Ketamine was developed in the early 1960s as an anesthetic for surgeries, and was used on the battlefields of Vietnam as an anesthetic. Powdered Ketamine emerged as a recreational drug in the 1970s, and was known as "Vitamin K" in the 1980s. It resurfaced in the 1990s rave scene as "Special K."

Huffing/Inhalants

Inhalants are common products found right in the home and are among the most popular and deadly substances kids abuse. Inhalant abuse can result in death from the very first use. About one in five kids report having used inhalants by the eighth grade. Teens use inhalants by sniffing or “snorting” fumes from containers; spraying aerosols directly into the mouth or nose; bagging, by inhaling a substance inside a paper or plastic bag; huffing from an inhalant-soaked rag; or inhaling from balloons filled with nitrous oxide.

Inhalants are breathable chemical vapors that produce psychoactive (mind-altering) effects. Although people are exposed to volatile solvents and other inhalants in the home and in the workplace, many do not think of “inhalable” substances as drugs because most of them were never meant to be used in that way.

Young people are likely to abuse inhalants, in part, because inhalants are readily available and inexpensive. Parents should see that these substances are monitored closely so that children do not abuse them.

Inhalants fall into the following categories:

Solvents

- industrial or household solvents or solvent-containing products, including paint thinners or solvents, degreasers (dry-cleaning fluids), gasoline, and glues
- art or office supply solvents, including correction fluids, felt-tip-marker fluid, and electronic contact cleaners

Gases

- gases used in household or commercial products, including butane lighters and propane tanks, whipping cream aerosols or dispensers (whippets), and refrigerant gases
- household aerosol propellants and associated solvents in items such as spray paints, hair or deodorant sprays, and fabric protector sprays
- medical anesthetic gases, such as ether, chloroform, halothane, and nitrous oxide (laughing gas)

Nitrites

- aliphatic nitrites, including cyclohexyl nitrite, which is available to the general public; amyl nitrite, which is available only by prescription; and butyl nitrite, which is now an illegal substance

Inhalants

Health Hazards

Short Term Effects. Nearly all abused inhalants produce effects similar to anesthetics, which act to slow down the body's functions. When inhaled in sufficient concentrations, inhalants can cause intoxicating effects that can last only a few minutes or several hours if inhalants are taken repeatedly. Initially, users may feel slightly stimulated; with successive inhalations, they may feel less inhibited and less in control; finally, a user can lose consciousness.

Irreversible hazards. Inhalants are toxic. Chronic exposure can lead to brain damage or nerve damage similar to multiple sclerosis; damage to the heart, lungs, liver and kidneys; and prolonged abuse can affect thinking, movement, vision and hearing.

Sniffing highly concentrated amounts of the chemicals in solvents or aerosol sprays can directly induce heart failure and death. Heart failure results from the chemicals interfering with the heart's rhythm regulating system, causing the heart to stop beating. This is especially common from the abuse of fluorocarbons and butane-type gases. High concentrations of inhalants also cause death from asphyxiation, suffocation, convulsions or seizures, coma, choking or fatal injury from accidents while intoxicated. Other irreversible effects caused by inhaling specific solvents are:

- Hearing loss - toluene (paint sprays, glues, dewaxers) and trichloroethylene (cleaning fluids, correction fluids)
- Peripheral neuropathies or limb spasms - hexane (glues, gasoline) and nitrous oxide (whipping cream, gas cylinders)
- Central nervous system or brain damage - toluene (paint sprays, glues, dewaxers)
- Bone marrow damage - benzene (gasoline)
- Liver and kidney damage - toluene- containing substances and chlorinated hydrocarbons (correction fluids, dry- cleaning fluids)
- Blood oxygen depletion - organic nitrites ("poppers," "bold," and "rush") and methylene chloride (varnish removers, paint thinners)

Prevention. Parents can keep their teens away from inhalants by talking to them and letting them know the dangers of inhalants. Most young users don't realize how dangerous inhalants can be. Inhalants are widely available and inexpensive, and parents should be mindful about how and where they store common household products.

**COUNSELING
Adolescent**

Belmont Center for Comprehensive Treatment Woodside Hall 4200 Monument Avenue Philadelphia, PA 19131	215-581-5445
The Bridge Counseling Center 8400 Pine Road Philadelphia, PA 19115	215-742-5540
Casa Del Carmen/Provect Encuentro 4400 N Reese Street Philadelphia, PA 19140	215-329-5660
Centralized Comprehensive Human Services, Inc. 112 N Broad Street Philadelphia, PA 19102	215-568-0860
Congresso de Latinos Unidos 719 W Girard Avenue Philadelphia, PA 19123	215-763-8870
CORA Services 733 Susquehanna Road Philadelphia, PA 19111	215-342-7660
Fairmount Institute 561 Fairthorne Avenue Philadelphia, PA 19128	215-487-4100 800-235-0200
The Institute of the Pennsylvania Hospital 11 N 49 th Street Philadelphia, PA 19139	215-829-5700
Mirmont Treatment Center 100 Yearsley Road Lima, PA 19063-5593	610-565-9232

Northeast Treatment Center

2205 Bridge Street
Philadelphia, PA 19135

215-289-3350

Passages

1315 Windrim Avenue
Philadelphia, PA 19141

215-456-2703

Proyecto Borinquen

520 Venango Street
Philadelphia, PA

215-228-3788

Pyramid Healthcare at Quakertown

2507 Old Bethlehem Pike
Quakertown, PA 18951

215-536-9070

Shalom Counseling Center

1080 N Delaware Avenue
Suite 602
Philadelphia, PA 19125

215-425-7727

Drug & Alcohol Inpatient Adolescent

ARC/The Manor 717-664-3337
2232 East Mt. Hope Road
Manheim, PA 17543

Belmont Center for Comprehensive Treatment 215-877-2000
4200 Monument Road
Philadelphia, PA 19131

The Bridge Residential Program 215-342-5000
8400 Pine Road
Philadelphia, PA 19111

Caron Foundation 800-678-2332
Galen Road
Box A
Wernersville, PA 19565

Adults

Alcohol & Mental Health Associates 215-545-8078
1200 Walnut Street, 2nd Floor
Philadelphia, PA 19107

Asociacion de Puertorriquenos en Marcha 215-236-8885
2147 N 6th Street
Philadelphia, PA 19122

Beacon House at Episcopal Hospital 215-427-6276
(Women & Children Services)
Front and Lehigh Streets
Philadelphia, PA 19125

Bethesda Project (Homeless Shelter) 215-985-1004
700 S 15th Street
Philadelphia, PA 19146

Bowling Green Treatment 800-662-2438
1375 Newark Road
Kennett Square, PA 19348

Caron Foundation Galen Road, Box A Wernersville, PA	800-678-2332
Council of Spanish Speaking Organizations 705 N Franklin Street Philadelphia, PA 19123	215-627-3100
Congresso de Latinos Unidos 719 W Girard Avenue Philadelphia, PA 19123	215-763-7023
Consortium Southwest Counseling 6408 Woodland Avenue Philadelphia, PA	215-727-4420
University City 451 University Avenue Philadelphia, Pa 19104	215-596-8000
JFK Life Acceptance Center 907 N Broad Street Philadelphia, PA 19130	215-684-2400
Diagnostic & Rehabilitation Center 229 Arch Street Philadelphia, PA 19106	215-625-8056
Hutchinson House – Women Inpatient 3439 N Hutchinson Street Philadelphia, PA	215-223-1005
Washington House – Men Inpatient 1516-18 Washington Avenue Philadelphia, PA 19146	215-545-3907
Eagleville Hospital 100 Eagleville Road Eagleville, PA	610-539-6000

Family Center/Thomas Jefferson University (Pregnant Addicts) 1201 Chestnut Street, 11 th Floor Philadelphia, PA 19107	215-955-8577
My Sister's Place (Women & Children Services) 5601 Kingsessing Avenue Philadelphia, PA 19143	215-727-1640
Gateway (Shelter) 907 Hamilton Street Philadelphia, PA 19123	215-236-7023
Gaudenzia House 39 School House Lane Philadelphia, PA 19144	215-849-7200
Kindred House 1030 S Concord Road West Chester, PA 19380	610-399-6571
People With Hope (Residential – Aids) 1834 W Tioga Street Philadelphia, PA 19140	215-228-0644

If you would like to send letters of support for the “HEADS UP” program, the

following are the personnel you can address them to:

**CHARLES H. RAMSEY
POLICE COMMISSIONER
POLICE HEADQUARTERS
8TH AND RACE STREETS
ROOM 314
PHILADELPHIA, PA 19106**

**CHIEF INSPECTOR
NARCOTICS BUREAU
HEADS UP PROGRAM
FRANKFORD ARSENAL
5301 TACONY STREET
BUILDING #110, 1ST FLOOR
PHILADELPHIA, PA 19137**

**OFFICE OF NATIONAL DRUG CONTROL POLICY
DIRECTOR JOHN P WALTERS
PO BOX 6000
ROCKVILLE, MD 20849-6000
OR
FAX # 301-519-5212**

**MR. EDWARD HAZZOURI
SUNOCO
10 PENN CENTER
1801 MARKET STREET
PHILADELPHIA, PA 19103**