Important Information for Parents

Regarding Prescription Pain Medication and Heroin

Facts

There is no greater influence on a young person's decisions about drug use than his/her own parents or guardians. To successfully keep kids drug-free, parents must provide active support and positive role-modeling.

Parents are key in preventing drug use. Be a parent, not a friend. Establish boundaries that take a clear stand against drug use.

Nationally, one in five teens has taken prescription drugs without a doctor's prescription one or more times in their life. *(MMWR June 8, 2012)*

Between 2007 and 2012, the number of individuals using heroin during the past 30 days more than doubled nationwide (161,000 to 335,000). *(NSDUH 2012)*

Current brain research shows that the brain is not fully developed until the mid-20s. Adding chemicals to a developing brain is a very risky endeavor—and one that can lead to health problems and places kids at high risk for addiction, even death.

The percentage of New York State high school students who reported using heroin more than doubled between 2005 and 2011 (1.8 % to 4%). *(Youth Risk Behavior Survey (YRBS))*

You Should Know

- The majority of both teens and young adults obtain prescription drugs they abuse from friends and relatives, sometimes without their knowledge.
- Despite what many teens think, abusing prescription drugs is not safer than misusing illicit drugs.
- Prescription drugs can be addictive and lethal when misused.
- Prescription painkillers can lead to heroin use.
- Combining prescription drugs/over-the-counter medications and alcohol can cause respiratory failure and death.
- In 2011, nonmedical use of prescription drugs among youth ages 12 - 17 and young adults ages 18 - 25 was the second most prevalent illicit drug use category, with marijuana being first. *(NSDUH 2011)*

Why Teens Use

Acceptance
Teens use to fit in with friends, to become popular, or to be where the action is.

Curiosity
Youth hear about "highs" and want to find out for themselves.

Easy Access
If pills are easy to obtain, available within a household and not monitored, they are more likely to be used inappropriately.

Modeling
When parents or older siblings use alcohol, drugs and/or tobacco, youth are more likely to try.

Self-medication
To cope with pressures or problems or as an antidote to deal with issues. Medication is intended only for the person for whom it was prescribed. Never share medications. Misuse can lead to addiction and death.

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Take Action

When you suspect your child may be using heroin or inappropriately using prescription painkillers, it is important to take action.

Prepare Yourself
Work with what happened rather than why it happened. Don't blame someone else, yourself or your child. Don't be shocked or judgmental, because there are many innovative ways to conceal use. Don't be afraid and/or hesitate to investigate your son/daughter's belongings such as cell phones, computers, etc.

Confront the Issue
Don't let anger or fear overwhelm your effectiveness in dealing with your child. Cool down or take a walk before you begin the conversation.

Have a Conversation
Putting your head in the sand is counterproductive. Accept that your son/daughter may be using so you can begin the conversation.

Set Standards
Take a stand. Say "NO" clearly and firmly. Carry through on consequences.

Ask For Help
There are many confidential resources available for parents—if you ask! Ask your school health professional for help, or seek assistance from a mental health or substance abuse counselor.

Signs and Symptoms

Any one of the following behaviors can be a symptom of normal adolescence. However, keep in mind that the key is change. It is important to note any significant changes in a child's physical appearance, personality, attitude or behavior.

Physical Signs
- Loss or increase in appetite; unexplained weight loss or gain
- Small pupils, decreased respiratory rate and a non-responsive state are all signs of opioid intoxication.
- Nausea, vomiting, sweating, shaky hands, feet or head, and large pupils are all signs of opioid withdrawal.

Behavioral Signs
- Change in attitude/personality
- Change in friends; new hangouts
- Avoiding contact with family
- Change in activities, hobbies or sports
- Drop in grades or work performance
- Isolation and secretive behavior
- Moodiness, irritability, nervousness, giddiness, nodding off
- Wearing long-sleeved shirts or layers of clothing out of season
- Stealing

Advanced Warning Signs
- Missing medications
- Burnt or missing spoons/ bottle caps
- Missing shoelaces/belts
- Small bags with powder residue
- Syringes

The following organizations offer information and resources that can help you and your family.

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Facts on Heroin and Prescription Opioids

A Serious Problem that can Lead to Heroin Addiction

Prescription drug misuse occurs when a person takes a prescription medication that is not prescribed for him/her, or takes it for reasons or in dosages other than as prescribed. The nonmedical use of prescription medications has increased in the past decade and has surpassed all illicit drug usage except marijuana in the United States. Misuse of prescription drugs can produce serious health effects, including addiction. One of the most striking aspects of the misuse of prescription medications has been the increase in painkiller abuse, which can lead to heroin use.

- Prescription analgesic overdoses killed nearly 15,000 people in the US in 2008, more than three times the 4,000 killed by these medications in 1999. *(CDC Vital Signs 11/2011)*
- Young adults ages 18 - 24 are particularly at risk, with increases in heroin/opioid admissions for treatment throughout the state. In particular, upstate New York (222% increase in admissions) and Long Island (242% increase) have been hard hit by this problem. *(NYS Client Data System)*
- In 2011, nonmedical use of prescription drugs among youth ages 12 - 17 and young adults ages 18 - 25 was the second most prevalent illicit drug use category, with marijuana being first. *(NSDUH 2011)*
- Between 2007 and 2012, the number of individuals using heroin during the past 30 days more than doubled nationwide (161,000 to 335,000). (*NSDUH 2012)*
- The percentage of New York State high school students who reported using heroin more than doubled between 2005 and 2011 (1.8 % to 4%). (*Youth Risk Behavior Survey (YRBS))*

Heroin and Prescription Drug Abuse Can Be Addictive and Deadly

Loss of tolerance
Regular use of opioids leads to greater tolerance. For example, more is needed to achieve the same effect (high). Overdoses occur when people begin to use again. This is usually following a period of not using (abstinence) such as after coming out of treatment.

Mixing drugs
Mixing heroin or prescription opioids with other drugs, especially depressants such as benzodiazepines (Xanax, Klonopin, etc.) or alcohol, can lead to an accidental overdose, respiratory problems and death. The effect of mixing drugs is greater than the effect one would expect if taking the drugs separately.

Variation in strength of heroin
Heroin may vary in strength and effect based on the purity.

Serious illness
Users with serious illness such as HIV/AIDS, hepatitis B and C, heart disease, and endocarditis are at greater risk for overdose.

Prevent Prescription Drug Misuse

Lock Your Meds
Prevent your children from using your medication by securing it in a place your child cannot access.

Take Inventory
Download the Medicine Cabinet Inventory sheet; write down the name and amount of medications you currently have; and check regularly to ensure that nothing is missing. www.combatheroin.ny.gov

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Proper Disposal
To properly dispose of unused or expired medications, dispose of medications in a community drop box site or mix them with used cat litter, coffee grounds or sawdust to make them less appealing before throwing them in the garbage.

Educate Yourself & Your Child
Learn about the most commonly misused types of prescription medications (pain relievers, sedatives, stimulants and tranquilizers), then communicate the dangers to your child. Once is not enough.

Set Clear Rules & Monitor Behavior
Express your disapproval regarding the inappropriate and dangerous use of medications without a prescription. Monitor your child's behavior to ensure that the rules are being followed.

Pass It On
Share your knowledge, experience and support with the parents of your child's friends. Together, you can create a tipping point for change and raise safe, healthy and drug-free children.

Classification of Commonly Abused Prescription Drugs

OPIOIDS *indicated for pain include:*	DEPRESSANTS *indicated for anxiety and sleep disorders include:*	STIMULANTS *indicated for ADHD include:*
Hydrocodone (Vicodin)	Barbiturates	Dextroamphetamine (Dexedrine)
Oxycodone (Oxycontin)	Pentobarbital sodium (Nembutal)	Methylphenidate (Ritalin and Concerta)
Oxymorphone (Opana)	Benzodiazepines	Amphetamines (Adderall)
Hydromorphone (Dilaudid)	Diazepam (Valium)	
Meperidine (Demerol)	Alprazolam (Xanax)	
Diphenoxylate	Clonazepam (Klonopin)	
Codeine		
Fentanyl		
Morphine		
Opium and any other drug with morphine-like effects		

Properly Dispose of Old and Unused Medications

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Students Should Know the Facts

Heroin and Prescription Opioids are a Serious Problem

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Variation in strength of heroin
Heroin may vary in strength and effect based on the purity.

Serious illness
Users with serious illness such as HIV/AIDS, hepatitis B and C, heart disease, and endocarditis are at greater risk for overdose.

Prevent Prescription Drug Misuse

Despite what some people may assume, abusing prescription drugs is not safe.

Safeguard Your Meds by placing your prescribed medication in a secure location and tracking the number of pills at all times

- Routine tracking of your prescribed medication is smart, especially when others live with you or visit your dorm room/apartment.
- Never share medication that is prescribed for you.
- Never take medication that was prescribed for someone else.
- Don't mix medications. Speak to your health care provider about all medications you are taking, including over-the-counter medications.

Pass It On
Share your knowledge, experience and support with your friends and family.

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Ask for Help

There are many confidential resources available for students – if you ask! Ask your health care professional or seek assistance from a mental health or substance abuse counselor.

Signs and Symptoms

Change in behavior is key when one suspects there is substance abuse. The key is to get the person assistance as soon as possible.

Physical Signs

- Loss or increase in appetite; unexplained weight loss or gain
- Small pupils, decreased respiratory rate and a non-responsive state are all signs of opioid intoxication.
- Nausea, vomiting, sweating, shaky hands, feet or head, and large pupils are all signs of opioid withdrawal.

Behavioral Signs

- Change in attitude/personality
- Change in friends; new hangouts
- Avoiding contact with family
- Change in activities, hobbies or sports
- Drop in grades or work performance
- Isolation and secretive behavior
- Moodiness, irritability, nervousness, giddiness, nodding off
- Wearing long-sleeved shirts or layers of clothing out of season
- Stealing

Advanced Warning Signs

- Missing medications
- Burnt or missing spoons/ bottle caps
- Missing shoelaces/belts
- Small bags with powder residue
- Syringes

Good Samaritan Law

Some individuals may fear that police will respond to a 911 call and there will be criminal charges for themselves or for the person who overdosed. Those fears should NEVER keep anyone from calling 911 immediately. It may be a matter of life or death.

In September 2011, the 911 Good Samaritan Law went into effect to address fears about a police response to an overdose. This law provides significant legal protection against criminal charges and prosecution for possession of controlled substances, as well as possession of marijuana and drug paraphernalia. This protection applies to both the person seeking assistance in good faith, as well as to the person who has overdosed. Class A-1 drug felonies, as well as sale or intent to sell controlled substances, are not covered by the law.

Properly Dispose of Old and Unused Medications

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Important Facts About Controlled Substance Prescription Medications

Know the Risks

There are many types of controlled substance prescription medications that are used to treat a variety of conditions including: moderate to severe pain, cough, attention disorders, anxiety, seizures, sleeping disorders, obesity, and many others. Controlled substances can be effective aids in the management and treatment of these conditions, when taken as directed by your health care practitioner. Controlled substance medications can also lead to serious risks and potential complications, which may include heart attack or stroke, hormonal imbalances that also may affect certain organs, abnormal thoughts and behavior, memory loss or disturbances, anxiety, worsening of depression, suicidal thoughts, difficulty breathing, significant drowsiness, stupor, coma, and death. Possible side effects will vary depending on the type of medication you are taking. Even when used as directed, additional risks are possible including physical dependence, tolerance, misuse and abuse, addiction, relapse of addiction symptoms, overdose, and death.

Know the Facts

- Combining controlled substances with alcohol or certain other medications, such as benzodiazepines (some examples are alprazolam, diazepam, and clonazepam), increases the risk of experiencing serious or life-threatening side effects.
- Other prescriptions or over-the-counter medications may significantly increase the risk of side effects, including overdose. Always read the warning labels on any prescription or over-the-counter medications before taking, and take only as directed.
- Discontinuing certain medications, such as an opioid or benzodiazepine, may lead to withdrawal symptoms, which may include: leg or abdominal cramps, muscular pain and tremors, piloerection (goosebumps), nausea, vomiting, appetite changes, heart palpitations, panic attacks, mood swings, diarrhea, dilated pupils, thinking and memory difficulties, and sleep disturbances. Symptoms will vary depending on the controlled substance medication you are taking.
- Do not increase your dose or take more frequent doses than prescribed by your practitioner.
- If your pain is relieved to your satisfaction, you may decide to stop taking the medication. If you have leftover medication, you should follow appropriate disposal guidelines.
- If you prefer to avoid opioids altogether, your doctor can talk to you about other, alternative means of treating your pain without opioids.
- Seek medical attention immediately if experiencing unusual symptoms, which may include: pain, swelling, redness or tingling in arms or legs, severe headache, confusion, chest pain, severe pelvic pain, dizziness or lightheadedness, suicidal thoughts, extreme sleepiness, slowed or difficult breathing, or unresponsiveness. Be particularly cautious when beginning treatment with a controlled substance prescription medication, when your health care practitioner changes your dose, or if you consume extra dosages.
- As a safety measure, while you are taking opioid medications, you may want your family and friends to be trained to administer naloxone to reverse an overdose. For more information on naloxone and training available in your area, go to www.oasas.ny.gov/atc/ATCherointraining.cfm.
- Medication is intended only for the person for whom it was prescribed. Never share medications.
- Store all medications in one designated location, in a dry and cool place. Be sure the medication location is safe and secure. Routine tracking of medications is a good idea, especially when others live with, or are visiting, you. A Medicine Cabinet Inventory Sheet can be downloaded at: www.health.ny.gov/publications/1090.pdf .
- For more information concerning the possible risks and side effects of this prescription, or other medications you are taking, talk to your prescriber or pharmacist.

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Warning Signs of Addiction

Physical Signs:

- Loss or increase in appetite; unexplained weight loss or gain
- Inability to sleep, unusual laziness, or agitation
- Smell of substances on breath or clothes
- Nausea, vomiting, sweating, shakes of hands, feet or head
- Red, watery eyes, pupils larger or smaller, blank stare, thick tongue, slurred or pressured speech

Behavioral Signs:

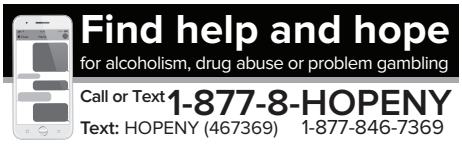
- Change in attitude/personality
- Change in friends; new hangouts
- Avoiding contact with family
- Change in activities, hobbies or sports
- Drop in grades or work performance
- Isolation and secretive behavior
- Moodiness, irritability, nervousness, giddiness, nodding off
- Stealing
- Problems, absenteeism, tardiness at work/school, unusual conflicts with family or friends

Advanced Warning Sign:

- Missing Medication

Help is Available

The New York State Hopeline is available 24 hours a day, 365 days a year for alcoholism, drug abuse and problem gambling. All calls are free, anonymous and confidential.



Proper Disposal of Medications Can Aid in the Prevention of:

- Drug diversion and abuse
- Accidental poisonings
- Confusion with other medications in the same storage area
- Consumption of old or expired medication
- Medication being released into the environment

Safe Disposal Options in New York State:

Your local pharmacy may be able to accept your discontinued, expired or unwanted medications as a DEA Authorized Collector. Check with your pharmacy or use the DEA Authorized Collection Sites link below.

Medication Drop Boxes Listed by County	www.health.ny.gov/professionals/narcotic/medication_drop_boxes/
New York State Drug Collection Events	www.dec.ny.gov/chemical/63826.html
DEA Drug Take Back Events	www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html
DEA Authorized Collection Sites	www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1
Medication Mail Back Programs	Inquire at local pharmacies concerning cost and availability

It's important to know the facts. It's going to take all of us.
Let's come together, prevent substance abuse and combat addiction.

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Hazelden Betty Ford
Institute for Recovery Advocacy

Emerging Drug Trends Report

July 2018 | Shedding new light on America's No. 1 public health problem

Does socioeconomic advantage lessen the risk of adolescent substance use? *New research yields surprising findings*

Overview

About one quarter of eighth graders and half of all high school seniors in the U.S. have used an illicit drug at some point in their lives (Miech et al., 2018). Because alcohol and other drug use during the teen years—a critical neurodevelopmental period—is highly predictive of a wide variety of later problems (Miech et al., 2018), much research has focused on the risk and protective factors for adolescent substance use, including the environments in which children grow up. This *Emerging Drug Trends Report* describes the results of recent studies that provide new information about how characteristics of those environments influence youth substance use. We examine socioeconomic status, school environments and parenting practices.

This new research includes findings that will surprise many and also reinforce the longstanding notion that substance use—and especially substance use disorder—is an "equal-opportunity destroyer" because it affects families of all socioeconomic backgrounds. For example, some forms of substance use during adolescence, like cigarette smoking, are consistently associated with socioeconomic disadvantage, whereas other forms such as excessive drinking appear to disproportionately affect upper-middle-class families (Luthar, Small, & Ciciolla, 2017). Meanwhile, for marijuana use, what might be more predictive of risk than an individual's socioeconomic status is the level of acceptance of marijuana at his or her school (Milliren, Richmond, Evans, Dunn, & Johnson, 2017). One common denominator across many studies is the importance of parents, and the research in this report sheds light on parental practices that might lessen or delay a child's risk of becoming involved with substance use, regardless of socioeconomic status.

Are there differences in adolescent substance use by parental education and/or family income?

Two national surveys give a glimpse of the relationships among levels of parental education, family income and adolescent and young adult substance use. Data from the Monitoring the Future (MTF) survey (2018) reveal that high school seniors whose parents had a college degree were more likely to have gotten drunk in the last month than seniors whose parents had not graduated high school (24 percent vs. 16 percent, respectively). The opposite association was observed for recent cigarette smoking: Adolescents whose parents were more educated were less likely to be smokers than adolescents whose parents had less education. Results from the National Survey on Drug Use and Health [NSDUH (2017)] were consistent with the findings of the MTF survey and showed that adolescents (age 12 to 17) from families with higher incomes were slightly more likely to be consumers of alcohol in the past month than adolescents in the

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lowest family income group (10 percent compared to 7 percent), but less likely to smoke cigarettes. Neither survey found appreciable differences in adolescent marijuana use by parental education or family income.

New findings from research on "children of affluence"

For several years, Suniya Luthar, PhD, professor of psychology at Arizona State University (ASU), and her colleagues have been conducting studies to examine substance use behaviors among children growing up in upper-middle-class communities. Their work has demonstrated that these children are at elevated risk for excessive drinking and other forms of substance use compared to their less affluent counterparts. Other research groups have found similar results. The ASU group's most recent study followed two existing groups of adolescents from an affluent northeastern suburb for 10 years—through high school, college and into young adulthood [until age 27 (Luthar et al., 2017)]. They were particularly interested in three questions:

a) Did these adolescents "mature out" of their substance use behaviors?

b) Were they more or less likely than the general population to meet criteria for a substance use disorder in adulthood?

c) Did rules set by parents early on have an influence on young adult substance use?

Their findings were somewhat surprising. Although some decreases in excessive drinking were found over time, there was little evidence that study subjects matured out of other substance use behaviors. Second, the estimates of lifetime diagnoses of substance use disorder in these groups were two and three times higher than the national average. Nonmedical use of prescription stimulants was particularly high in the two groups, with use estimates ranging from 15 percent to 20 percent, almost twice as high as national norms. Finally, the researchers found that parents' stringent attitude toward substance use at age 18 had a protective influence on substance use in adulthood. High school seniors who perceived that they would face consequences from their parents if they engaged in substance use and/or attended unsupervised parties in their senior year of high school were less likely to get drunk and use marijuana at age 22 compared to their peers with more-lenient parents. The authors were careful to point out that "repercussions" are most likely to be effective if they are mutually agreed upon and consistently enforced in the context of a warm and supportive parent-child relationship, and not overly severe or harsh.

"We found alarmingly high rates of substance use among young adults whom we'd initially studied as teenagers," said Dr. Luthar. "There's a web of factors that probably converge . . . and these are tied to the affluence and upward mobility of the communities, overall, that are served by the schools that we started in."

Predicting young adult marijuana use: the importance of early school environments

Another study found wide school-level variability in the prevalence of student marijuana use. Milliren et al. (2017) analyzed data gathered from 18,329 seventh to twelfth graders from 128 schools from the nationally representative dataset—the National Longitudinal Study of Adolescent to Adult Health. Some schools had almost no students using marijuana in the past 30 days, whereas other schools had up to one-third of students reporting past-month use. School-level marijuana use was significantly predictive of marijuana use 14 years later when the study participants were in young adulthood. And while the socioeconomic status of the school and neighborhood were not predictive of use, young adults with more-educated parents had higher odds of having used marijuana in the past month compared to their peers with less-educated parents. Of additional note: family receipt of public assistance during a child's adolescent years, while predictive of marijuana use in adolescence, was not predictive of use in young adulthood.

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What does the research evidence mean for parents?

The studies described above highlight the complexity of the relationship between socioeconomic status and youth substance use, and show that no one group is immune from the risk of starting to use substances or developing a substance use disorder. Adolescents living in all types of communities might be at risk for substance use for different reasons. For example, more disadvantaged families might live in environments where there are higher levels of drug availability (Storr, Chen, & Anthony, 2004). Others have speculated that adolescents from more socioeconomically advantaged families might feel more invincible regarding the possibility of negative consequences related to substance use, or perhaps experience more achievement pressures and isolation from adults than their peers, which could be associated with more substance use (Hanson & Chen, 2007). It also might be more difficult for working parents to monitor and supervise their children's activities because they work during particularly high-risk times (e.g., between 3 p.m. and 5 p.m. when children are out of school but often unsupervised).

Speculating why she has observed a relationship between affluence and substance use in her research, Dr. Luthar says, "these are kids with plenty of disposable income with which they can get fake IDs (of the best quality), as well as alcohol and both prescription and recreational drugs. Sure, not all these kids have that kind of money, but a sizeable number do, and this then contributes to relatively easy access to substances for many—for example, at large parties convened by the many with ample means." She also suggests that, "in the peer group, substance use is in fact not just commonplace but is actively encouraged. In our previous work, we have found that in affluent suburbia, kids who report high rates of substance use are among those who are most often rated as 'popular' by their classmates. And that is a pretty powerful draw—most teenagers want so much to be popular."

While socioeconomic disadvantage has long been recognized as a risk factor for some adolescent health behaviors such as smoking, the studies described above hint at the notion that having more educated, upper-middle-class parents might actually confer risk for excessive drinking and other forms of substance use (Luthar et al., 2017; Milliren et al., 2017). Without knowing exactly why this might be true, it is important for all parents to be aware of how influential they are in their children's lives throughout all stages of development.

Of more affluent parents, Dr. Luthar says, "sometimes we as parents can be lulled into some complacence about these teens' substance use, for a couple of reasons. The first is that many of these youngsters manage to maintain such impressive academic and extracurricular records that it seems unthinkable, even ludicrous, to visualize them as regularly inebriated. And the second factor is that some parents—by no means all or even most—are a bit too lax about their kids' substance use."

Parental knowledge, attitudes and behaviors can affect adolescent decisions regarding substance use. Numerous research studies confirm that certain parenting practices reduce the risk for adolescent and young adult substance use. First, strict limits set by parents regarding substance use can reduce the likelihood that their children engage in risky substance use and experience related consequences. Specifically, restricting access to alcohol and establishing firm rules and consequences for alcohol use in adolescence significantly reduces risky drinking and related problems (Sharmin et al., 2017). At the college level, one study showed that zero tolerance for underage drinking was the most protective parental message against alcohol use and consequences, even if the student was already drinking alcohol (Abar, Morgan, Small, & Maggs, 2012). Harm-reduction messages—an approach aimed at reducing the dangerous consequences of risky drinking—include advising children to "limit drinking" or "avoid drinking quickly." The study found that students whose parents endorsed harm-reduction messages consumed 150 percent more alcohol than students who perceived no parental message regarding underage drinking. With regard to marijuana use, a recent study found that adolescents who believed their parents to be less permissive of marijuana use were less likely to use marijuana and other illicit drugs (Vermeulen-Smit, Verdurmen, Engels, & Vollebergh, 2015). Second, spending more time with children (i.e., high levels of parental involvement) and attending school events have been found to be associated with lower levels of adolescent substance use (Criss et al., 2015; Hayakawa, Giovanelli, Englund, & Reynolds, 2016).

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Third, high quality parent-child communication about alcohol use and its consequences significantly predicted lower levels of drinking and fewer alcohol-related problems (Hausheer, Doumas, Esp, & Cuffee, 2016). Conversely, adolescents are more likely to engage in substance use if their parents are permissive of it, engage in substance use themselves and perceive less risk in such behavior (Cambron, Kosterman, Catalano, Guttmannova, & Hawkins, 2017).

Recent studies also show that adolescents are more likely to engage in substance use if their parents do not monitor their child's behaviors and peers as closely as others (Farley & Kim-Spoon, 2017; Rioux et al., 2016; Russell & Gordon, 2017). In a recent review of several well-designed studies that measured substance use during adolescence into young adulthood, parental monitoring was shown to be the strongest parental protective factor predicting reduced alcohol use and misuse [compared to parent-child relationship quality, parental support and parental involvement (Yap, Cheong, Zaravinos-Tsakos, Lubman, & Jorm, 2017)]. Researchers have used a variety of assessments to measure the extent to which children perceive their parents are aware of their activities and whereabouts; see **Table 1** for one method that has been used.

Resources on how parents can establish rules and consequences for their child's substance use within the context of a warm, nurturing relationship can be found among the literature here: www.hazeldenbettyford.org/recovery/families-friends/resources. Parents of all socioeconomic backgrounds could benefit from more research-based tools and resources to help them understand how they can be positive role models and engage in behaviors that might reduce their children's risk of early involvement in substance use.

Table 1. What is "Parental Monitoring"?

The following questions have been asked of adolescents in research studies to understand the extent to which parents kept tabs on their whereabouts and activities. The total "score" on these questions yields a measure of "parental monitoring." *
When you got home from school, how often was an adult there within an hour of you getting home?
When you went to a party, how often was a supervising adult present at the party?
When you wanted to go to a party, how often did your parents confirm that an adult would supervise the party?
How often would your parents know if you came home an hour (or more) late on weekends?
When you broke a rule set by your parents—for example, coming home past curfew—did your parents take away privileges?
How often before you went out, would you tell your parents when you would be back?
When your parents were not home, how often would you leave a note for them about where you were going?
When you went out and your plans unexpectedly changed, how often did you call your parents to let them know?
When you went out, how often did you let your parents know where you planned to go?

***This scale is typically accompanied with answer options ranging from "Never" to "All of the time," which are associated with numerical values 1 to 5, respectively. The more often the parental monitoring practice happened, the higher the score on the scale.**

Source: Arria, A. M., Kuhn, V., Caldeira, K. M., O'Grady, K. E., Vincent, K. B., & Wish, E. D. (2008). High school drinking mediates the relationship between parental monitoring and college drinking: A longitudinal analysis. *Substance Abuse Treatment, Prevention, and Policy*, 3(6), 1-11. [adapted from: Capaldi, D. M., & Patterson, G. R. (1989). Psychometric properties of fourteen latent constructs from the Oregon Youth Study. New York, NY: Springer-Verlag Publishing.]

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Insights and Perspectives

Joseph Lee, MD, Medical Director, Hazelden Betty Ford Foundation Youth Continuum

- "Access, education and income can influence what substances a young person uses or how much they consume. And many studies point to parental relationships as the most important protection against the development of early addiction.
- "That said, we cannot pin the source of addiction on issues of social justice and inequity, or assume that addressing the latter two will relieve the societal burden caused by addiction. While we have an ever-growing need for social justice in our time, thinking of addiction as a passive downstream byproduct of, or compensation for, accumulated social woes produces an inadvertent and cruel stigma of its own—against the power and reality of addiction independent of its context.
- "You were addicted mainly because you grew up with adversity. . . . You got addicted because you were spoiled. . . . Your mental health issues are the 'cause' of your addiction.' All of these types of conclusions silence open dialogue about addiction as a cancer of the human condition—one that requires no other qualification. In the wake of this stigma are parents who blame themselves, critics who view the label of addiction as an excuse and civic leaders who sidestep an in-depth examination of addiction by linking it to more crusade-ready topics.
- "Addiction is an equal opportunity offender. Regardless of background or income, addiction reminds us that in the end, we all suffer alone. But in recovery, addiction highlights another truth—that the best forms of healing are borne together with others who love, empathize and struggle. Could it be that understanding and treating addiction as a fundamental part of all of us may be the key to understanding our self-inflicted social ills, and not the other way around?"

Marvin D. Seppala, MD, Chief Medical Officer, Hazelden Betty Ford Foundation

- "The primary risk factor for addiction is genetic. If addiction is in your family history, you are more susceptible. But that's only the beginning of a story we don't fully understand yet. While many assume socioeconomics is another significant factor in the risk for addiction, this report reinforces the reality that addiction does not discriminate and underscores the complexity of a topic that continues to warrant more research."

William C. Moyers, Vice President of Public Affairs and Community Relations, Hazelden Betty Ford Foundation

- "More than ever, parents are vital to how young people view, experience and respond to the temptation of dangerous substances. It is our responsibility, our opportunity, as parents and grandparents to maintain open and honest dialogue with our children and grandchildren about both illicit and legal substance use. If not us, who?
- "Because of lingering stigma and stereotypes, people are often surprised when kids from families of means or prominence, even 'complete' families without divorce or loss, develop problems with dangerous substances. My own family's lifelong experiences prove that addiction doesn't discriminate, that all families are vulnerable. In fact, as this report indicates, affluence may present some unique challenges."

Kiersten Simon, Executive Director, FCD Prevention Works, part of the Hazelden Betty Ford Foundation

- "No parent would willingly expose the child they love to a devastating disease, yet some do exactly that when they let their growing children consume alcohol. When it comes to alcohol and other drugs, saying nothing to your kids might actually be less harmful than saying the wrong thing. The wrong thing to say—with words or actions—is that it's OK for children or teenagers to use alcohol. This is categorically not true. We now know unequivocally that early alcohol use, including use that may have at one time been legal or acceptable for today's

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parents when they were teens, is exceptionally unhealthy for people not yet in their third decade of life. Among other impactful, potentially negative consequences, it makes young people more vulnerable to developing a substance use disorder. Additionally, we know—as this report highlights—that parental permissiveness is associated with higher rates of early and dangerous alcohol use by teens. As health experts, we must say, over and over, 'Tell your children it is your expectation that they do not use alcohol before the age of 21.'

- "The public conversation around substance use and addiction prevention remains far too timid. We are afraid to tell our children not to drink, even though drinking now may very well kill them one day. Prevention and health experts can also be afraid to hold the line with parents about what the research says is both protective and risky for their children's health. In this environment of fear and silence, the disease of addiction can spread.

- "Effective prevention reduces risky adolescent substance use and addiction. We use this upstream public health model now more than ever, and as a result, we're seeing fewer adolescents choosing to use substances in this country. 'Keeping healthy kids healthy' is a successful strategy that is most successful when parents are appropriately and consistently involved. Parents must embrace the prevention of their children's early and risky use of alcohol to protect kids from addiction. It's as simple and as powerful as that."

Stephen Delisi, MD, Assistant Dean, Hazelden Betty Ford Graduate School of Addiction Studies

- "Because it's becoming more accessible, affordable and socially acceptable, marijuana is joining alcohol and nicotine as the substances kids are most likely to use early in their life. But it's certainly not a safe substance for young people. Data from the 2016 National Survey on Drug Use and Health indicate that the prevalence of developing a substance use disorder among those adults who first tried marijuana at the age of 14 or younger was six times higher than those adults who first used marijuana at age 18 or older. Such facts make parents and prevention key to any strategy to better address addiction in America."

Ken Winters, PhD, author of *Teen Intervene: Screening, Brief Intervention and Referral to Treatment for Substance Use* and co-author of *Youth and Drugs of Abuse: Prevention to Recovery* and *Preventing Binge Drinking on College Campuses: A Guide to Best Practices*

- "At the risk of being overly simplistic, research has shown that effective parenting of teenagers involves two keys: providing emotional support and actively monitoring their lives. As the noted studies suggest, parenting is important when it comes to shaping a teenager's health. And when parents are a source of support and effective with their monitoring, they will optimize the health and well-being of their child."

Andrew Adesman, MD, professor of pediatrics at the Hofstra Northwell School of Medicine, and author of *Baby Facts*; a recent nationwide survey of grandparents serving as parents; and Hazelden Publishing's fall 2018 release *The Grandfamily Guidebook: Wisdom and Support for Grandparents Raising Grandchildren*

- "When it comes to identifying risk factors and protective influences for substance abuse, the research findings in this new *Emerging Drug Trends Report* continue to reinforce how complex this issue really is. There are an extraordinary number of factors to consider and account for. Although substance use issues are more common in some households and communities than others, the reality is that no community is immune. In fact, families or groups that may be at low risk for one form of substance use issue may actually be at greater risk for use or misuse of other substances."

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Emerging Drug Trends Report | Hazelden Betty Ford Institute for Recovery Advocacy

Shedding new light, every month, on America's No. 1 public health problem

This report was produced in collaboration with the University of Maryland School of Public Health, with support from the Hazelden Betty Ford Foundation's Butler Center for Research.

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Our mission is to provide a trusted national voice on all issues related to addiction prevention, treatment and recovery, and to facilitate conversation among those in recovery, those still suffering and society at large. We are committed to smashing stigma, shaping public policy and educating people everywhere about the problems of addiction and the promise of recovery.

KNOW THE RISKS
E-CIGARETTES & YOUNG PEOPLE

FREQUENTLY ASKED QUESTIONS

Q: What are e-cigarettes?

- E-cigarettes come in many forms and are known by different names, including "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," "tank systems," and "electronic nicotine delivery systems" (ENDS). These products are battery-operated devices designed to deliver nicotine, flavorings and other chemicals in the form of an aerosol that users inhale.

Q: What are the major conclusions of the 2016 Surgeon General's Report, Electronic Cigarette Use Among Youth and Young Adults?

- E-cigarettes are a rapidly emerging and diversified product class. These devices typically deliver nicotine, flavorings, and other additives to users via an inhaled aerosol. These devices are referred to by a variety of names, including "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," and "tank systems."
- E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including combustible tobacco products.
- E-cigarette use among youth and young adults has become a public health concern. In 2014, current use of e-cigarettes by young adults 18-24 years of age surpassed that of adults 25 years of age and older.
- The use of products containing nicotine poses dangers to youth, pregnant women, and fetuses. The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe.
- E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.
- E-cigarettes are marketed by promoting flavors and using a wide variety of media channels and approaches that have been used in the past for marketing conventional tobacco products to youth and young adults.
- Action can be taken at the national, state, and local levels to address e-cigarette use among youth and young adults. Actions could include incorporating e-cigarettes into smokefree policies, preventing access to e-cigarettes by youth, price and tax policies, retail licensure, regulation of e-cigarette marketing likely to attract youth, and educational initiatives targeting youth and young adults.

Q: Why does this report focus on youth and young adults?

- This report focuses on e-cigarette use among youth and young adults because research indicates that this is a critical period for influencing tobacco use and related behaviors.
- Nearly all adult tobacco users first initiated tobacco use in youth or young adulthood.
- Previous Surgeon General's Reports (**1994** and **2012**) have highlighted the effectiveness and importance of interventions to prevent and reduce tobacco use among youth and young adults.
- This is the first Surgeon General's Report focused on the issue of e-cigarettes and young people.

Q: What is the composition of editors and contributors to this report and how were they selected?

- The Surgeon General's Report on E-cigarette Use Among Youth and Young Adults was written and reviewed by more than 150 experts. The compilation of the report was led by a senior scientific editorial team of experts internal and external to government, and peer-reviewed by leading scientific and public health experts from the U.S. and abroad.
- This is the 33rd Report of the Surgeon General on tobacco, and it continues these reports' tradition of considering the most rigorous evidence to inform conclusions and leveraging subject matter experts from a range of disciplines and with a range of perspectives as authors, editors, and reviewers.

Q: Are e-cigarettes tobacco products?

- E-cigarettes typically contain nicotine derived from tobacco.
- Generally, e-cigarettes that contain nicotine that comes from tobacco meet the definition of a "tobacco product" under the Federal Food, Drug, and Cosmetic Act.
- A federal appellate court decision (Sottera, Inc. v. Food & Drug Administration, 2010) ruled that FDA must regulate e-cigarettes and other products made or derived from tobacco as tobacco products under the Family Smoking Prevention and Tobacco Control Act (2009), unless they are marketed for therapeutic purposes (e.g., marketed as products that help smokers quit).

Q: Are e-cigarettes regulated at the federal level?

- Yes. In August 2016, the regulatory authority of the Food and Drug Administration was extended to cover e-cigarettes through the agency's "deeming rule."
- FDA currently enforces a ban on sales to minors, free samples, and vending machine sales of e-cigarettes except in adult-only facilities.
- Additional provisions of the FDA "deeming rule" will phase in over the coming months and years.
- Through authority granted by the Family Smoking Prevention and Tobacco Control Act, FDA has authority to develop regulations that address the manufacture, import, packaging, labeling, advertising, promotion, sale, and distribution of e-cigarettes.

Q: Is e-cigarette use by young people similar across age, gender, and racial/ethnic groups?

- **Among youth ages 12-17**: older students, Hispanics, and Whites are more likely to use e-cigarettes than younger students and Blacks.
- **Among young adults ages 18-25**: males, Hispanics, Whites, and those with lower levels of education are more likely to use e-cigarettes than females, Blacks, and those with higher levels of education.
- Prevalence of current e-cigarette use among high school students and young adults is similar, with 16% of high school students and 13.6% of young adults being past-30-day users.
- Middle school students use e-cigarettes at about the same rate as adults age 25 and older, with 5.3% of middle school students and 5.7% of adults age 25 and older being past-30-day users.

Q: Why are e-cigarettes so popular with young people?

- Youth and young adults say they use e-cigarettes for a variety of reasons, including:
  - Curiosity. Young people say they are curious about the products and are interested in trying them.

- Flavors. E-cigarettes are available in hundreds of flavors, and both youth and young adult e-cigarette users overwhelmingly select flavored e-cigarettes over unflavored ones. About 9 out of 10 young adult and 8 out of 10 youth e-cigarette users used flavored e-cigarettes in 2014 and 2015, respectively. In addition, according to the Population Assessment of Tobacco and Health (PATH) study, the primary reason that youth ages 12-17 reported they used e-cigarettes was because "they come in flavors I like" (81.5%).
- Belief that e-cigarettes are safer than other tobacco products, especially conventional cigarettes. More than 3 of 5 American teens believe that e-cigarettes cause little or only some harm as long as they are used sometimes but not every day. Nearly 1 of 5 young adults believe e-cigarettes cause no harm.

- E-cigarettes are marketed using themes, product designs, and approaches that have been used to market conventional tobacco products to young people.

Q: What are the report's findings regarding the health effects of e-cigarette aerosol?

- E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents, including nicotine.
- Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.
- E-cigarettes typically contain nicotine, a highly addictive drug that is proven to harm brain development; chemicals such as diacetyl, a flavoring agent that can cause a serious lung disease when inhaled; ultrafine particles that can be inhaled deep into the lungs; heavy metals such as nickel, lead, and tin; and other chemicals such as volatile organic compounds that can be harmful to health.

Q: How do e-cigarettes harm brain development?

- The brain is the last organ in the human body to develop fully. Brain development continues to about the early to mid-20s.
- E-cigarettes typically contain nicotine. Nicotine disrupts the development of brain circuits that control attention and learning, and young people who use e-cigarettes and other tobacco products are at risk for deficits in these areas.
- Adolescence is a critical period for brain development, and brain development continues into young adulthood. Young people who use e-cigarettes and other tobacco products are uniquely at risk for long-term, long-lasting effects of exposing their developing brains to nicotine. In addition to learning and cognitive deficits, and susceptibility to addiction, these risks include mood disorders and permanent lowering of impulse control.
- The nicotine in e-cigarettes and other tobacco products can also affect the development of the brain's reward system, priming the adolescent brain for addiction to other drugs such as cocaine and methamphetamine.

Q: What is the impact of nicotine use during pregnancy on fetal development?

- Based on a comprehensive review of the existing scientific literature, the 2014 Surgeon General's Report concluded that "the evidence is sufficient to infer that at high-enough doses, nicotine has acute toxicity," and that "the evidence is sufficient to infer that nicotine adversely affects maternal and fetal health during pregnancy."
- Research shows that adults who use e-cigarettes can achieve plasma nicotine concentrations similar to those found among smokers of equivalent amounts of conventional cigarettes.

- Nicotine has been shown to cross the placenta and has been found in placental tissue as early as 7 weeks of embryonic gestation, and nicotine concentrations are higher in fetal fluids than in maternal fluids.
- This report concludes that "Nicotine can cross the placenta and has known effects on fetal and postnatal development. Therefore, nicotine delivered by e-cigarettes during pregnancy can result in multiple adverse consequences, including SIDS, and could result in altered corpus callosum, deficits in auditory processing, and obesity."

Q: What are the report's findings regarding e-cigarette aerosol?

- E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.
- Scientists are still working to understand more fully the health effects and harmful doses of the contents of e-cigarettes when they are heated into an aerosol. However, e-cigarette aerosol generally contains fewer toxicants than smoke from combustible tobacco products.
- Given the existing science on e-cigarette aerosol, the Call to Action in this report includes diverse actions, modeled after evidence-based tobacco control strategies that can be taken at the state, local, tribal, and territorial levels to address e-cigarette use among youth and young adults, including incorporating e-cigarettes into smoke-free policies.

Q: Are e-cigarettes less harmful than cigarettes?

- Cigarettes and other combusted tobacco products are the leading cause of preventable death and disease in the U.S. and the world; they kill half of all long-term users.
- The 2014 Surgeon General's Report on the Health Consequences of Smoking, and this report, note that, based on current understanding, noncombustible tobacco products including e-cigarettes are less dangerous than continued smoking if used by combustible tobacco smokers as a complete substitute for all combustible tobacco products.
- However, e-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents, including nicotine. Nicotine exposure during adolescence can harm the developing adolescent brain.
- A major conclusion of this report is that the use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe. Therefore, young people should be strongly discouraged from using any type of tobacco product, including e-cigarettes.

Q: FDA-approved medications for quitting smoking contain nicotine. Is it harmful for youth and young adults to use any product containing nicotine, including nicotine replacement therapy (NRT)?

- The brain is still developing into early adulthood and doesn't complete until the early to mid-20's. Nicotine exposure during this period of growth can disrupt the formation of brain circuits that control learning, memory, and attention.
- Over-the-counter nicotine replacement products, such as the nicotine patch and gum, are approved for sale to persons 18 years of age and older.
  - » Youth who smoke should consult with their health care professional for assistance with quitting.
  - » Young adults who smoke should consult with their health care professional for assistance with quitting and the use of proven quit aids.
  - » In addition, https://teen.smokefree.gov walks young people through the steps to quit and also offers a free texting program to provide continued encouragement along the way.

- There are **seven FDA-approved quit aids**, including both nicotine replacement therapy and non-nicotine containing medications, that are proven safe and effective when used as directed. The use of nicotine in the context of nicotine replacement therapy is therapeutic and intended for short term use to treat tobacco dependence in smokers as a means of weaning one from nicotine dependence.

Q: Do all e-cigarettes contain nicotine?

- E-cigarettes are designed to deliver nicotine and other additives to the user in the form of an aerosol. Many but not all e-cigarettes contain nicotine.
- Until recently, e-cigarettes have not been regulated at the federal level, and there have not been requirements for ingredient testing or disclosure. Some e-cigarette labels do not disclose that they contain nicotine, and some e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine.
- Young people have been found to believe that e-cigarettes deliver "harmless water vapor" and may not realize the products can contain nicotine.
- According to the 2015 and 2016 **Monitoring the Future** studies, the majority of teens who use e-cigarettes think there is "just flavoring" in them. However, many e-cigarettes on the market contain both nicotine and flavoring, and no studies have investigated how many youth use e-cigarettes that contain both flavors and nicotine.
- In addition, this report identifies that there are harmful elements in e-cigarettes besides nicotine. E-cigarette aerosol can contain heavy metals, volatile organic compounds, and cancer causing agents like acrolein. It also finds that e-cigarettes are being used to deliver illicit substances such as marijuana.

Q: Does this report investigate whether e-cigarettes help adult smokers quit?

- There are important issues related to e-cigarette use among adult smokers, including their potential for use as a smoking cessation tool. However, given that the report focuses on youth and young adults, those issues are not addressed in this report.
- E-cigarettes are not an FDA-approved quit aid and there is no conclusive scientific evidence on the effectiveness of e-cigarettes for long-term smoking cessation. However, there are seven **FDA approved quit aids** that are proven safe and effective when used as directed.
- To date, the few studies on the issue are mixed. A **Cochrane Review** found evidence from two randomized controlled trials that e-cigarettes with nicotine can help smokers to stop smoking in the long term compared with placebo e-cigarettes. However, existing research is subject to some limitations, including the small number of trials, small sample sizes, and wide margins of error around the estimates.
- More research is needed to explore this issue, and several efforts are underway at the Federal level to help answer this important question. For example, the FDA and NIH are fielding the **Population Assessment of Tobacco and Health**, or PATH, study. Additionally, NIH and FDA are funding **Tobacco Centers of Regulatory Science**, or TCORS, across the country who are working to study many topics related to tobacco regulatory science, including the effects of e-cigarettes on cessation among adult smokers.
- Any e-cigarette manufacturer who wants to market the products as a cessation aid (e.g., as a product that helps smokers quit) can submit an application, with supporting data, to FDA asking for approval.

Centers for Disease Control and Prevention
Office on Smoking and Health

E-Cigarette Use Among Youth and Young Adults

A Report of the Surgeon General

Fact Sheet

This Surgeon General's report comprehensively reviews the public health issue of e-cigarettes and their impact on U.S. youth and young adults. Studies highlighted in the report cover young adolescents (11-14 years of age); adolescents (15-17 years of age); and/or young adults (18-25 years of age). Scientific evidence contained in this report supports the following facts:

E-cigarettes are a rapidly emerging and diversified product class. These devices typically deliver nicotine, flavorings, and other additives to users via an inhaled aerosol. These devices are referred to by a variety of names, including "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," and "tank systems."

- E-cigarettes are battery-powered devices that heat a liquid into an aerosol that the user inhales.
- The liquid usually has nicotine, which comes from tobacco; flavoring; and other additives.
- E-cigarette products can also be used as a delivery system for marijuana and other illicit drugs.

E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including cigarettes and other burned tobacco products.

- In 2015, more than 3 million youth in middle and high school, including about 1 of every 6 high school students, used e-cigarettes in the past month. More than a quarter of youth in middle and high school have tried e-cigarettes.
- Among high school students, e-cigarette use is higher among males, whites, and Hispanics than among females and African-Americans.
- There is a strong association between the use of e-cigarettes, cigarettes, and the use of other burned tobacco products by young people. In 2015, for example, nearly 6 of 10 high school cigarette smokers also used e-cigarettes.
- Research has found that youth who use a tobacco product, such as e-cigarettes, are more likely to go on to use other tobacco products like cigarettes.

E-cigarette use among youth and young adults has become a public health concern. In 2014, current use of e-cigarettes by young adults 18-24 years of age surpassed that of adults 25 years of age and older.

- Among young adults 18-24 years of age, e-cigarette use more than doubled from 2013 to 2014. As of 2014, more than one-third of young adults had tried e-cigarettes.
- The most recent data available show that the prevalence of past 30-day use of e-cigarettes was 13.6% among young adults (2014) and 16.0% among high school students (2015).
- The most recent data available show that the prevalence of past 30-day use of e-cigarettes is similar among middle school students (5.3%) and adults 25 years of age and older (5.7%).
- Among young adults, e-cigarette use is higher among males, whites and Hispanics, and those with less education.

The use of products containing nicotine poses dangers to youth, pregnant women, and fetuses. The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe.

- Many e-cigarettes contain nicotine, which is highly addictive.
- The brain is the last organ in the human body to develop fully. Brain development continues until the early to mid-20s. Nicotine exposure during periods of significant brain development, such as adolescence, can disrupt the growth of brain circuits that control attention, learning, and susceptibility to addiction.
- The effects of nicotine exposure during youth and young adulthood can be long-lasting and can include lower impulse control and mood disorders.
- The nicotine in e-cigarettes and other tobacco products can prime young brains for addiction to other drugs, such as cocaine and methamphetamine.

- Nicotine can cross the placenta and affect fetal and postnatal development. Nicotine exposure during pregnancy can result in multiple adverse consequences, including sudden infant death syndrome (SIDS).
- Ingestion of e-cigarette liquids containing nicotine can cause acute toxicity and possible death if the contents of refill cartridges or bottles containing nicotine are consumed.

E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.

- The constituents of e-cigarette liquids can include solvents, flavorants, and toxicants.
- The aerosol created by e-cigarettes can contain ingredients that are harmful and potentially harmful to the public's health, including: nicotine; ultrafine particles; flavorings such as diacetyl, a chemical linked to serious lung disease; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals, such as nickel, tin, and lead.

E-cigarettes are marketed by promoting flavors and using a wide variety of media channels and approaches that have been used in the past for marketing conventional tobacco products to youth and young adults.

- E-cigarettes are an estimated $3.5 billion business in the United States. In 2014, e-cigarette manufacturers spent $125 million advertising their products in the U.S.
- In 2014, more than 7 of 10 middle and high school students said they had seen e-cigarette advertising. Retail stores were the most frequent source of this advertising, followed by the internet, TV and movies, and magazines and newspapers.
- The 2012 Surgeon General's Report on tobacco use among youth and young adults found that tobacco product advertising causes young people to start using tobacco products. Much of today's e-cigarette advertising uses approaches and themes similar to those that were used to promote conventional tobacco products.
- E-cigarettes are available in a wide variety of flavors, including many that are especially appealing to youth. More than 85% of e-cigarette users ages 12-17 use flavored e-cigarettes, and flavors are the leading reason for youth use. More than 9 of 10 young adult e-cigarette users said they use e-cigarettes flavored to taste like menthol, alcohol, fruit, chocolate, or other sweets.

Action can be taken at the national, state, local, tribal and territorial levels to address e-cigarette use among youth and young adults. Actions could include incorporating e-cigarettes into smokefree policies, preventing access to e-cigarettes by youth, price and tax policies, retail licensure, regulation of e-cigarette marketing likely to attract youth, and educational initiatives targeting youth and young adults.

- The Food and Drug Administration (FDA) now regulates the manufacturing, importing, packaging, labeling, advertising, promotion, sale, and distribution of e-cigarettes.
  - In August 2016, FDA began enforcing a ban on vending machine sales unless in adult-only facilities and a ban on free samples and sales to minors.
- Parents, teachers, health care providers, and others who influence youth and young adults can advise and inform them of the dangers of nicotine; discourage youth tobacco use in any form, including e-cigarettes; and set a positive example by being tobacco-free themselves.

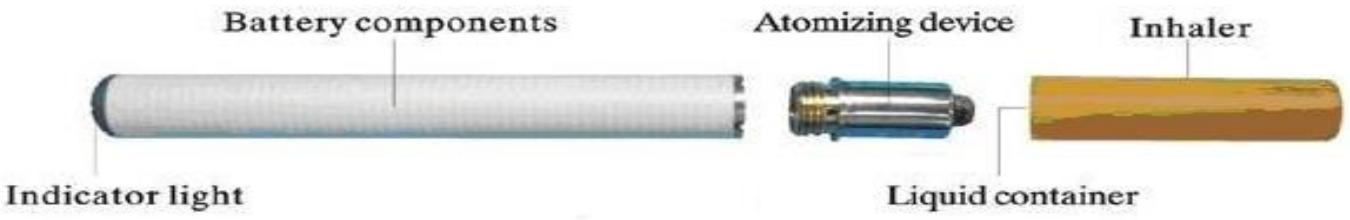
Citation: U.S. Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General—Executive Summary*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

Website: E-cigarettes.Surgeongeneral.gov

Electronic Cigarette (E-Cigarette) Fact Sheet

- **E-Cigarettes are devices, about the size of a regular cigarette.**

- **They operate by electronically vaporizing a solution that often contains nicotine, creating a mist which is then inhaled. E-Cigarettes are currently available in carious flavors and claimed "strength" of nicotine cartridges.**



Electronic cigarette	Comparison	Regular cigarette
One e-cigarette	Equivalent	6-7 cigarettes
100	Puffs per cigarette	15
6-24 mg.	Nicotine level	0.6-2.4 mg.
E-cigarette with 24 mg of nicotine: 0.16 mg/puff	Nicotine per puff	Cigarette with 1.8 mg of nicotine: 0.16 mg/puff

Source: E-Cig Graphic: Eeli Polli, Elsebeth Nielsen © 2008 MCT

- **Cartridges generally contain nicotine, flavoring, and other chemicals but thre is no agency officially monitoring the exact chemicals or amount of nicotine.**

- **The only e-cigarette centered research on these devices was conducted by the FDA. They found detectable levels of cancer causing chemicals. Di-ethylene glycol, a chemical in anti-freeze that is toxic to humans was also found.**

- **Some cartridges labeled "No Nicotine" contained low levels of nicotine.**

- **Cartridges are refilled with a liquid form of nicotine called "e-juice" or "smoke-juice". These can be very dangerouse. Some refills contain 1,000mg of nicotine. The fatal dose for children is 10mg, and for adults it's 30-60mg.**

Long Island Prevention Resource Center
Family Service League Inc.
1444 Fifth Ave. Bay Shore, N.Y. 11706 | (631) 650-0135 | info@liprc.org | www.LIPRC.org

Patient Advocacy Services

OASAS Patient Advocacy services help promote high-quality care by OASAS-certified or funded programs by protecting patient rights and ensuring that services are delivered consistent with laws and regulations. Patient Advocacy helps individuals receiving services by answering questions and addressing problems that cannot be resolved by the program.

Patient Advocacy also advises program staff by answering questions concerning patient rights and service standards. When contacted, the Advocacy unit resolves each matter as quickly and fairly as possible. Most times, a phone call is sufficient.

Although help is provided to anyone, in general, our advocacy services do not include assessments, referrals or direct counseling. Referrals to a certified program can be obtained through the OASAS 24-hour HOPEline, 1-877-8-HOPENY.

To access the OASAS Patient Advocacy services, call 1-800-553-5790, Monday through Friday from 9 a.m. to 5 p.m. Calls must be made within New York.

Addiction Services for Prevention, Treatment, Recovery

Governor
Andrew M. Cuomo

Commissioner
Arlene González-Sánchez
M.S., L.M.S.W.

General Information: **518-473-3460**
Patient Advocacy: **1-800-553-5790**

HOPEline: 1-877-8-HOPENY
Find help for alcoholism, drug abuse or problem gambling.

NEW YORK STATE | **Office of Alcoholism and Substance Abuse Services**

oasas.ny.gov

BR63-3/11
Revised

Your Rights and Responsibilities

What individuals in addiction treatment programs need to know.

NEW YORK STATE | **Office of Alcoholism and Substance Abuse Services**

Rights and Responsibilities

All OASAS-certified and funded treatment programs are required to operate in accordance with Mental Hygiene Law and Regulations, as well as other applicable state and federal laws. As such, individuals in treatment are entitled to certain rights, and likewise, must fulfill certain responsibilities.

KNOW your rights and responsibilities as a patient in a treatment program.

OBTAIN information about services, standards and expectations from your program.

CONTACT the OASAS Patient Advocacy Office for assistance with grievances or complaints.

CALL toll free, 1-800-553-5790.

Patients

You have the right to:

- Be informed of the program's rules and regulations.
- Receive considerate and respectful care.
- Receive services without regard to race, color, ethnicity, religion, sex, sexual orientation or source of payment.
- Receive confidential treatment. Except for a medical emergency, court order, child abuse or crimes committed on program premises, a program generally cannot release information about your treatment without your written consent.
- Be fully informed of your treatment plan and participate in its development. This includes setting goals and measuring progress with your counselor.
- Refuse treatment and be told what effect this could have on your health or status in the program.
- Discontinue treatment at any time.
- Obtain, in writing, an explanation of the reason(s) for your discharge from treatment and information about the program's appeal process. And, if necessary, receive help obtaining treatment at another program.
- Avoid inappropriate personal involvement with counselors, staff or other patients. Patients have the right to be free from sexual harassment and sexual misconduct.

You have the responsibility to:

- Act responsibly and cooperate with the staff from your program.
- Treat the staff and other patients with courtesy and respect.
- Respect the right of other patients to receive confidential treatment.
- Participate in the development and completion of your treatment plan, which includes becoming involved in productive activities, such as work or school and not using drugs.
- Pay for treatment on a timely basis, according to your means.
- Talk with a counselor about problems that affect your treatment progress and recovery.
- Offer suggestions on improving program operations.
- Talk with a counselor before ending treatment; don't just stop or leave.
- Ask questions about any part of your treatment you don't understand.

What to do if you have concerns

1. Talk with your counselor – most problems can and should be resolved with your counselor.
2. If your counselor cannot resolve the situation, talk with his or her supervisor.
3. If you still need help, talk with the Director of your program.
4. If the matter is still not resolved, call the OASAS Patient Advocacy line, 1-800-553-5790, during normal business hours. Calls must be made from within New York.

No punitive action can be taken against those in treatment for contacting the Patient Advocacy Office.

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

Patient Advocacy

501 7th Avenue • New York, NY 10018

www.oasas.ny.gov

1-800-553-5790

For help call or text:

1-877-8-HOPENY

Text: HOPENY (467369) 1-877-846-7369

Underage Drinking
Not a Minor Problem

Research shows that parents remain the No.1 influence in their children's life.

Did you know

- Most kids who consume alcohol do so in their own home or in the home of a friend.[1]
- One out of three 13-year-olds in NYS has tried alcohol.[1]
- Forty-nine percent of high school seniors in NYS have consumed alcohol in the past 30 days - that's more than 100,000 seniors. Thirty-one percent of seniors reported at least one episode of binge drinking (consumption of five or more drinks at one time for males and four or more drinks for females) during the past two weeks.[1]
- Nearly 52 percent of NYS students in grades 7-12 reported their parents had never talked to them about the dangers of underage drinking.[1] Research suggests that kids whose parents talk to them about underage drinking and drug use are up to 50 percent less likely to use.[2]
- Research indicates the brain continues to develop into the mid-twenties. Alcohol use can have a detrimental effect on the developing brain.[3]
- A teenager who begins drinking before the age of 15 is seven times more likely to have an alcohol abuse or dependence issue later in life than someone who waits until age 21 to drink alcohol.[4]

5 Ws of talking to your kids about underage drinking

Who: All Parents, and any adult with an interest in the well-being of youth, need to talk to kids about underage drinking. Even if your child doesn't drink, research shows that your child can be negatively influenced by peer use of alcohol.

What: TALK to your children about the dangers of alcohol use. Know you are not alone - there are many resources that can assist you with having this conversation.

Where: TALK in your home, during meals, in the car, at the game. Always keep the lines of communication open.

When: The younger you begin the conversation, the less likely your child will choose to drink.

Why: Parents remain the single greatest influence over their children's behavior.[5] Alcohol affects the mind and body in often unpredictable ways. Teens lack the judgment and coping skills to handle alcohol wisely. This can lead to problems at school, and your child being more likely to be involved in violent crime, sexual assault, traffic-related crashes and robbery.

OASAS
Improving Lives.

New York State Office of Alcoholism and Substance Abuse Services
Governor Andrew M. Cuomo • Commissioner Arlene González-Sánchez, M.S., L.M.S.W.
1450 Western Avenue, Albany, New York 12203
www.oasas.state.ny.us 518-473-3460

Underage Drinking
Not a Minor Problem

It is **illegal** to drink under age 21 in New York State.

Tips

for how to talk to your kids about underage drinking

Talking to your child about underage drinking can be difficult. Here are some tips to help get the conversation started:

- There are community resources that can assist you with talking to your kids about the dangers of alcohol use. Your family doctor, your child's teacher, school personnel, local law enforcement and your local prevention provider are all there to help.
- Look for opportunities to talk to your child when you are both attentive and can avoid distractions.
- Listen to what your child has to say. Respecting your child's views can go a long way with getting your child's attention.
- Talk about parental and cultural expectations surrounding alcohol use and be a positive role model.
- Role play effective ways to say no to drugs and alcohol.
- Using your own discretion, talk openly. Be prepared to answer the tough questions, including questions about your own drug and alcohol use.

For more information please visit:

www.talk2prevent.com

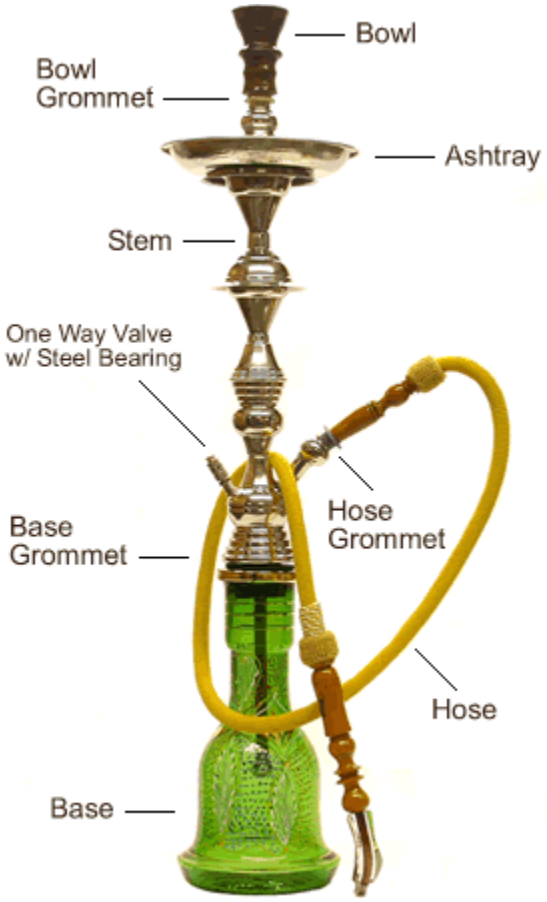
1-877-8-HOPENY

Find Help for 1-877-846-7369

Alcoholism, Drug Abuse, Problem Gambling

1. New York State Office of Alcoholism and Substance Abuse Services, Youth Development Survey, 2008.
2. Partnership for a Drug Free America, 2009.
3. National Institute on Alcohol Abuse and Alcoholism, 2010.
4. NSDUH, 2006.
5. SAMHSA, Family Guide, 2007

Hookah "AKA "
"Shisha" – "Narghile" – "Waterpipe" – "Bong"



- Hookah is now becoming much more prevalent on college campuses.
- Most young adults who smoke hookah do not think they are actually smoking tobacco.
- There is a great misperception that the water in the bowl filters out toxins from the smoke, IT DOES NOT!!
- Only the mouthpieces are changed when people pass the hookah pipe around, hoses cannot be cleaned thoroughly enough to prevent the spread of diseases.
- HERPES, TUBERCULOSIS, HELICOBACTER (causes stomach ulcers), ASPERGILLUS (lung fungus), and SWINE FLU AND SEASONAL FLU can be spread through hookah use.
- One smoking session with a hookah equals the amount of nicotine you would get if you smoked 10 cigarettes.
- Each session requires 100 inhalations and takes about 30 – 60 minutes.
- Because there is charcoal that is burned to heat the tobacco, there are extremely high levels of lead, arsenic, chromium, cobalt and nickel (all heavy metals) in hookah smoke. There is evidence that lead causes cancer.
- Many young adults smoke hookah because it is new and they believe that it is safer than smoking a cigarette. IT IS NOT!!
- Hookahs deliver a very high dose of nicotine. If someone was not a traditional smoker, they would become addicted to nicotine just from smoking hookah and would have to re-dose themselves with cigarettes, or other forms of nicotine delivery.

Long Island Prevention Resource Center
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1444 Fifth Ave. Bay Shore, N.Y. 11706 | (631) 650-0135 | info@liprc.org | www.LIPRC.org

The Power of Parenting!

INTRODUCTION

If you know your child is using drugs, you have good reason to be concerned. You may feel helpless, fearful and even ashamed, but you CAN do something. You can try a variety of ways that will make your child's drug use less appealing for them. It is important to note that getting help for your child is a process, never an event. This means that you will have to try a variety of techniques over time, while never giving up. This brochure will offer ideas and tips for you to begin to help your child, but it is most important that you educate yourself and get help for yourself as well.

KNOWLEDGE IS POWER

If you know your child is using alcohol, drugs or tobacco, remember knowledge is power. The more information you have about discussing substance use with your child, the more comfortable and prepared you will be. Finding the right time, when you both are available, to discuss your concerns is the first step toward a positive discussion. Be ready for avoidance and denial. Prepare for some possible questions about your own use.

The following organizations offer information and resources that can help you and your family.

1-877-8-HOPENY
Find Help for 1-877-846-7369
Alcoholism, Drug Abuse, Problem Gambling

Available 24 hours / 7 days

New York State Office of Alcoholism and Substance Abuse Services
www.oasas.ny.gov | 518-473-3460

The Partnership at Drugfree.org:
www.drugfree.org | 855-378-4373

Parents. The Antidrug
www.theantidrug.com | 800-662-HELP

American Council for Drug Education
www.acde.org | 800-378-4435

Families Against Drugs
www.familiesagainstdrugs.org/

Al-Anon and Alateen
www.al-anon.alateen.org | 757-563-1600

Faces and Voices of Recovery
www.facesandvoicesofrecovery.org | 202-737-0690

SAMHSA's Center for Substance Abuse Treatment
www.samhsa.gov/about/csat.aspx | 240-276-1660

Substance Abuse and Mental Health Services
www.samhsa.gov | 877-SAMHSA-7

National Institute on Drug Abuse
www.nida.nih.gov/nidahome.html | 800-662-HELP

National Council on Alcohol & Drug Dependence
www.ncadd.org | 800-NCACALL

What to Do?

I know my Child is using alcohol and/or drugs

THE POWER OF PARENTING
Empowering Parents to Act

OASAS
Improving Lives.

New York State Office of Alcoholism and Substance Abuse Services

OUTLINE FOR AN INTERVENTION

Seek professional help. School counselors/health care professionals are trained to assist with referrals to trained counselors who are equipped to properly assess your child's alcohol and/or drug use.

Don't shy away from addressing this. Be prepared to discuss and take appropriate action.

Express concern over a particular incident and relate this to the chemical use.

Be factual and specific.

Describe how you felt.

Set limits and arrange an outcome.

Example:

I know you would not have (insert behavior).

I am so concerned about you and I am afraid for what is happening to our family.

I have arranged an appointment for you so you can get help.

STEPS YOU CAN TAKE

Keep yourself and your child surrounded by loving support.

- Talk to your child when he/she is not under the influence of alcohol and/or drugs.
- Express concern not blame.
- It is important to use your knowledge of your child and trust your own instincts about how to approach the subject.
- Don't cover up your child's alcohol and/or drug seeking behaviors from family members.
- Establish guidelines for behaviors, as well as curfews and type of friends. Put these into a contract that has both consequences and privileges.
- Always have your child assume responsibility for his/her actions.
- It is important to not let shame or anger prevent you from getting help from someone who knows addiction.
- Make sure that you and other caregivers are on the same page so you can show your child a united front.
- If your child needs treatment, you can prepare a formal intervention that would involve significant others and have treatment as the outcome.
- Keep in mind, treatment is voluntary, and your child may refuse to go. It is important to have some type of leverage such as: legal consequences, removal from extra-curricular activities or placement outside the home.

SAMPLE CONTRACT

Terms: No use of alcohol, drugs or tobacco. No hanging with users.

Privileges: Anything that is a perk for your child.

Consequences: Loss of privileges and seek out professional help.

Signatures: Yours and your child's.

WIDELY USED DRUGS

Tobacco

Alcohol

Prescription Painkillers

Marijuana

Inhalants

SUPPORT SERVICES

INTRODUCTION

If you know your child or someone you care about is misusing drugs, you have good reason to be concerned. You may feel helpless, fearful and even ashamed, but you CAN do something. You can try a variety of ways that will make their drug use less appealing for them. It is important to note that getting help for someone is a process, never an event. This means that you will have to try a variety of techniques over time, while never giving up. This brochure will offer ideas and tips for you to begin to help, but it is most important that you educate yourself and get help for yourself as well.

KNOWLEDGE IS POWER

If you know your child is misusing alcohol, drugs or tobacco, remember knowledge is power. The more information you have about discussing substance use with your child, the more comfortable and prepared you will be. Finding the right time, when you both are available, to discuss your concerns is the first step toward a positive discussion. Be ready for avoidance and denial. Prepare for some possible questions about your own use.

The following organizations offer information and resources that can help you and your family.

New York State Office of Alcoholism and Substance Abuse Services
oasas.ny.gov | 518-473-3460

CombatAddiction.ny.gov
www.Talk2Prevent.ny.gov

The Partnership at Drugfree.org
drugfree.org | 855-378-4373

American Council for Drug Education
acde.org | 800-378-4435

Families Against Drugs
familiesagainstdrugs.net

Al-Anon and Alateen
al-anon.org | 757-563-1600

Faces and Voices of Recovery
facesandvoicesofrecovery.org
202-737-0690

SAMHSA's Center for Substance Abuse Treatment
samhsa.gov/about/csat.aspx
240-276-1660

Substance Abuse and Mental Health Services
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National Institute on Drug Abuse
www.nida.nih.gov/nidahome.html
800-662-HELP

National Council on Alcohol & Drug Dependence
www.ncadd.org | 800-NCACALL

FOR HELP & INFORMATION
COMBATADDICTION.NY.GOV

CALL: 1-877-8-HOPENY (1-877-846-7369)
TEXT: HOPENY T0 467369

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

YOU CAN BE THE DIFFERENCE

A Guide to Teen/Young Adult Substance Abuse

INTERVENTION

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

YOU CAN BE THE DIFFERENCE

INTERVENTION

OUTLINE FOR AN INTERVENTION

Seek professional help. School counselors and health care professionals can assist with referrals to trained counselors who are equipped to properly assess your child's alcohol and/or drug use.

Don't shy away from addressing this. Be prepared to discuss and take appropriate action.

EXPRESS CONCERN over a particular incident and relate this to the chemical use.

BE FACTUAL and specific.

DESCRIBE how you feel.

SET LIMITS and arrange an outcome.

ASK FOR HELP. There are many confidential resources available for caregivers and mentors - if you ask!

EXAMPLE:

I know you would not have (insert behavior). I am so concerned about you, and I am afraid for what is happening to our family. I have made arrangements for an appointment for you so you can get help.

WIDELY USED DRUGS: Tobacco, alcohol, prescription painkillers, marijuana and inhalants

STEPS YOU CAN TAKE

Keep yourself and your child surrounded by loving support.

- Talk to your child when he/she is not under the influence of alcohol and/or drugs.
- Express concern, not blame.
- Use your knowledge of your child and trust your own instincts about how to approach the subject.
- Don't cover up your child's alcohol and/or drug seeking behaviors from family members.
- Establish guidelines for behaviors, as well as curfews and type of friends. Put these into a contract that has both consequences and privileges.
- Always have your child assume responsibility for his/her actions.
- Do not let shame or anger prevent you from getting help from someone who knows about substance use disorder.
- Make sure you and other caregivers are on the same page so you can show your child a united front.
- If your child needs treatment, prepare a formal intervention that would involve significant others and have treatment as the outcome.
- Keep in mind, treatment is voluntary, and your child may refuse to go. It is important to have some type of leverage such as: legal consequences, removal from extra-curricular activities or placement outside the home.

SAMPLE CONTRACT

TERMS

- No use of alcohol, drugs or tobacco
- No hanging out with users

PRIVILEGES

- Anything that is a perk for the individual

CONSEQUENCES

- Loss of privileges
- Seek out professional help

SIGNATURES

- Yours and the individual's

PREVENTION

WHY TEENS USE

ACCEPTANCE
Teens feel the need to fit in with friends, to become popular or be “where the action is.”

CURIOSITY
Youth hear about “highs” and want to find out what it feels like for themselves.

EASY ACCESS
If pills, alcohol or other drugs are easy to obtain, they are more likely to experiment.

MODELING
When youth see adults use alcohol, drugs and/or tobacco, they are more eager to try.

SELF-MEDICATION
They use medication to cope with pressures of problems or as an antidote to deal with issues.

SEEKING INDEPENDENCE
Some teens believe using is a way of self-expression and a way to test their individuality.

WIDELY USED DRUGS

TOBACCO ALCOHOL PRESCRIPTION PAINKILLER MARIJUANA

The following organizations offer information and resources that can help you and your family.

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oasas.ny.gov | 518-473-3460

CombatAddiction.ny.gov
www.Talk2Prevent.ny.gov

The Partnership at Drugfree.org
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Faces and Voices of Recovery
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Substance Abuse and Mental Health Services
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CALL: 1-877-8-HOPENY (1-877-846-7369)
TEXT: HOPENY T0 467369

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

YOU CAN BE THE DIFFERENCE

A Guide to Teen/Young Adult Substance Abuse

PREVENTION: EXPERIMENTING

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

YOU CAN BE THE DIFFERENCE

PREVENTION

TAKE ACTION

When you suspect a young person may be using alcohol and/or drugs, it is important to take action.

PREPARE YOURSELF

Work with what happened rather than why it happened. Don't blame someone else, yourself or the individual. Don't be shocked or judgmental because there are many innovative ways to conceal use. Don't be afraid and/or hesitate to investigate further by searching their belongings, cell phone or computer. Speak to their friends or ask them pointed questions.

CONFRONT THE ISSUE

Don't let anger or fear overwhelm your effectiveness in dealing with the person that you believe might be abusing a substance. Cool down or take a walk before you begin the conversation.

HAVE A CONVERSATION

Putting your head in the sand is counterproductive. Accept that the individual you care about may be using so that you can begin the conversation.

SET STANDARDS

Take a stand. Say "NO" clearly and firmly. Carry through on consequences.

ASK FOR HELP

There are many confidential resources available for caregivers and mentors - if you ask!

SIGNS & SYMPTOMS

Any one of the following behaviors can be a symptom of normal adolescence. However, keep in mind that the key is change. It is important to note any significant changes in an individual's physical appearance, personality, attitude or behavior.

PHYSICAL SIGNS

- Loss or increase in appetite; unexplained weight loss or gain
- Inability to sleep or unusual laziness
- Smell of substance on breath or clothes
- Nausea, vomiting, sweating, shakes of hands, feet or head
- Red, watery eyes; pupils larger or smaller than usual; blank stare, thick tongue, slurred speech

BEHAVIORAL SIGNS

- Change in attitude/personality
- Change in friends and new hangouts
- Change in activities, hobbies or sports
- Drop in grades or work performance
- Isolation and secretive behavior
- Moodiness, irritability, nervousness and giddiness

Ask school health professionals for help or seek assistance from an addiction medical professional, mental health or substance abuse counselor.

FACTS

There is no greater influence on a young person's decisions about alcohol or drug use than the support system around them, including parents, teachers and mentors. To successfully keep kids drug-free, responsible individuals must provide active support and positive role modeling.

Guardians and active role models, like coaches, are key in preventing underage drinking and drug use. By establishing boundaries, you can take a clear stand against alcohol and other drug use.

Current brain research shows that the brain is not fully developed until the mid-twenties. Adding chemicals to a developing brain is a very risky endeavor — and one that can lead to health problems and higher risk for addiction, even death.

SAFEGUARDING YOUR MEDICINE CABINET

- List all prescriptions, including over-the-counter medications.
- Include the date of purchase and quantity.
- Include recommended dosage. Never increase or decrease doses without talking to your doctor.
- Keep medications out of reach from young children and adolescents.
- To properly dispose of unused or expired medications, mix them with used cat litter, coffee grounds, or sawdust to make them less appealing before throwing them in the garbage.
- Medication drop boxes: https://www.dec.ny.gov/chemical/67720.html and http://www.dec.ny.gov/chemical/67720.html

WHY YOU SHOULD BE CONCERNED

FACT: According to the Federal Drug Abuse Warning Network, emergency room visits due to abuse of prescription drugs are greater than the number of visits due to abuse of marijuana and heroin combined.

FACT: Among persons ages 12 or older who used pain relievers nonmedically in the past year, an estimated 53% obtained them from a friend or relative. (2016 NSDUH)

FACT: In 2016, nonmedical use of prescription drugs among youth and young adults ages 12 - 25 was the second most prevalent illicit drug use category, with marijuana being first. (2016 NSDUH)

FACT: Use of prescription drugs can lead to substance use disorders. Among youth and young adults ages 12 - 25 prescription drug use disorder was the second most prevalent substance use disorder in 2016. (2016 NSDUH)

WHAT CAN YOU DO?

EDUCATE YOURSELF

- Be aware of the medications in your home. Have open conversations about appropriate versus inappropriate use of medication. Inform your friends and family that abusing medications can be just as dangerous as using illegal drugs.
- Ask your health care provider if any medications prescribed for your family have a potential for abuse.
- Be familiar with the warning signs of prescription and over-the-counter drug abuse. Warning signs can be both behavioral and physical, and may include withdrawal from normal activities, irritability, unusual requests for money, unexplained changes in friends and frequent nasal or sinus infections.

COMMUNICATE WITH YOUR FAMILY

- Remind family members in your home that many medications do not mix well with alcohol or other medications, including herbal remedies.
- Teach your teens and younger children to respect medicines. Medicines are important tools in health care, but they must be used according to directions.
- Set clear expectations with your children regardless of age and let them know that under no circumstances should they ever take medications without your knowledge.

To find help and hope for alcoholism, drug abuse or problem gambling, call or text:

FOR HELP & INFORMATION
COMBATADDICTION.NY.GOV

CALL: 1-877-8-HOPENY (1-877-846-7369)
TEXT: HOPENY TO 467369

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

YOU CAN BE THE DIFFERENCE

A Guide to Teen/Young Adult Substance Abuse

SAFEGUARDING YOUR MEDICINE CABINET

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

YOU CAN BE THE DIFFERENCE

SAFEGUARDING YOUR MEDICINE CABINET

ONE OF THE MOST STRIKING ASPECTS of the misuse of prescription medications has been the increase in painkiller abuse, which can lead to heroin use. Prescription drug abuse is the use of prescription medication in a manner that is not prescribed by a health care practitioner. This includes using someone else's prescription or using your own prescription in a way not directed by your doctor. Most people take prescription medication responsibly under a doctor's care. However, there has been a steady increase in the nonmedical use of these medications, especially by teenagers. Part of the problem is the availability of medications (over-the-counter and prescription) in the family medicine cabinet, which can provide easy access for children, adults, elderly and visitors. Nonmedical use of certain prescription drugs can lead to addiction.

MEDICINE CABINET INVENTORY

Use the following chart to keep track of the medications in your medicine cabinet.

List the name and strength of the prescription and non-prescription medications. Include the date filled, the expiration date, and the original quantity. Once a week, count the pills remaining and mark the date. To properly dispose of unused or expired medications, dispose of medications in a community drop box site or mix them with used cat litter, coffee grounds or sawdust to make them less appealing, before throwing them in the garbage.

				QUANTITY REMAINING			
MEDICATION NAME & STRENGTH	DATE FILLED	EXPIRATION DATE	ORIGINAL QUANTITY	DATE	DATE	DATE	DATE

COMMONLY ABUSED DRUGS: PRESCRIPTIONS AND OTCS

WWW.DRUGABUSE.GOV/RESEARCHERS

NIH National Institute on Drug Abuse

		PRESCRIPTION														
		CENTRAL NERVOUS SYSTEM DEPRESSANTS			OPIOIDS									STIMULANTS		ANABOLIC STEROIDS
	COMMERCIAL NAMES (COMMON)	Barbiturates: pentobarbital (Nembutal®)	Benzodiazepines: alprazolam (Xanax®), chlorodiazepoxide (Librium®), diazepam (Valium®), lorazepam (Ativan®), triazolam (Halicon®)	Sleep Medications: eszopiclone (Lunesta®), zaleplon (Sonata®), zolpidem (Ambien®)	Codeine (various brand names)	Fentanyl (Actiq®, Duragesic®, Sublimaze®)	Hydrocodone or dihydrocodeinone (Vicodin®, Norco®, Zohydro®, and others)	Hydromorphone (Dilaudid®)	Meperidine (Demerol®)	Methadone (Dolophine®, Methadose®)	Morphine (Duramorph®, Ms Contin®)	Oxycodone (OxyContin®, Percodan®, Percocet®, and others)	Oxymorphone (Opana®)	Amphetamine (Adderall®)	Methylphenidate (Concerta®, Ritalin®)	Nandrolone (Oxandrin®), oxandrolone (Anadrol®), oxymetholone (Anadrol-50®), testosterone cypionate (Depo-testosterone®)
	DESCRIPTION	*Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems.* *For more information, see the Misuse of Prescription Drugs Research Report.*			*Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used nonmedically, leading to overdose deaths.* *For more information, see the Misuse of Prescription Drugs Research Report.*									*Medications that increase alertness, attention, energy, blood pressure, heart rate, and breathing rate.* *For more information, see the Misuse of Prescription Drugs Research Report.*		*Man-made substances used to treat conditions caused by low levels of steroid hormones in the body and abused to enhance athletic and sexual performance and physical appearance.* *For more information, see the Anabolic Steroid Abuse Research Report.*
	STREET NAMES	Barbs, Phennies, Red Birds, Reds, Tooies, Yellow Jackets, Yellows	Candy, Downers, Sleeping Pills, Tranks	Forget-me Pill, Mexican Valium, R2, Roche, Roofies, Roofinol, Rope, Rophies	Captain Cody, Cody, Lean, Schoolboy, Sizzurp, Purple Drank With glutethimide: *Doors & Fours, Loads, Pancakes and Syrup*	Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, Tango and Cash, TNT	Vike, Watson-387	D, Dillies, Footballs, Juice, Smack	Demmies, Pain Killer	Amidone, Fizzies *With MDMA:* Chocolate Chip Cookies	M, Miss Emma, Monkey, White Stuff	O.C., Oxycet, Oxycotton, Oxy, Hillbilly Heroin, Percs	Biscuits, Blue Heaven, Blues, Mrs. O, O Bomb, Octagons, Stop Signs	Bennies, Black Beauties, Crosses, Hearts, LA Turnaround, Speed, Truck Drivers, Uppers	JIF, MPH, R-ball, Skippy, The Smart Drug, Vitamin R	Juice, Gym Candy, Pumpers, Roids
	COMMON FORMS	Pill, capsule, liquid	Pill, capsule, liquid	Pill, capsule, liquid	Tablet, capsule, liquid	Lozenge, sublingual tablet, film, buccal tablet	Capsule, liquid, tablet	Liquid, suppository	Tablet, liquid	Tablet, dispersible tablet, liquid	Tablet, liquid, capsule, suppository	Capsule, liquid, tablet	Tablet	Tablet, capsule	Liquid, tablet, chewable tablet, capsule	Tablet, capsule, liquid drops, gel, cream, patch, injectable solution
	COMMON WAYS TAKEN	Swallowed, injected	Swallowed, snorted	Swallowed, snorted	Injected, swallowed (often mixed with soda and flavorings)	Injected, smoked, snorted	Swallowed, snorted, injected	Injected, rectal	Swallowed, snorted, injected	Swallowed, injected	Injected, swallowed, smoked	Swallowed, snorted, injected	Swallowed, snorted, injected	Swallowed, snorted, smoked, injected	Swallowed, snorted, smoked, injected, chewed	Injected, swallowed, applied to skin
	DEA SCHEDULE	II, III, IV	IV	IV	II, III, V	II	II	II	II	II	II, III	II	II	II	II	III
POSSIBLE HEALTH EFFECTS	**SHORT-TERM**	Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing.			Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.									Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages. High doses: dangerously high body temperature and irregular heartbeat; heart disease; seizures.		Builds muscles, improved athletic performance. Acne, fluid retention (especially in the hands and feet), oily skin, yellowing of the skin, infection.
	LONG-TERM	Unknown			Increased risk of overdose or abuse if misused.									Heart problems, psychosis, anger, paranoia.		Kidney damage or failure; liver damage; high blood pressure, enlarged heart, or changes in cholesterol leading to increased risk of stroke or heart attack, even in young people; aggression; extreme mood swings; anger (“roid rage”); extreme irritability; delusions; impaired judgment.
	OTHER HEALTH-RELATED ISSUES	Sleep medications are sometimes used as date rape drugs. Risk of HIV, hepatitis, and other infectious diseases from shared needles.			Pregnancy: *Miscarriage, low birth weight, neonatal abstinence syndrome.* Older adults: *higher risk of accidental misuse or abuse because many older adults have multiple prescriptions, increasing the risk of drug-drug interactions, and breakdown of drugs slows with age; also, many older adults are treated with prescription medications for pain.* Risk of HIV, hepatitis, and other infectious diseases from shared needles.									Risk of HIV, hepatitis, and other infectious diseases from shared needles.		Males: *shrunken testicles, lowered sperm count, infertility, baldness, development of breasts.* Females: *facial hair, male-pattern baldness, enlargement of the clitoris, deepened voice.* Adolescents: *stunted growth.* Risk of HIV, hepatitis, and other infectious diseases from shared needles.
	IN COMBINATION WITH ALCOHOL	Further slows heart rate and breathing, which can lead to death.			Dangerous slowing of heart rate and breathing leading to coma or death.									Masks the depressant action of alcohol, increasing risk of alcohol overdose; may increase blood pressure.		Increased risk of violent behavior.
	WITHDRAWAL SYMPTOMS	Must be discussed with a health care provider; barbiturate withdrawal can cause a serious abstinence syndrome that may even include seizures.			Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps (“cold turkey”), leg movements.									Depression, tiredness, sleep problems.		Mood swings; tiredness; restlessness; loss of appetite; insomnia; lowered sex drive; depression, sometimes leading to suicide attempts.
TREATMENT OPTIONS	**MEDICATIONS**	There are no FDA-approved medications to treat addiction to prescription sedatives; lowering the dose over time must be done with the help of a health care provider.			• Methadone • Buprenorphine • Naltrexone (short- and long-acting)									There are no FDA-approved medications to treat stimulant addiction.		Hormone therapy
	BEHAVIORAL THERAPIES	More research is needed to find out if behavioral therapies can be used to treat addiction to prescription sedatives.			The same behavioral therapies that have helped treat addiction to heroin are used to treat prescription opioid addiction.									• Behavioral therapies that have helped treat addiction to cocaine or methamphetamine may be useful in treating prescription stimulant addiction. • Mobile medical application: reSET®		More research is needed to find out if behavioral therapies can be used to treat steroid addiction.

COMMONLY ABUSED DRUGS: PRESCRIPTIONS AND OTCS

National Institute on Drug Abuse

PRINCIPLES OF EFFECTIVE TREATMENT

1. Addiction is a complex but treatable disease that affects brain function and behavior.
2. No single treatment is appropriate for everyone.
3. Treatment needs to be readily available.
4. Effective treatment attends to multiple needs of the individual, not just his or her drug use or misuse.
5. Remaining in treatment for an adequate period of time is critical.
6. Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug use disorder treatment.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
9. Many drug-addicted individuals also have other mental disorders.
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use and misuse.
11. Treatment does not need to be voluntary to be effective.
12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
13. Treatment programs should test patients for the presence of HIV/AIDS, Hepatitis B and C, tuberculosis, and other infectious diseases, provide risk-reduction counseling, and link patients to treatment if necessary.

The Drug Enforcement Administration (DEA) schedule indicates the drug's acceptable medical use and its potential for abuse or dependence. The most up-to-date scheduling information can be found on the DEA website.

OVER-THE-COUNTER

		DEXTROMETHORPHAN	LOPERAMIDE
	COMMERCIAL NAMES (COMMON)	Various (many brand names include "DM")	Imodium
	DESCRIPTION	*Psychoactive when taken in higher-than- recommended amounts.* *For more information, see Over-the-Counter Medicines.*	*An anti-diarrheal that can cause euphoria when taken in higher-than-recommended doses.*
	STREET NAMES	Robotripping, Robo, Triple C	None
	COMMON FORMS	Syrup, capsule	Tablet, capsule, or liquid
	COMMON WAYS TAKEN	Swallowed	Swallowed
	DEA SCHEDULE	Not scheduled	Not scheduled
POSSIBLE HEALTH EFFECTS	**SHORT-TERM**	Cough relief, euphoria; slurred speech; increased heart rate and blood pressure; dizziness; nausea; vomiting.	Controls diarrhea symptoms. In high doses, can produce euphoria. May lessen cravings and withdrawal symptoms of other drugs.
	LONG-TERM	Unknown	Unknown
	OTHER HEALTH-RELATED ISSUES	Breathing problems, seizures, and increased heart rate may occur from other ingredients in cough/cold medicines.	Fainting, stomach pain, constipation, loss of consciousness, cardiovascular toxicity, pupil dilatation, and kidney failure from urinary retention.
	IN COMBINATION WITH ALCOHOL	Unknown	Unknown
	WITHDRAWAL SYMPTOMS	Unknown	Severe anxiety, vomiting, and diarrhea
TREATMENT OPTIONS	**MEDICATIONS**	There are no FDA-approved medications to treat addiction to dextromethorphan.	There are no FDA-approved medications to treat addiction to loperamide.
	BEHAVIORAL THERAPIES	More research is needed to find out if behavioral therapies can be used to treat addiction to dextromethorphan.	• The same behavioral therapies that have helped treat addiction to heroin may be used to treat loperamide addiction. • Contingency management, or motivational incentives

NIDA Resources:

NIDAMED – Tools and resources to increase awareness of the impact of substance use on patients' overall health and to help clinicians and those in training identify patient drug use early and prevent it from escalating to abuse or addiction. Learn more at www.drugabuse.gov/nidamed.

Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders – NIDA's research-based guide for preventing drug abuse among children and adolescents provides 16 principles derived from effective drug-prevention research and includes answers to questions on risk and protective factors as well as on community planning and implementation.

Principles of Drug Addiction Treatment: A Research-Based Guide – This guide summarizes the 13 principles of effective treatment, answers common questions, and describes types of treatment, providing examples of scientifically-based and tested treatment components.

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide – This guide discusses the urgency of treating addictions and other substance use disorders in teenagers, answers common questions about how young people are treated for drug problems, and describes effective treatment approaches supported by scientific evidence.

Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide – NIDA's research-based guide for treating people with addiction who are involved with the criminal justice system provides 13 essential treatment principles and includes answers to frequently asked questions and resource information.

Additional Resources:

- Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator: http://www.findtreatment.samhsa.gov; 1-800-662-HELP.
- The "Find a Physician" feature on the American Society of Addiction Medicine (ASAM) website: http://www.asam.org/for-the-public-treatment.
- The Patient Referral Program on the American Academy of Addiction Psychiatry website: http://www.aaap.org/patient-resources.
- The Child and Adolescent Psychiatrist Finder on the American Academy of Child & Adolescent Psychiatry Web site: http:// http://www.aacap.org/aacap/Families_and_Youth/Resources/CAP_Finder.aspx.
- The Surgeon General's Report on Alcohol, Drugs, and Health: https://addiction.surgeongeneral.gov/
- For clinical trials information, go to www.clinicaltrials.gov.

For More Information:

The NIDA website, www.drugabuse.gov, has information on a variety of drugs and related information. Some publications, including these charts, are available in print, free of charge. To order print copies, call the DRUGPubs Research Dissemination Center at 1-877-NIH-NIDA or go to drugpubs.drugabuse.gov.

COMMONLY ABUSED DRUGS

NIH National Institute on Drug Abuse

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11. Treatment does not need to be voluntary to be effective.
12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
13. Treatment programs should test patients for the presence of HIV/AIDS, Hepatitis B and C, tuberculosis, and other infectious diseases, provide risk-reduction counseling, and link patients to treatment if necessary.

The Drug Enforcement Administration (DEA) schedule indicates the drug's acceptable medical use and its potential for abuse or dependence. The most up-to-date scheduling information can be found on the DEA website.

		COCAINE	HEROIN	INHALANTS	LSD	MARIJUANA (CANNABIS)	MDMA (ECSTASY/MOLLY)
	DESCRIPTION	*A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America.* *For more information, see the Cocaine Research Report.*	*An opioid drug made from morphine, a natural substance extracted from the seed pod of the various opium poppy plant.* *For more information, see the Heroin Research Report.*	*Solvents, aerosols, and gases found in household products such as spray paints, markers, glues, and cleaning fluids; also nitrites (e.g., amyl nitrite), which are prescription medications for chest pain.* *For more information, see the Inhalants Research Report.*	*A hallucinogen manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. LSD is an abbreviation of the scientific name lysergic acid diethylamide.* *For more information, see the Hallucinogens and Dissociative Drugs Research Report.*	*Marijuana is made from the hemp plant, Cannabis sativa. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC.* *For more information, see the Marijuana Research Report.*	*A synthetic, psychoactive drug that has similarities to both the stimulant amphetamine and the hallucinogen mescaline. MDMA is an abbreviation of the scientific name 3,4-methylenedioxy-methamphetamine.* *For more information, see the MDMA (Ecstasy) Abuse Research Report.*
	STREET NAMES	Blow, Bump, C, Candy, Charlie, Coke, Crack, Flake, Rock, Snow, Toot	Brown sugar, China White, Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse With OTC cold medicine and antihistamine: *Cheese*	Poppers, snappers, whippets, laughing gas	Acid, Blotter, Blue Heaven, Cubes, Microdot, Yellow Sunshine	Blunt, Bud, Dope, Ganja, Grass, Green, Herb, Joint, Mary Jane, Pot, Reefer, Sinsemilla, Skunk, Smoke, Trees, Weed Hashish: *Boom, Gangster, Hash, Hemp*	Adam, Clarity, Eve, Lover's Speed, Peace, Uppers
	COMMERCIAL NAMES	Cocaine hydrochloride topical solution (anesthetic rarely used in medical procedures)	No commercial uses	Various	No commercial uses	Various brand names in states where the sale of marijuana is legal	No commercial uses
	COMMON FORMS	White powder, whitish rock crystal	White or brownish powder, or black sticky substance known as "black tar heroin"	Paint thinners or removers, degreasers, dry-cleaning fluids, gasoline, lighter fluids, correction fluids, permanent markers, electronics cleaners and freeze sprays, glue, spray paint, hair or deodorant sprays, fabric protector sprays, aerosol computer cleaning products, vegetable oil sprays, butane lighters, propane tanks, whipped cream aerosol containers, refrigerant gases, ether, chloroform, halothane, nitrous oxide	Tablet; capsule; clear liquid; small, decorated squares of absorbent paper that liquid has been added to	Greenish-gray mixture of dried, shredded leaves, stems, seeds, and/or flowers; resin (hashish) or sticky, black liquid (hash oil)	Colorful tablets with imprinted logos, capsules, powder, liquid
	COMMON WAYS TAKEN	Snorted, smoked, injected	Injected, smoked, snorted	Inhaled through the nose or mouth	Swallowed, absorbed through mouth tissues (paper squares)	Smoked, eaten (mixed in food or brewed as tea)	Swallowed, snorted
	DEA SCHEDULE	II	I	Not scheduled	I	I	I
POSSIBLE HEALTH EFFECTS	**SHORT-TERM**	Narrowed blood vessels; enlarged pupils; increased body temperature, heart rate, and blood pressure; headache; abdominal pain and nausea; euphoria; increased energy, alertness; insomnia, restlessness; anxiety; erratic and violent behavior, panic attacks, paranoia, psychosis; heart rhythm problems, heart attack; stroke, seizure, coma.	Euphoria; dry mouth; itching; nausea; vomiting; analgesia; slowed breathing and heart rate.	Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness; disinhibition, lightheadedness, hallucinations/ delusions; headaches; sudden sniffing death due to heart failure (from butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking. Nitrites: *enlarged blood vessels, enhanced sexual pleasure, increased heart rate, brief sensation of heat and excitement, dizziness, headache.*	Rapid emotional swings; distortion of a person's ability to recognize reality, think rationally, or communicate with others; raised blood pressure, heart rate, body temperature; dizziness; loss of appetite; tremors; enlarged pupils.	Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; anxiety.	Lowered inhibition; enhanced sensory perception; increased heart rate and blood pressure; muscle tension; nausea; faintness; chills or sweating; sharp rise in body temperature leading to kidney failure or death.
POSSIBLE HEALTH EFFECTS	**LONG-TERM**	Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; poor nutrition and weight loss; lung damage from smoking.	Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease.	Liver and kidney damage; bone marrow damage; limb spasms due to nerve damage; brain damage from lack of oxygen that can cause problems with thinking, movement, vision, and hearing. Nitrites: *increased risk of pneumonia.*	Frightening flashbacks (called Hallucinogen Persisting Perception Disorder [HPPD]); ongoing visual disturbances, disorganized thinking, paranoia, and mood swings.	Mental health problems, chronic cough, frequent respiratory infections. In rare cases, risk of recurrent episodes of severe nausea and vomiting.	Long-lasting confusion, depression, problems with attention, memory, and sleep; increased anxiety, impulsiveness less interest in sex.
POSSIBLE HEALTH EFFECTS	**OTHER HEALTH-RELATED ISSUES**	Pregnancy: *premature delivery, low birth weight, deficits in self-regulation and attention in school-aged children prenatally exposed.* Risk of HIV, hepatitis, and other infectious diseases from shared needles.	Pregnancy: *miscarriage, low birth weight, neonatal abstinence syndrome.* Risk of HIV, hepatitis, and other infectious diseases from shared needles.	Pregnancy: *low birth weight, bone problems, delayed behavioral development due to brain problems, altered metabolism and body composition.*	Unknown	Youth: *May impair brain development and learning functions.* Pregnancy: *babies born with problems with attention, memory, and problem solving.*	Unknown
POSSIBLE HEALTH EFFECTS	**IN COMBINATION WITH ALCOHOL**	Greater risk of cardiac toxicity than from either drug alone.	Dangerous slowdown of heart rate and breathing, coma, death.	Unknown	Unknown	Increased heart rate, blood pressure; further slowing of mental processing and reaction time.	MDMA decreases some of alcohol's effects. Alcohol can increase plasma concentrations of MDMA, which may increase the risk of neurotoxic effects.
POSSIBLE HEALTH EFFECTS	**WITHDRAWAL SYMPTOMS**	Depression, tiredness, increased appetite, insomnia, vivid unpleasant dreams, slowed movement, restlessness.	Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey").	Nausea, tremors, irritability, problems sleeping, and mood changes.	Unknown	Irritability, trouble sleeping, decreased appetite, anxiety.	Fatigue, loss of appetite, depression, aggression, trouble concentrating.
TREATMENT OPTIONS	**MEDICATIONS**	There are no FDA-approved medications to treat cocaine addiction.	Methadone Buprenorphine Naltrexone (short- and long-acting forms)	There are no FDA-approved medications to treat inhalant addiction.	There are no FDA-approved medications to treat addiction to LSD or other hallucinogens.	There are no FDA-approved medications to treat marijuana addiction.	There is conflicting evidence about whether MDMA is addictive. There are no FDA-approved medications to treat MDMA addiction.
TREATMENT OPTIONS	**BEHAVIORAL THERAPIES**	• Cognitive-behavioral therapy (CBT) • Contingency management, or motivational incentives, including vouchers • The Matrix model • Community-based recovery groups, such as 12-step programs • Mobile medical application: reSET®	• Contingency management, or motivational incentives • 12-Step facilitation therapy	More research is needed to find out if behavioral therapies can be used to treat inhalant addiction.	More research is needed to find out if behavioral therapies can be used to treat addiction to hallucinogens.	• Cognitive-behavioral therapy (CBT) • Contingency management, or motivational incentives • Motivational Enhancement Therapy (MET) • Behavioral treatments geared to adolescents • Mobile medical application: reSET®	More research is needed to find out if behavioral therapies can be used to treat MDMA addiction.

COMMONLY ABUSED DRUGS

National Institute on Drug Abuse

		METHAMPHETAMINE	PCP	SYNTHETIC CANNABINOIDS	SYNTHETIC CATHINONES ("BATH SALTS")	TOBACCO	ALCOHOL
	DESCRIPTION	*An extremely addictive stimulant amphetamine drug.* *For more information, see the Methamphetamine Research Report.*	*A dissociative drug developed as an intravenous anesthetic that has been discontinued due to serious adverse effects. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. PCP is an abbreviation of the scientific name, phencyclidine.* *For more information, see the Hallucinogens and Dissociative Drugs Research Report.*	*A wide variety of herbal mixtures containing man-made cannabinoid chemicals related to THC in marijuana but often much stronger and more dangerous. Sometimes misleadingly called "synthetic marijuana" and marketed as a "natural," "safe," legal alternative to marijuana.* *For more information, see the Synthetic Cannabinoids DrugFacts.*	*An emerging family of drugs containing one or more synthetic chemicals related to cathinone, a stimulant found naturally in the khat plant. Examples of such chemicals include mephedrone, methylone, and 3,4-methylenedioxypyrovalerone (MDPV).* *For more information, see the Synthetic Cathinones ("Bath Salts") DrugFacts.*	*Plant grown for its leaves, which are dried and fermented before use.* *For more information, see the Tobacco/Nicotine Research Report.*	*Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine and liquor. It is produced by the fermentation of yeast, sugars, and starches.*
	STREET NAMES	Crank, Chalk, Crystal, Fire, Glass, Go Fast, Ice, Meth, Speed	Angel Dust, Boat, Hog, Love Boat, Peace Pill	K2, Spice, Black Mamba, Bliss, Bombay Blue, Fake Weed, Fire, Genie, Moon Rocks, Skunk, Smacked, Yucatan, Zohai	Bloom, Cloud Nine, Cosmic Blast, Flakka, Ivory Wave, Lunar Wave, Scarface, Vanilla Sky, White Lightning	None	Booze, Juice, Sauce, Brew
	COMMERCIAL NAMES	Desoxyn®	No commercial uses	No commercial uses	No commercial uses for ingested "bath salts"	Multiple brand names	Various
	COMMON FORMS	White powder or pill; crystal meth looks like pieces of glass or shiny blue-white "rocks" of different sizes	White or colored powder, tablet, or capsule; clear liquid	Dried, shredded plant material that looks like potpourri and is sometimes sold as "incense"	White or brown crystalline powder sold in small plastic or foil packages labeled "not for human consumption" and sometimes sold as jewelry cleaner; tablet, capsule, liquid	Cigarettes, cigars, bidis, hookahs, smokeless tobacco (snuff, spit tobacco, chew)	Beer, wine, liquor/spirits/malt beverages
	COMMON WAYS TAKEN	Swallowed, snorted, smoked, injected	Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)	Smoked, swallowed (brewed as tea).	Swallowed, snorted, injected.	Smoked, snorted, chewed, vaporized.	Ingested by drinking
	DEA SCHEDULE	II	I, II	I	I (Some formulations have been banned by the DEA)	Not Scheduled	Not scheduled; illegal for purchase or use by those under age 21
POSSIBLE HEALTH EFFECTS	**SHORT-TERM**	Increased wakefulness and physical activity; decreased appetite; increased breathing, heart rate, blood pressure, temperature; irregular heartbeat.	Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: *slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement.* High doses: *nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.*	Increased heart rate; vomiting; agitation; confusion; hallucinations, anxiety, paranoia; increased blood pressure.	Increased heart rate and blood pressure; euphoria; increased sociability and sex drive; paranoia, agitation, and hallucinations; violent behavior; sweating; nausea, vomiting; insomnia; irritability; dizziness; depression; panic attacks; reduced motor control; cloudy thinking.	Increased blood pressure, breathing, and heart rate.	Injuries and risky behavior, including drunk driving and inappropriate sexual behavior; impaired judgement, coordination, and reflexes; slurred speech, memory problems.
	LONG-TERM	Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss, severe dental problems ("meth mouth"), intense itching leading to skin sores from scratching.	Memory loss, problems with speech and thinking, loss of appetite, anxiety.	Unknown	Death	Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia.	Irregular heartbeat, stroke, high blood pressure; cirrhosis and fibrosis of the liver; mouth, throat, liver, breast cancer.
	OTHER HEALTH-RELATED ISSUES	Pregnancy: *premature delivery; separation of the placenta from the uterus; low birth weight; lethargy; heart and brain problems.* Risk of HIV, hepatitis, and other infectious diseases from shared needles.	PCP has been linked to self-injury. Risk of HIV, hepatitis, and other infectious diseases from shared needles.	Use of synthetic cannabinoids has led to an increase in emergency room visits in certain areas.	Risk of HIV, hepatitis, and other infectious diseases from shared needles.	Pregnancy: *miscarriage, low birth weight, stillbirth, learning and behavior problems.*	Pregnancy-related: *fetal alcohol spectrum disorders (FASD)*
	IN COMBINATION WITH ALCOHOL	Masks the depressant effect of alcohol, increasing risk of alcohol overdose; may increase blood pressure.	Unknown	Unknown	Unknown	Unknown	N/A
	WITHDRAWAL SYMPTOMS	Depression, anxiety, tiredness.	Headaches, increased appetite, sleepiness, depression.	Headaches, anxiety, depression, irritability.	Depression, anxiety.	Irritability, attention and sleep problems, depression, increased appetite.	Trouble sleeping, shakiness, irritability, depression, anxiety, nausea, sweating.
TREATMENT OPTIONS	**MEDICATIONS**	There are no FDA-approved medications to treat methamphetamine addiction.	There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.	There are no FDA-approved medications to treat synthetic cannabinoid addiction.	There are no FDA-approved medications to treat addiction to synthetic cathinones.	Bupropion (Zyban®) Varenicline (Chantix®) Nicotine replacement (gum, patch, lozenge)	Naltrexone, acamprosate, disulfiram.
	BEHAVIORAL THERAPIES	• Cognitive-behavioral therapy (CBT) • Contingency management, or motivational incentives • The Matrix model • 12-Step facilitation therapy • Mobile medical application: reSET®	More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.	More research is needed to find out if behavioral therapies can be used to treat synthetic cannabinoid addiction.	• Cognitive-behavioral therapy (CBT) • Contingency management, or motivational incentives • Motivational Enhancement Therapy (MET) • Behavioral treatments geared to teens	• Cognitive-behavioral therapy (CBT) • Self-help materials • Mail, phone, and Internet quit resources	• Cognitive-behavioral therapy (CBT) • 12-Step facilitation therapy • Mobile medical application: reSET®

Additional Resources:

- Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator: http://www.findtreatment.samhsa.gov; 1-800-662-HELP.
- The "Find a Physician" feature on the American Society of Addiction Medicine (ASAM) website: http://www.asam.org/for-the-public-treatment.
- The Patient Referral Program on the American Academy of Addiction Psychiatry website: http://www.aaap.org/patient-resources.
- The Child and Adolescent Psychiatrist Finder on the American Academy of Child & Adolescent Psychiatry Web site: http:// http://www.aacap.org/aacap/Families_and_Youth/Resources/CAP_Finder.aspx.
- The Surgeon General's Report on Alcohol, Drugs, and Health: https://addiction.surgeongeneral.gov/
- For clinical trials information, go to www.clinicaltrials.gov.

For More Information:

The NIDA website, www.drugabuse.gov, has information on a variety of drugs and related information.

Some publications, including these charts, are available in print, free of charge.

To order print copies, call the DRUGPubs Research Dissemination Center at 1-877-NIH-NIDA or go to drugpubs.drugabuse.gov.

Guidance for Implementing Opioid Overdose Prevention Measures in Schools

This guidance document was created in partnership the New York State Department of Health (NYSDOH), the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) Bureau of Prevention Services, and the New York Center for School Health.

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Guidance for Implementing Opioid Overdose Prevention Measures in Schools

BACKGROUND

To combat the continuing rise in opioid-related deaths in New York State (NYS), laws were recently enacted allowing schools to provide and maintain non-patient specific opioid antagonists (naloxone) on-site in each instructional school facility to ensure ready and appropriate access for use during emergencies to any student or staff suspected of having opioid overdose whether or not there is a previous history of opioid abuse. Additionally, these laws were recently amended to allow New York State's public libraries to participate in opiate overdose prevention programs, and limited the liability of certain professionals licensed under title eight of the Education Law should they administer an opioid antagonist in the event of an emergency. Please note this expanded guidance (12/16) also provides best practices for schools who choose to participate in a New York State Department of Health (NYSDOH) Registered Opioid Overdose Prevention Program operated by another organization (Option 3 described below). As part of a coordinated State effort, the New York State Education Department (NYSED), the NYSDOH, and the Harm Reduction Coalition have continued to collaborate on statewide communications, guidance and training for schools electing to participate as opioid antagonist recipients as defined by Public Health Law §3309.

- Education Law §922, as added by Section 4 of Part V of Chapter 57 of the Laws of 2015, was amended by Chapter 68 of the Laws of 2016 to include New York State public libraries as eligible participants in the opioid overdose prevention programs.
- Education Law §922 and Commissioner's Regulation §136.8 permit school districts, boards of cooperative educational services (BOCES), county vocational education and extension boards, charter schools, and non-public elementary and /or secondary schools to participate in these programs. The above constituency groups will be referred to throughout the remainder of this document as schools/school districts. Schools/school districts choosing to participate in these programs as an opioid antagonist recipient may permit employees who volunteer to be trained in accordance with Public Health Law §3309 to administer an opioid antagonist in the event of an emergency. The schools may maintain on-site, opioid antagonists in adequate supplies and types deemed appropriate by the Commissioner of the New York State Education Department, in consultation with the Commissioner of the New York State Department of Health.
- Education Law §6527 and 6909 and Commissioner's regulations §64.7 authorize registered professional nurses (RNs) to administer opioid-related overdose treatment pursuant to a non-patient specific order and protocol prescribed by a licensed physician or a certified nurse practitioner. Under this law, a school medical director (required to be a licensed physician or certified nurse practitioner), or another licensed physician or certified nurse practitioner authorized by the school may issue a non-patient specific order and protocol authorizing school nurses to administer naloxone and/or other opioid-related overdose treatments to students or staff suspected of having an opioid overdose.
- Education Law §6509-d provides protection from liability for professional misconduct to a person who is licensed to practice a profession under title eight of the Education Law, if the person would otherwise be prohibited from prescribing or administering drugs and the person administers an opioid antagonist in an emergency. For information on licensed professionals under title eight of the Education Law, visit the NYSED's Office of Professions website – http://www.op.nysed.gov/title8.

Public Health Law §3309 and it's implementing regulations (10 NYCRR §80.138) establish opioid overdose prevention programs, which allow trained individuals to administer naloxone in an emergency to persons suspected of having an opioid overdose. The law provides that the use of an opioid antagonist pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability. Schools/school districts choosing to participate in these programs as opioid antagonist recipients may permit volunteer employees to be trained, in accordance with Public Health Law §3309, to administer an opioid antagonist in the event of an emergency. Schools/school districts who choose to participate may maintain on-site, opioid antagonists in adequate supplies and types deemed by the Commissioner of the New York State Education Department, in consultation with the Commissioner of the New York State Department of Health.

I. SCHOOL/SCHOOL DISTRICT POLICY DEVELOPMENT

Prior to participation in an opioid overdose prevention program and providing an opioid antagonist in a school, district boards of education and school governing bodies should develop policies consistent with the laws and regulations of the State of New York. It is the responsibility of the school/school district electing to participate in the opioid overdose prevention program to determine and choose the most appropriate option for participation in the administration of an opioid antagonist (naloxone) in schools, the route of administration and to create policies and procedures aligned with the option chosen and NYS laws and regulations. It is a recommendation of the NYSED that this decision is made in collaboration with, and under the advisement of, the school and/or school district's attorney's, and licensed medical staff (i.e., district medical director and registered professional nurses).

It is recommended that the planning process includes, but is not limited to:

- Schools /school districts electing to participate under Options 1 and 3 must first have approval from their governing body and have approved policies and procedures in place prior to implementation. Recommended for Option 2.
- Policies to be signed dated and reviewed on a regular basis to ensure they continue to meet the needs of the program and are consistent with recommended best practice.
- The use of an opioid antagonist (naloxone) to be included in district emergency response procedures, which in the public schools includes an Automated External Defibrillator (AED).
- Protocols to be in place to monitor the inventory, storage, use and reporting of naloxone administration and any overdose reversals.
- Written procedures should be detailed to ensure consistency of practice and include the following:
  - Identification of school personnel roles and responsibilities; and
  - Identification and provision of professional development and education needs inclusive of evaluation procedures to ensure recognition and appropriate response to Opioid Overdose emergencies in the school setting,
- Identification of linkages with an existing NYSDOH Registered Program if applicable.

Additional resources and sample guidance for developing policies and procedures for opioid overdose prevention can be found on the NYSDOH Opioid Overdose Prevention Program web page: and the New York State Center for School Health (NYSCSH) website at http://www.schoolhealthny.com
It is highly recommended that schools maintain hard copies of all NYS Laws and Regulations, guidance and training materials, and supportive resources for opioid overdose prevention in a properly labeled binder in appropriate district and school offices.

II. PROVIDING OPIOID ANTAGONISTS IN SCHOOLS

There are *three* options available for schools that chose to maintain and administer an opioid antagonist in the school setting. Although options for participation differ, the guidance and forms provided in this document have been tailored for all schools to follow in implementing safe and effective policies, protocols and procedures in the use of opioid antagonist in schools. In addition to descriptions of the options, below please also refer to the "*Administration of Naloxone in School Settings* Option Chart", located on the N NYSCSH website under Opioid Overdose Prevention Toolkit and Resources.

OPTION #1
Become A NYSDOH Registered Opioid Overdose Prevention Program

Under Education Law §902 public schools districts are required to employ a medical director. The medical director, a NYS licensed physician or certified nurse practitioner, qualifies the school to become a NYSDOH Registered Provider, and is identified as the Clinical Director of the program under Public Health Law §3309 and implementing regulations NYCRR §80.138. As responders under a NYSDOH registered opioid overdose program—and pursuant to Education §922—volunteer school personnel can be trained to administer an opioid antagonist on-site during the school day or at any on-site school-sponsored activity by completing a NYSDOH approved training program under Public Health Law §3309. In accordance with this approved training curriculum, volunteer school personnel are trained to administer intranasal (IN) naloxone.

School nurses can also participate in this program, and are able to administer either intramuscular (IM) naloxone or intranasal (IN) naloxone pursuant to a non-patient specific order and protocol issued only by a NYS licensed physician or certified nurse practitioner. The non-patient specific order and protocols written for registered professional nurses must meet the criteria established under Commissioner's Regulations (8 NYCRR §64.7) Nursing http://www.op.nysed.gov/prof/nurse/part64.htm.

In school settings, the administration of IM naloxone is recommended as an option only for an appropriately licensed medical professional whose scope of practice includes medication administration. Under Option 1, naloxone is prescribed by the Registered Opioid Overdose Program's Clinical Director, who is also the school district's medical director. This individual is also responsible for ordering the rescue kits from the NYSDOH through a simple process overseen by NYSDOH which will provide the kits to the Clinical Director at no cost to the school district.

Requirements to Become a NYSDOH Registered Opioid Overdose Prevention Program

- Register with the NYSDOH and obtain a certificate of approval
- Designate the Clinical Director whose responsibilities are outlined in the Guidance for Medical Directors
- Designate the Program Director (e.g., Superintendent, Principal, RN) whose responsibilities include but are not limited to:
  - Ensure approved policies and procedures are in place to provide guidance on how the program will be administered;
  - Ensure that there is a clinical director who oversees the clinical aspects of the program;
  - Establish training consistent with the school or school district's policies and the NYSDOH guidance; and
  - Personally or through a designee:
    - ✓ Ensure that responders complete a NYSDOH approved training prior to receiving a certificate of completion

- ✓ Dispense and/or provide shared access to naloxone kits (referred to as communal access), to trained responders in accordance with laws, rules and regulations

- Personally or through a designee:
  - ✓ Establish/maintain a recordkeeping system for training and opioid antagonist inventory and use according to the NYSDOH requirement
  - ✓ Act as a liaison with emergency medical services (EMS) and emergency dispatch agencies
  - ✓ Assist the clinical director in collecting, reviewing and reporting information on overdose, especially where naloxone is administered
  - ✓ Report on a quarterly basis the number of doses of naloxone newly made available in the school or school district and the number of overdose responders trained

Registration instructions for schools choosing to become NYSDOH Registered Program are available on the NYSCSH website Opioid Overdose Prevention Toolkit and Resources page.

OPTION #2
School Nurse Administration of Opioid Overdose Treatments Pursuant to a Non-patient Specific Order and Protocols

For schools choosing to participate under Option 2, the school district may allow the school medical director or other licensed physician, or a certified nurse practitioner to issue a non-patient specific order and protocol authorizing school nurses (RNs) to administer IM or IN naloxone and/or other opioid-related overdose treatment to students or staff suspected of having an opioid overdose.

The non-patient specific order and protocols must comply with Commissioner's Regulations (8 NYCRR *§64.7*) Nursing: http://www.op.nysed.gov/prof/nurse/part64.htm An RN who is responsible for implementing the non-patient specific order and protocol may assign licensed practical nurses to help (i.e., administer the ordered naloxone or other opioid overdose treatment, call an ambulance). The RN must provide training and on-site direction to the LPNs except in emergency situations.

Option 2 is available only to licensed medical professionals (i.e., physicians and nurses). It does not apply to school personnel. Option 2 does not require school nurses to complete the NYSDOH approved training. However, school nurses are highly encouraged to do so or to complete other training that includes current evidence-based information on opioid overdose assessment and response. Participation in professional development and training to maintain knowledgeable and current on issues related to professional practice (i.e., assessment skills related to opioid overdose), is required within the scope of practice for professional school nurses. School nurses may also administer naloxone to a student pursuant to a valid patient-specific order from the student's physician, nurse practitioner or other prescriber.

OPTION #3
Participating with a NYSDOH Registered Opioid Overdose Prevention Program Operated by another Organization

Under Option 3, the school/school district can participate in an existing NYSDOH Registered Overdose Prevention Program. Participating with an existing NYSDOH registered program does not require a medical director. All existing NYSDOH Registered Overdose Prevention Programs have a Clinical Director, who can be responsible for prescribing naloxone kits for the school at no cost.

However, please note that NYS registered professional nurses (RNs) may administer opioid-related overdose treatment pursuant to a non-patient specific order and protocol prescribed only by a licensed physician or a certified nurse practitioner, and are unable to follow a non-patient specific order written by a physician's assistance according to Education Law §6909 and Commissioner's regulations (8 NYCRR §64.7). Therefore, if licensed medical professionals participate in this program, the Clinical Director issuing the non-patient specific order must be a NYS licensed physician or a certified nurse practitioner.

As responders under an already existing NYSDOH-registered opioid overdose prevention program, and pursuant to Education Law §922 volunteer school personnel are required to complete a NYSDOH approved training program pursuant to Public Health Law §3309.

School nurses can also participate in this program and are able to administer either intramuscular (IM) naloxone or IN naloxone pursuant to a non-patient specific order and protocol issued by a NYS licensed physician or certified nurse practitioner. In school settings, the administration of IM naloxone is recommended as an option only for an appropriately licensed medical professional whose scope of practice includes medication administration, and as outlined in the NYSDOH-NYSED approved training curriculum, "*Opioid Overdose Prevention Training for School Personnel",* available on the NYSCSH Opioid Overdose Prevention Toolkit and Resources page.

It remains of critical importance that clear communication along with well-defined delegation of program responsibilities are outlined in the school district policies and procedures when participating in a NYSDOH Registered Opioid Overdose Prevention Program operated by another organization. Identifying who will communicate with the NYSDOH program may be assistive. The NYSDOH Registered Program may assist schools with policy and procedure approval and development. However, it remains the responsibility of the school district to have approval from their governing body, along with approved policies and procedures ***prior*** to program implementation.

It remains the responsibility of the school and/or school districts board of education or governing body to determine and choose the most appropriate option for participation in opioid overdose prevention. The NYSED recommends this decision is made in collaboration with, and under the advisement of, the school and/or school district's attorney's, and licensed medical staff (i.e., district medical director and registered professional nurses). For schools electing to link with a NYSDOH Registered Opioid Overdose Prevention Program please refer to NYSDOH Opioid Overdose Prevention Programs Directory on the NYSDOH website.

Commissioner's Regulations Part 64, Nursing Non-Patient Specific Order and Protocol for ALL Options

Whichever option the school and/or school district elects as the method for participation, all non-patient specific orders and protocols written for school nurses (RNs), by the school district medical director, another NYS licensed physician or certified nurse practitioner authorized by the school, or a NYSDOH Registered Program Clinical Director, are required to comply with the regulations of the Commissioner. (8 NYCRR §64.7 -Opioid Related Overdose Treatment) http://www.op.nysed.gov/prof/nurse/part64.html Additionally, sample ordering protocols for all licensed prescribers can be accessed on the NYSCSH website Medical Directors page.

III. MAINTENANCE OF OPIOID ANTAGONISTS IN SCHOOLS

Options 1 and 3

Schools and school districts that register as a NYSDOH Registered Provider (option 1) OR participate under an existing NYSDOH Registered Provider (Option 3) may receive naloxone overdose kits for free through the NYSDOH. Any distribution of opioid antagonists through an opioid overdose prevention program shall include an informational card or sheet with information on the following: how to recognize symptoms of an overdose; steps to take prior to and after an opioid antagonist is administered, including calling first responders; the number for the toll-free Office of OASAS Hopeline (1-877-846-7369), and how to access the OASAS website – http://www.oasas.ny.gov.

The NYSDOH IN Naloxone Kit contains: two naloxone Hydrochloride 2 mg per 2 mL pre-filled syringes and two Mucosal Atomization Devices.; two needle-free syringes and one pair of latex gloves. It also has instructions on what to do in English and Spanish, alcohol pads and a disposable face shield to use as a barrier for rescue breathing. Two doses of naloxone are provided as the victim may require a second dose. Gloves are provided to so that responders can maintain universal precautions if there is contact with body fluids.

The NYSDOH IM Naloxone Kit contains: two naloxone Hydrochloride 0.4mg/1mL vials, and two IM syringes and one set of gloves. It also has instructions on what to do in English and Spanish, alcohol pads and a disposable face shield to use as a barrier for rescue breathing. Two doses of naloxone are provided as the victim may require a second dose. Gloves are provided to so that responders can maintain universal precautions if there is contact with body fluids.

Option 2

Under Option 2, either the school nurse (with a valid non-patient specific order and protocol in place) may procure naloxone from a pharmacy, or the school/school district may procure naloxone from New York State or another government entity authorized to furnish the naloxone.

ALL OPTIONS

In all cases, naloxone should be stored in secure but accessible locations consistent with the district emergency response plan, which in public schools includes immediate transport of an AED to the scene of an emergency. Naloxone should be available to ensure ready and appropriate access for use during emergencies. A naloxone overdose kit may be stored inside the flap of the AED case. Naloxone and the AEDs are both heat and cold sensitive.

ACCOUNTING/INVENTORY/PLACEMENT IN SCHOOLS

Options 1 and 3

The on-site inventory and placement of naloxone is recommended to be accounted for weekly, and counted by personnel designated by the school administrator. Accounting for naloxone in AED cabinets could occur at the same time the check of the AED is performed. This count should be included and recorded on the AED log. The log must include the date, time, and signature of the designated personnel performing the count. This log will be kept with whatever naloxone has not yet been deployed in the school health office, with the log being maintained for no less than seven years. When new naloxone is placed in the locked storage cabinet or AED cabinet, the lot number, date of receipt, expiration date, and location of the naloxone is recorded on the log. The designated personnel placing the naloxone in the storage area will sign the log and will need to monitor expiration dates.

ACCOUNTING/INVENTORY/PLACEMENT IN SCHOOLS Options 1 and 3

Schools/school districts operating under Option 1 will need to maintain a log of trained school personnel and report newly trained personnel on a quarterly basis to the NYSDOH. Schools/school districts participating under Option 3 should clearly detail in their policies and procedures if the school or the NYSDOH Registered Program, will assume the role and responsibilities of the Program Director.

All registered programs are required to file quarterly and annual reports to NYSDOH to track individuals, agencies trained, kits assigned, naloxone administered, etc. Schools/school districts can allow the NYSDOH Registered Program to submit the required paperwork on their behalf. NYSED recommends ongoing communication and collaboration with school and district administration and licensed medical staff (i.e., district medical director and registered professional nurses).

The Clinical and Program Directors should be notified whenever naloxone is administered. Replacement naloxone should be ordered for shipment to the clinical director if there are not adequate stocks of non-deployed naloxone available on site to replace what was used. In Option 1 the clinical director will be the district's medical director, and in Option 3 the clinical director will be the prescriber for the NYSDOH Registered Program. New kits should be ordered prior to the expiration date of existing stock. Even if only one naloxone dose is used, it should be replaced. All schools and/or school districts can follow protocols developed for re-ordering stock naloxone by going to the NYSDOH New York State's Opioid Overdose Prevention Program web page at http://www.health.ny.gov/overdose.

District or school policies for the disposal of medications should apply to the disposal of naloxone. Schools may use expired IN naloxone for training purposes, however, caution should be exercised so that it is not commingled with naloxone deployed for rescue purposes. If expired IN naloxone is used for training purposes, schools may consider implementing the following practices: labeling expired naloxone box with a permanent marker in large lettering: **TRAINER--DOES NOT CONTAIN MEDICATION;** filling the glass vial with colored water, and keeping the training units separate from the IN naloxone which contains medication.

Option 2

Licensed prescribers, school nurses or school medical directors may implement policies for re-ordering naloxone or other overdose related supplies. School nurses should report the administration of naloxone in accordance with the non-patient specific order and protocol that authorized the nurse to administer the naloxone and to the medical director.

STORAGE OF NALOXONE IN SCHOOLS-Options 1 and 3

Naloxone is to be placed in a location ensuring it is ready and accessible to designated staff members. If placed in an AED cabinet, a plastic breakaway lock could be placed on the cabinet. The remaining stock of naloxone could be stored in a locked cabinet in the school's health office. The drug will be stored in an environment as outlined by the manufacturer's guidelines. Inventory of naloxone and accompanying overdose kit supplies (gloves, disposable face shield, alcohol pads and instructions in English and Spanish) are to be routinely counted, with a recommended frequency of weekly, to determine whether there are any discrepancies between documented inventory and actual inventory and check that the solution in the vial is clear and not discolored. Both the IN naloxone glass vial and the IM vial have expiration dates; checking these dates should be part of any district protocol –similar to checking the AED and epinephrine auto-injectors. The expiration date (typically two years from the date of manufacture) should be recorded at the time the kit is received and monitored so it is appropriate for emergency use. Used nasal atomizers and/or syringes can be given to EMS personnel upon arrival or disposed of under district policies and procedures.

DOCUMENTATION AND REPORTNG

Options 1 and 3

Any administration of naloxone requires appropriate follow-up documentation. Naloxone should be documented in the individual's cumulative health record for students, or consistent with applicable policies for care administered to staff. Documentation must include the date and time and route of administration noting the anatomical location if IM was administered; the signs and symptoms displayed by the student or staff member prior to administration; the student or staff member's response to naloxone administration, if CPR/rescue breathing/AED was administered; the name of the EMS agency providing transport, along with the name of the health care facility the student/staff person was transported to; and signed by the person completing the documentation. All administrations should be reported to both the clinical director and the program director, whose responsibility is to report to the NYSDOH as soon as possible. Incident reports should be completed as per district policy.

- Report and document use of naloxone in accordance with district policy.
- NYSDOH Opioid Overdose Reporting Forms are available to registered opioid overdose programs from the NYSDOH.
- Districts should keep a copy of reports to allow evaluation of opioid overdose prevention.

Option 2

School nurses must document the administration of naloxone in accordance with the non-patient specific order and protocol that authorized the nurse to administer the naloxone.

NOTIFICATIONS

Someone experiencing opioid overdose needs immediate medical attention and emergency response intervention. Call 911; activate your school's emergency response system which for public schools must include obtaining the AED, and follow emergency response protocol (CPR/Rescue Breaths/AED). Administer naloxone and follow school emergency response by calling/asking someone to call 911. State the person is not breathing. Parent/guardians and administration must be notified as soon as practicable about naloxone administered to a student along with planned transport to the emergency room. Such notification should also be documented in the student's cumulative health record. Notification of staff member's emergency contact(s) should be done as per district policy.

IV. REQUIRED TRAINING FOR VOLUNTEER SCHOOL PERSONNEL

Option 1 and 3

School/school districts operating as a NYSDOH Registered Prevention Program, or participating under an established NYSDOH Registered Prevention Program are required to participate in the NYSDOH approved training; "**Opioid Overdose Training for School Personnel: Recognizing a Life-Threatening Opioid Overdose and Using an Opioid Antagonist".** This is the NYSED training that has been identified for school personnel utilizing the NYSDOH approved curriculum. For volunteer school personnel to become trained overdose responders in the school setting and be able to administer IN naloxone in the school setting the following are required:

- Completion of the NYSDOH approved training curriculum noted above for volunteer school personnel pursuant to section 3309 of Public Health Law with attainment of 100% accuracy on the post-test.
- Successful completion of the Skills Compliance Checklist for Administering Naloxone with a licensed health professional whose scope of practice includes medication administration: physician, nurse practitioner, physician assistant, or RN. LPNs may not perform this function as teaching is not within their scope of practice.

After successful completion of this training, the individual will receive a certificate of training in opioid overdose prevention valid for 2 years. The NYSED ***strongly encourages*** an annual review to ensure that understanding and skills in opioid overdose response are current and timely. The school must maintain a current list of its trained school personnel. This list will be maintained in the health office or in a location designated by school district administration. The link to the NYSDOH approved training curriculum, Post-Test, Training Skills Checklist and Certificate can be found on the Opioid Overdose Prevention Toolkit and Resources page of the NYSCSH website.

Option 2

School nurses are not required to complete the NYSDOH approved training webinar, but are highly encouraged to do so to keep their assessment skills for overdoses current.

V. ROLE OF LICENSED PRESCRIBERS

Guidance to assist licensed prescribers (i.e., a school district medical director, other NYS licensed physician or certified nurse practitioner authorized by the school or an established NYSDOH Registered Program Clinical Director) in understanding their roles and responsibilities of implementing an opioid overdose prevention program in the school setting can be found on the NYSCSH Opioid Overdose Prevention Toolkit and Resources page.

Sample non-patient specific orders for the administration of intranasal (IN) naloxone by volunteer trained school personnel and/or by registered professional nurses, and administration of intramuscular (IM) naloxone by registered professional nurses (RN) can be found at the NYSCSH website Medical Director page.

Note: In 2015, the Federal Drug Administration (FDA) approved IN devices to administer naloxone, The IN naloxone "kits" available from the NYSDOH are not currently offered on-label by the FDA, and are not the same dose or device as the FDA approved device, but is a widely accepted practice in NYS and supported by the NYSDOH. The sample ordering protocols for NYS licensed physicians and certified NPs available on the NYSCSH Medical Director Page are based on the naloxone kits currently provided by the NYSDOH. Clinical research is available from the Archives of Medical Science, and the FDA.

VI. ROLE OF SCHOOL NURSE (REGISTERED NURSE)

The school nurse is the on-site health expert and may be designated in writing to complete the post-training skills check for unlicensed, non-medical school personnel at the request of the Clinical Director. Please note that NYSDOH Registered Programs may have a program trainer that can provide compliance training aligned with the NYSDOH protocols and can provide assistance to the school/school district and the RN. School nurses also play a key role in planning and responding as part of the school's emergency team. In addition to the duties previously mentioned for school nurses, the school nurse may also:

- Support education efforts regarding the dangers of prescription drug misuse and overdose prevention.
- Provide resources to students, parents and colleagues regarding non-medical use of prescription drugs. Additional resources can be found on the NYSCSH website Opioid Overdose Prevention Toolkit and Resources page.

VII. RESOURCES

Sample forms and resources to assist all schools in providing opioid antagonists in schools are available on the NYSCSH website Opioid Overdose Prevention Toolkit and Resources page.

DISCLAIMER

This document provides local educational agencies with a framework for developing an Opioid Overdose Prevention Program, along with the requirements for training participating school staff. Every attempt has been made to ensure the information contained in this document is accurate and reflects current best practices. This document is to be used for guidance purposes only with any local policies and procedures developed based upon this document, in whole or in part, to be consistent with federal and state laws, to be approved at the district level and remain consistent with local community values and needs. Any outcomes resulting from this guidance should be reviewed through normal school district procedures, which may include review by legal counsel and the school district's medical director.

Informational Resources

Campus (May vary by institution)

Residence Hall Staff
Substance Abuse Professionals
Counseling Services
Health Services
Students Services/Student Life
Dean of Student's Office

New York

New York State Office of Alcoholism
and Substance Abuse Services (OASAS)
www.oasas.state.ny.us

New York State College Prevention Project:
Regional College Consortia
www.nyscpp.org

New York State Liquor Authority
www.abc.state.ny.us

National

Higher Education Center for Alcohol and
other Drug Abuse and Violence Prevention
www.higheredcenter.org

National Institute on Alcohol Abuse
and Alcoholism (NIAAA)
College Drinking Task Force
www.collegedrinkingprevention.gov

The Partnership for Drug-Free America
www.drugfree.org

OASAS Improving Lives.
New York State
Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery

1450 Western Avenue · Albany, New York 12203-3526
www.oasas.state.ny.us · 518.473.3460

Governor Andrew M. Cuomo
Commissioner Arlene González-Sánchez, M.S., L.M.S.W.

A Guide for Parents

of College Students to Prevent Underage Drinking

UNDERAGE DRINKING 21 NOT A MINOR PROBLEM

COLLEGE EDITION

WHY SHOULD YOU BE CONCERNED ABOUT UNDERAGE DRINKING?

Alcohol Poisoning

You can overdose on alcohol. A person with blood alcohol level of .08 is considered legally intoxicated, and any more in the system can lead to alcohol poisoning and even death.

Brain Development

Research shows that drinking alcohol before age 21 can interfere with brain development, causing potential learning impediments well into the early 20s.

Violence and Crime

Ninety five percent of violent crimes on college campuses are alcohol-related.

Sexual Assault and Rape

More than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape. The majority of college rapes (90 percent) involve alcohol use by either the victim or the assailant.

Academic Consequences

Alcohol use among students is associated with poor grades, absenteeism and higher rates of school dropout.

21- It's the LAW

In New York state if you are under the age of 21, it is a violation of the law to possess alcohol with the intent to consume. Youth under 21 who drink and drive can lose their licenses for up to one year for small amounts of alcohol and face jail time for larger amounts of alcohol found in their systems.

1 Even if your child doesn't drink...

Alcohol use not only negatively affects the drinker, but also those close to them, including roommates, friends, loved ones and community members. Your child may experience the following:

- interrupted sleep or study time
- time spent caring for the person who has been drinking
- unwelcome comments or sexual advances
- being the victim of property damage
- being involved in or exposed to a serious argument or crime

2 As a parent of a college age student what can you do?

Stay involved and stay in touch
Call frequently and visit when possible. Inquire about classes, friends and extracurricular activities.

Set clear and consistent expectations
Let them know what your expectations are regarding academic performance and extracurricular activities.

Provide clear NO-USE principles regarding alcohol
Make it clear to your son or daughter that you do not want them to use alcohol.

Communicate
Talk with your college student about the risks and consequences associated with underage drinking.

3 When you visit a campus, what should you look for?

- Does the campus/school have a clearly defined alcohol and other drug use policy?
- Are there clear consequences for violations of the alcohol and other drug use policy?
- Is substance-free housing available?
- Look at the bulletin boards and campus newspapers. Are there no-use messages or is alcohol promoted with bar advertisements and fraternity and sorority party notices?
- Are alcohol-free activities advertised around campus?
- Do the campus-supported activities have a proactive health and wellness focus?
- Is there a faculty or adult presence in residence halls?
- Are there intervention or treatment services available for students who have alcohol or drug-related problems?
- Look at the neighborhood surrounding the campus. Are bars and liquor stores in abundance and do they target students?
- Is campus security adequate and readily available?

TIPS for TEENS

HEROIN

THE TRUTH ABOUT HEROIN

SLANG: SMACK/HORSE/BROWN SUGAR/JUNK/ BLACK TAR/BIG H/DOPE/SKAG/NEGRA/SKUNK/ WHITE HORSE/CHINA WHITE/CHIVA/ HELL DUST/THUNDER

GET THE FACTS

HEROIN AFFECTS YOUR BRAIN. Heroin, an illicit opioid, enters the brain quickly. It slows down the way you think, reaction time, and memory.[1] Over the long term, heroin can change the brain in ways that lead to addiction.

HEROIN AFFECTS YOUR BODY. Heroin slows down your heartbeat and breathing, sometimes so much that it can be life-threatening. Heroin poses special problems for those who inject it because of the risks of HIV, hepatitis B and C, and other diseases that can occur from sharing needles.[2]

HEROIN IS HIGHLY ADDICTIVE. Heroin enters the brain rapidly and causes a fast, intense high. Repeated heroin use increases the risk of developing an addiction; someone addicted to heroin will continue to seek and use the drug despite negative consequences.[3]

HEROIN IS NOT WHAT IT MAY SEEM. Other substances are sometimes added to heroin. They clog blood vessels leading to the liver, lungs, kidneys, and brain and lead to inflammation or infection.[4] Powder sold as heroin may also contain other dangerous chemicals, such as fentanyl, that increase the risk of fatal overdose.[5,6]

HEROIN CAN KILL YOU. Heroin slows—and sometimes stops—breathing, which can result in death. In 2015, there were 2,343 overdose deaths related to heroin or other illicit opioids among people ages 15 to 24.[7]

HEROIN ADDICTION IS TREATABLE. Medication, in combination with behavioral treatment, can help people stop using heroin and recover from addiction.[8] Building a support system that helps people stop using heroin and other opioids is also important. Medications such as buprenorphine, methadone, and naloxone greatly increase the chance of recovery and reduce the risk of overdose. Friends and family members should have naloxone nearby if possible in case of overdose.*

* No official support of or endorsement by SAMHSA or HHS for the opinions, resources, and medications described is intended to be or should be inferred. The information presented in this document should not be considered medical advice and is not a substitute for individualized patient or client care and treatment decisions.

? Q&A

Q. IS IT TRUE THAT HEROIN ISN'T RISKY IF YOU SNORT OR SMOKE IT INSTEAD OF INJECTING IT?

A. NO. Heroin is very dangerous regardless of how it is used. While injecting drugs carries additional risk of infectious disease, taking heroin can be dangerous in any form. You can still die from an overdose or become addicted by snorting or smoking it. Heroin may also be mixed with synthetic opioids such as Fentanyl, which can be fatal in small doses regardless of how they are taken.[9]

Q. WHAT DOES HEROIN LOOK LIKE?

A. HEROIN CAN BE A WHITE OR DARK BROWN POWDER OR A BLACK TAR. People selling heroin often mix in other substances, such as sugar, starch, or more dangerous chemicals.[10] Pure heroin is dangerous as well, despite the common misperception that it is safer.[11]

Q. WILL HEROIN USE ALTER MY BRAIN?

A. YES. Heroin use alters brain circuits that control reward, stress, decision-making, and impulse control, making it more difficult to stop using even when it is having negative effects on your life and health. Frequent use also can lead to tolerance and withdrawal, so you need more of the drug just to feel normal.[12,13]

THE BOTTOM LINE:

Heroin is illegal, addictive, and dangerous. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE:

Get the latest information on how drugs affect the brain and body at **teens.drugabuse.gov**.

TO LEARN MORE ABOUT HEROIN, CONTACT:

SAMHSA
1-877-SAMHSA-7 (1-877-726-4727)
(English and Español)

TTY 1-800-487-4889
www.samhsa.gov
store.samhsa.gov

SAMHSA
Substance Abuse and Mental Health Services Administration

BEFORE YOU RISK IT!

1. **KNOW THE LAW.** Heroin is an illegal Schedule I drug, meaning that it is addictive and has no accepted medical use.[14]
2. **GET THE FACTS.** Any method of heroin use—snorting, smoking, swallowing, or injecting the drug—can cause immediate harm and lead to addiction or death.[15]
3. **KNOW THE RISKS.** Using heroin can change the brain, and the changes may not be easily reversed.[16]
4. **LOOK AROUND YOU.** The majority of teens are not using heroin. According to a 2015 national study, fewer than 1 out of 1,000 adolescents ages 12 to 17 were current heroin users.[17]

KNOW THE SIGNS

HOW CAN YOU TELL IF A FRIEND IS USING HEROIN?

Signs and symptoms of heroin use are:[18,19,20]

- **Euphoria**
- **Drowsiness**
- **Impaired mental functioning**
- **Slowed movement and breathing**
- **Needle marks**
- **Boils**

Signs of a heroin overdose include:

- **Shallow breathing**
- **Extremely small pupils**
- **Clammy skin**
- **Bluish-colored nails and lips**
- **Convulsions**
- **Coma**

The drug naloxone can save the life of someone overdosing on heroin. Naloxone can be administered by anyone witnessing an overdose or by first responders.

For more information on naloxone training and availability, visit www.drugabuse.gov/related-topics/naloxone.

WHAT CAN YOU DO TO HELP SOMEONE WHO IS USING HEROIN?

BE A FRIEND. SAVE A LIFE.

Encourage your friend to stop using or seek help from a parent, teacher, or other caring adult.

For 24/7 free and confidential information and treatment referrals in English and Spanish, call SAMHSA's National Helpline at:

1-800-662-HELP (1-800-662-4357)
or visit the SAMHSA Behavioral Health Treatment Services Locator at
findtreatment.samhsa.gov

[1,2,4,11,16,20] National Institute on Drug Abuse. (2014). *Research report series: Heroin.* (NIH Publication Number 14-0165). Retrieved from http://www.drugabuse.gov/sites/default/files/rrheroin-14.pdf

[3,8,9,12,15] National Institute on Drug Abuse. (2017). *Drug facts: Heroin.* Retrieved from http://www.drugabuse.gov/publications/drugfacts/heroin

[5] Drug Enforcement Agency. (2016). DEA warning to police and public: Fentanyl exposure kills. *Headquarters News.* Retrieved from https://www.dea.gov/divisions/hq/2016/hq061016.shtml

[6] National Institute on Drug Abuse. (2016). *Drug facts: Fentanyl.* Retrieved from https://www.drugabuse.gov/publications/drugfacts/fentanyl

[7] National Institute on Drug Abuse (NIDA). (2017). Drug overdoses in youth. *NIDA for Teens.* Retrieved from https://teens.drugabuse.gov/drug-facts/drug-overdoses-youth

[10,14,18] U.S. Department of Justice and Drug Enforcement Administration. (2015). *Drugs of abuse: A DEA resource guide.* Retrieved from https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf

[13] National Institute on Drug Abuse. (2007). Drugs on the street (Module 5). *Brain Power: Grades 6–9.* Retrieved from http://www.drugabuse.gov/publications/brain-power/grades-6-9/drugs-street-module-5

[17] Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Detailed tables.* Retrieved from http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm

[19] National Institute on Drug Abuse. (n.d.). Heroin (smack, junk) facts. *Easy-to-Read Drug Facts.* Retrieved from https://easyread.drugabuse.gov/content/heroin-smack-junk-facts

MORE INFORMATION

SAMHSA
Substance Abuse and Mental Health Services Administration

FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS "TIPS for TEENS,"
visit store.samhsa.gov or call **1-877-SAMHSA-7 (1-877-726-4727)** (English and Español).
PEP NO. 18-02 REVISED 2018

Is Your Medicine Cabinet Safe?

Prescription and Over-the-Counter Medicine Misuse

To download a useful tracking tool for your own medicine cabinet, visit the OASAS website at http://www.oasas.ny.gov/publications/pdf/MedicineCabBrochure.pdf.

With this tool, you can list your prescriptions, the date filled, the expiration date, and original quantity. Once a week, count the pills remaining and mark the date.

1-877-8-HOPENY
Find Help for 1-877-846-7369
Alcoholism, Drug Abuse, Problem Gambling
Available 24 hours / 7 days

New York State
Office of Alcoholism and
Substance Abuse Services
www.oasas.ny.gov

New York State
Department of Health
www.health.ny.gov

New York State
Office of Mental Health
www.omh.ny.gov

New York State Police
www.troopers.ny.gov

New York State
Division of Criminal
Justice Services
www.criminaljustice.ny.gov

PRESCRIPTION SAFETY

What you need to know when you take a prescription home.

Prescription Drug Misuse

Most people take prescriptions responsibly under a doctor's care. However, there has been a steady increase in the non-medical use of medications, especially by adolescents and young adults.

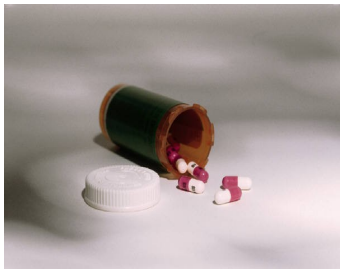
Prescription drug misuse occurs when a person takes a prescription medication that is not prescribed for him/her, or takes it for reasons or in dosages other than prescribed. The nonmedical use of prescription medications has increased in the past decade and has surpassed all illicit drugs except marijuana in the United States. Misuse of prescription drugs can produce serious health effects, including addiction.

Commonly misused prescription medications include those that are intended to relieve pain, anxiety and sleep disorders.

Remember

- Prescription misuse is on the rise and has resulted in unintended addiction and death.
- Ask your provider if any of the medications prescribed for your family have a potential for abuse.
- Medication is intended for the person it was prescribed for.
- Never share medications.
- Don't mix medications. Speak to your healthcare provider about all medications you are taking, including over the counter medications.
- Medications are unsafe when not taken as prescribed.
- Store all medicines in one designated location, in a dry and cool place. The kitchen and bathroom are bad places to store medicine because of the heat and moisture generated.
- Be sure the medicine location is safe and secure, away from children, adolescents and others.
- Routine tracking of all medication is a good idea especially when others live with or visit you.
- Discuss the importance of safely using medications with family and friends.

Why should you be concerned?



- 1.5 million American kids have reported they have abused prescription drugs.
- Prescription drug misuse in older adults may begin with inappropriate prescribing or lack of patient compliance with medication regimens. Continued misuse may lead to abuse and dependence.
- According to the Federal Drug Abuse Warning Network, emergency room visits due to abuse of prescription drugs are greater than the number of visits due to abuse of marijuana and heroin combined.

Why You Should Be Concerned

FACT: 1.5 million American kids have reported they have misused prescription or over-the-counter drugs.

FACT: According to the Federal Drug Abuse Warning Network, emergency room visits due to misuse of prescription drugs are greater than the number of visits due to marijuana and heroin use combined.

Prescription drug misuse is the use of prescription medication in a manner that is not prescribed by a health care practitioner. This includes using someone else's prescription or using your own prescription in a way not directed by your doctor.

Most people take prescription medication responsibly under a doctor's care. However, there has been a steady increase in the non-medical use of these medications, especially by teenagers. Part of the problem is the availability of medications (over-the-counter and prescription) in the family medicine cabinet which can provide easy access for children, adults, elderly and visitors. People often mistakenly believe that these medications are safe because they are approved by the FDA and prescribed by a physician. Non-medical use of certain prescription drugs can lead to addiction.

1-877-8-HOPENY

Find Help for 1-877-846-7369

Alcoholism, Drug Abuse, Problem Gambling

OASAS

Improving Lives.

New York State Office of Alcoholism and Substance Abuse Services

1450 Western Avenue • Albany, NY 12203

www.oasas.state.ny.us

Commissioner

Arlene González-Sánchez, M.S., L.M.S.W.

Is Your Child Misusing Prescription Drugs or Over-the-Counter Medications?

Signs and Symptoms of Use

What You Can Do

Educate Yourself

Be aware and keep track of the medications in your home. Have open conversations about appropriate versus inappropriate use of medication. Inform your friends and family that misusing medications can be just as dangerous as using illegal drugs. A medicine cabinet inventory is available online for your use at www.oasas.state.ny.us/publications.

Ask your health care provider if any medications prescribed for your family have potential for misuse.

Familiarize yourself with the warning signs of prescription and over-the-counter drug misuse

Warning signs can be both behavioral and physical, and may include withdrawal from normal activities, irritability, unusual requests for money, unexplained changes in friends and frequent nasal or sinus infections. The checklist provided can help identify signs for concern.

Help is Available

If you feel that your child, or someone you know, has a problem with alcohol, substance use or prescription and over-the-counter drug use, help is available 24 hours/ 7 days. Find help by calling 1-877-8-HOPENY (1-877-846-7369). All calls are confidential.

1-877-8-HOPENY

Find Help for 1-877-846-7369

Alcoholism, Drug Abuse, Problem Gambling

Checklist

Physical Signs

- ❍ Bloodshot eyes
- ❍ Slurred or agitated speech
- ❍ Sudden or dramatic weight loss or gain
- ❍ Frequent illnesses
- ❍ Accidents and/or injuries
- ❍ Skin abrasions/bruises
- ❍ Neglected appearance/poor hygiene
- ❍ Slowed or staggering walk, poor coordination

Behavioral Signs

- ❍ Change in eating and/or sleeping patterns
- ❍ Lie, cover up or hide use
- ❍ Sense that the person will "do anything" to use again, regardless of consequences
- ❍ Loss of control or choice over use (drug-seeking behavior)
- ❍ Loss of interest in previously enjoyed activities
- ❍ Emotional instability
- ❍ Hyperactive or hyper-aggressive behavior
- ❍ Depression
- ❍ Failure to fulfill responsibilities at school or work
- ❍ Miss or skip school or work
- ❍ Complaints from teachers or co-workers
- ❍ Reports of intoxication at school or work
- ❍ Secretive behavior, phone calls
- ❍ Difficulty in paying attention
- ❍ Forgetfulness
- ❍ Paranoia
- ❍ Avoid eye contact
- ❍ Silliness or giddiness
- ❍ Locked bedroom doors
- ❍ Going out every night
- ❍ Change in friends or peer group
- ❍ Change in clothing or appearance
- ❍ Prescription medicine missing
- ❍ Money and/or valuables missing
- ❍ Disappear for long periods of time
- ❍ Run away
- ❍ Unusual containers or wrappers
- ❍ Decline in participation at home
- ❍ Diminished interest in hobbies, sports or favorite activities
- ❍ Irritability, overreacting to mild criticism or avoiding family contact
- ❍ Lack of appreciation for values that used to be important
- ❍ Shoplifting, truancy, DUI, disorderly conduct, or other trouble with the law
- ❍ Use of street or drug language
- ❍ Possession of drug paraphernalia

Note: While the behaviors on this checklist may indicate a drug problem, some may also reflect normal teenage behavior. Experts believe that a substance problem is more likely if you notice several of these signs at the same time, if they occur suddenly or are extreme in nature.

PREVENTION 101

AS A PARENT THERE ARE MANY THINGS YOU CAN DO TO PREVENT ALCOHOL AND DRUG USE.

Make a habit of having a conversation with your child every day.

On a regular basis, discuss shared interests like sports, music, art, technology or movies.

Attending at least a few of your child's activities will help them to understand that what they are doing is important to you.

Engaging in extracurricular activities with your child can provide a strong protective influence on their lives by enabling them to form healthy bonds to school, community or church.

Work through challenges together. Growing up can be especially challenging for tweens/teens.

Don't ever stop playing with your kids. Create together.

Focus your efforts on teaching children what TO do, instead of what NOT to do.

Show respect.

The following organizations offer information and resources that can help you and your family.

New York State Office of Alcoholism and Substance Abuse Services
oasas.ny.gov | **518-473-3460**

CombatAddiction.ny.gov
www.Talk2Prevent.ny.gov

The Partnership at Drugfree.org
drugfree.org | **855-378-4373**

American Council for Drug Education
acde.org | **800-378-4435**

Families Against Drugs
familiesagainstdrugs.net

Al-Anon and Alateen
al-anon.org | **757-563-1600**

Faces and Voices of Recovery
facesandvoicesofrecovery.org
202-737-0690

SAMHSA's Center for Substance Abuse Treatment
samhsa.gov/about/csat.aspx
240-276-1660

Substance Abuse and Mental Health Services
www.samhsa.gov | **877-SAMHSA-7**

National Institute on Drug Abuse
www.nida.nih.gov/nidahome.html
800-662-HELP

National Council on Alcohol & Drug Dependence
www.ncadd.org | **800-NCACALL**

FOR HELP & INFORMATION
COMBATADDICTION.NY.GOV

CALL: 1-877-8-HOPENY (1-877-846-7369)
TEXT: HOPENY T0 467369

NEW YORK STATE | **Office of Alcoholism and Substance Abuse Services**

YOU CAN BE THE DIFFERENCE

A Guide to Teen/Young Adult Substance Abuse

PREVENTION 101

NEW YORK STATE | **Office of Alcoholism and Substance Abuse Services**

YOU CAN BE THE DIFFERENCE

PREVENTION 101

TALK TODAY, TOMORROW & ALWAYS

USE REAL WORLD EXAMPLES

"Hey, I heard about ... What do you think?"

EMPOWER YOUR CHILD

Ask them what they think and what they think they should know. "Why do you think sharing medicine can be dangerous?"

KNOW WHAT YOU ARE TALKING ABOUT

Get information from your local community coalition. "I read that X out of 10 kids your age are drinking alcohol. It might be happening with your friends or people you know. Do you want to talk about it?"

BASE MESSAGES ON FACTS - NOT FEAR

"Your brain is still developing, and I want you to be the best you can be. Alcohol and drugs can put that in jeopardy."

THINGS PARENTS CAN DO

TALK EARLY AND TALK OFTEN

Parents are the number one influence on a teen's decision not to use alcohol and other drugs. Begin having age appropriate conversations as early as preschool. Some medications look like candy. Teach young children to know the difference and to ask an adult before putting anything into their mouths.

SAFEGUARD PRESCRIPTION DRUGS AND/OR ALCOHOL IN YOUR HOME

Keep track of what you have, how much you have, in addition to storing them in a place inaccessible to children or teens.

GET TO KNOW YOUR CHILD'S FRIENDS

Get to know the parents of your child's friends and share your rules and expectations. Make sure that everyone is in agreement regarding alcohol and drug use.

EXPLAIN THE REASONS FOR THE RULES OFTEN

This will help to ensure that your child understands that you are trying to protect them — not restrict their freedom.

ENFORCE THE RULES CONSISTENTLY

This is true for all family rules. Children need to know that you are serious about the rules and understand that they will be accountable for violating them.

HAVE CONVERSATIONS OFTEN

Build a relationship with your child and take everyday opportunities to talk about drugs and alcohol. Many little talks are more effective than one "big talk."

BY PRESCHOOL, most children have seen adults drinking alcohol or using drugs, either in real life, on TV, in the news or online. Preschool age children are eager to know and memorize rules, and they want your opinion on what's bad and what's good.

ELEMENTARY SCHOOL age children are most likely to internalize messages from their parents. This is the best time to begin teaching them about alcohol and drugs. Talk about consequences and the effects of alcohol and drugs on the brain. If you and your child see someone who is intoxicated by drugs or alcohol on the street or on TV, explain that being high or drunk is never good and can be dangerous.

MIDDLE SCHOOL can be challenging for both parents and children. Puberty can erode you child's self-confidence and cause them to feel insecure and vulnerable to peer pressure. During these years, give your tween lots of positive reinforcement and praise them for their efforts and successes.

BY HIGH SCHOOL, your teen will most likely know other kids who use drugs or alcohol. Continue to voice and enforce the rules. Help your child build self-reliance by asking how they plan to deal with situations such as being offered alcohol or being invited to ride in a car with a driver who has been drinking or using drugs.

AFTER HIGH SCHOOL, continue communicating about the consequences of alcohol and drug use.

PARENTS: YOU MATTER

The Partnership for a Drug-Free America™

The Tip Sheet

Thank you for attending this presentation.

Here are important tips, resources and information you can use to give your kids happy, healthy and safe futures, and help them avoid the dangers of drugs and alcohol.

Special Vulnerabilities

- ✓ Family history -- predisposition to drug or alcohol problems
- ✓ Close friends who use drugs or alcohol
- ✓ Early first use
- ✓ Diagnosed or undiagnosed depression / other mental health disorders
- ✓ Problems in school / learning disabilities

Communicate – 4 Tips to Help

1. Clearly communicate the risks of drug and alcohol use
2. Let your kids know you disapprove of any drug and alcohol use – kids who believe their parents will be upset if they try drugs **are 43% less likely to do so**
3. Use "teachable moments" to raise drug and alcohol issues
4. Frequently talk **AND LISTEN** to your kids about how things are going in their lives

Monitor – 6 Tips to Help

1. Know who your child is with
2. Know what they're doing
3. Know where your child will be
4. Know when your child is expected home
5. Know who your teen's friends are – communicate with their parents
6. Establish and enforce rules – including a clear "no use" policy

How To Spot Drug and Alcohol Use

- ✓ Here are **five** changes to watch for…
  1. Declining school work and grades
  2. Abrupt changes in friends, groups / behavior
  3. Sleeping habits/abnormal health issues
  4. Deteriorating relationships with family
  5. Less openness and honesty
- ✓ Be aware of special vulnerabilities

What to Do When You Spot Drug and Alcohol Use

- ✓ Focus, you can do this; don't panic, but act right away
- ✓ Start talking and let your child know you are concerned; communicate your disapproval
- ✓ Set limits, rules and consequences
- ✓ Monitor – look for evidence, make lists, keep track
- ✓ Get outside/professional help – you don't have to do this alone

Taking Action & Learning More

- ✓ Use what you've learned today and spread the word about "Parents: You Matter"
- ✓ Communicate with other parents, and tell three friends about what you've seen.

Obtain free alcohol and drug information & prevention publications from the National Clearinghouse on Alcohol and Drug Information at (800) 729-6686.

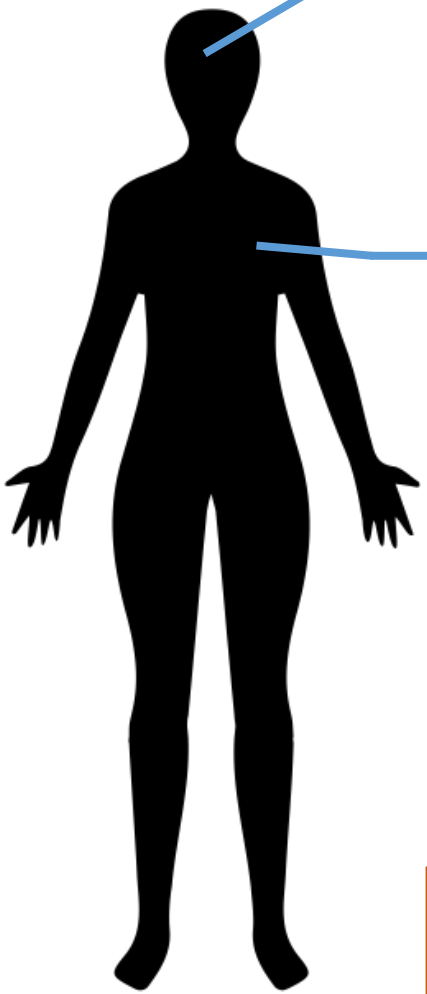
To find treatment providers call the Substance Abuse and Mental Health Services Administration's 24-Hour Toll-Free Treatment Referral Helpline at 1-800-662-HELP (1-800-662-4357)

Partnership Websites

www.drugfree.org – Main Site
www.timetotalk.org –For tips and advice on starting conversations with your kids
www.drugfree.org/timetoact --For parents who suspect or know their kids are using
www.drugfree.org/teenbrain --Insight into teen brain development
www.drugfree.org/parent -- Parent Tool Kit offers videos & articles on how to talk with your kid at any age
Partnership eNewsletter – Sign up and receive the latest tools, tips and guidance for raising healthy kids

Risks of E-Cigarette and Vape Pen Use

Although the overwhelming majority of young people do not use e-cigarettes, the recent increase in use among adolescent is concerning to health professionals.



Nicotine use in early adolescence causes changes in the brain that make life-long addiction much more likely for young e-cig/vape users.

Ear, eye and throat Irritation is common among e-cigarette/vape pen users.

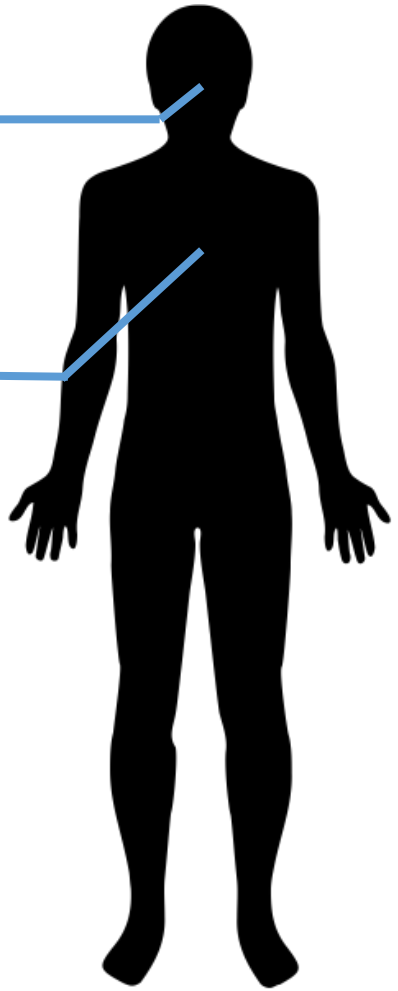
The aerosols produced by the chemicals in e-juice, enter into the user's lungs unfiltered and leave chemical residue behind.

Nicotine is known to have effects on the cardiovascular system. Some recent studies show that acute use of e-cigarette impaired flow-mediated dilation, this suggests that e-cigarettes can lead to cardiovascular diseases.

Recent studies show that e-cigarette/vape pen use is associated with the use of other tobacco products that are known to cause further health issues, including cancer and heart disease.

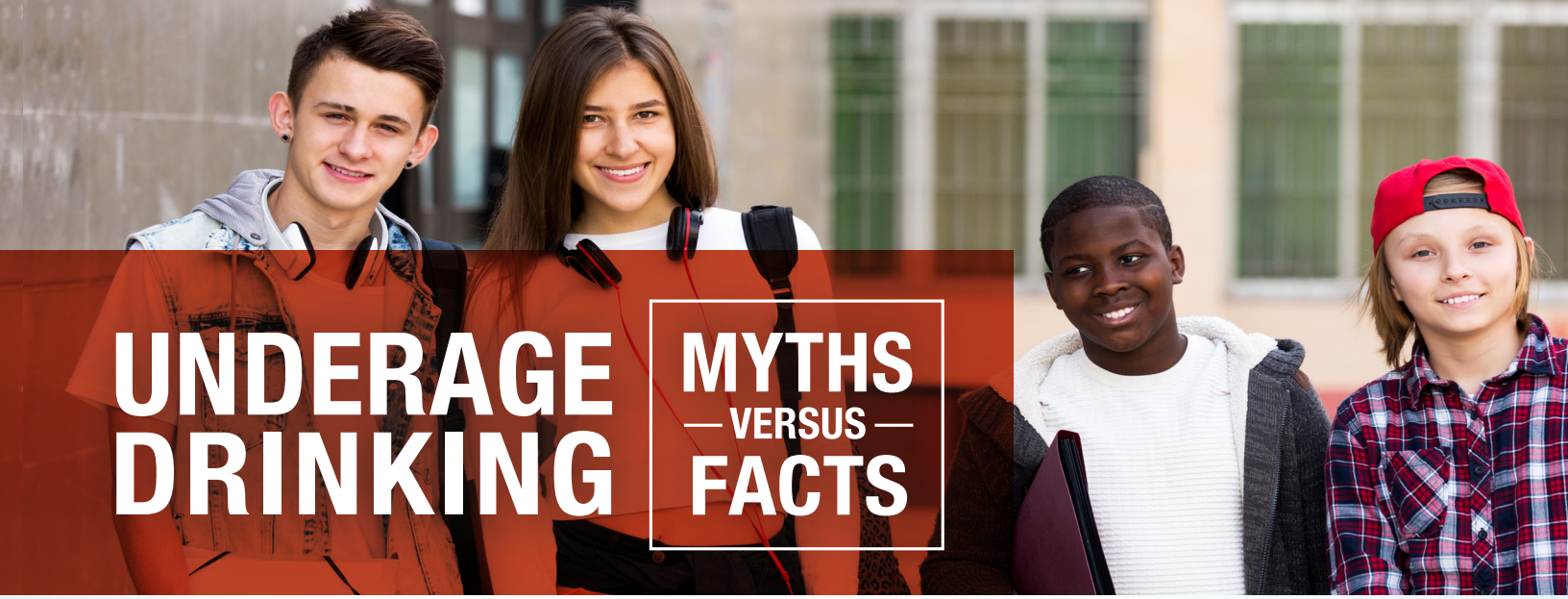
Many people incorrectly believe that these devices produce a water vapor when in fact they create aerosols that contain harmful chemicals, and ultra-fine particles that are inhaled into the lungs and out into the environment, making them harmful to the user and other nearby.

These devices are still very new so many of the long-term health consequences of their use is still not known. Even still, the mounting evidence shows that these devices are *not* harmless.



TOBACCO PREVENTION TOOLKIT

Tobacco Prevention Toolkit
Division of Adolescent Medicine, Stanford University
For more information go to: www.tobaccopreventiontoolkit.stanford.edu



UNDERAGE DRINKING

MYTHS — VERSUS — FACTS

You probably see and hear a lot about alcohol—from TV, movies, music, social media, and your friends. But what are the real facts? Here are some common myths and facts about alcohol use.

MYTH All of the other kids drink alcohol. You need to drink to fit in.

FACT Don't believe the hype: Most young people don't drink alcohol! Research shows that almost 80 percent of 12- to 20-year-olds haven't had a drink in the past month.[1]

MYTH Drinking alcohol will make people like you.

FACT There's nothing likable about stumbling around, passing out, or puking on yourself. Drinking alcohol can also make your breath smell bad and cause you to gain weight.

MYTH Drinking is a good way to loosen up at parties.

FACT Drinking is a dumb way to loosen up. It can make you act foolish, say things you shouldn't say, and do things you wouldn't normally do. In fact, drinking can increase the likelihood of fights and sexual assaults.[2]

MYTH Alcohol isn't as harmful as other drugs.

FACT Your brain doesn't stop growing until about age 25, and drinking can affect how it develops.[3] Plus, alcohol increases your risk for many diseases, such as cancer.[4] It can also cause you to have accidents and get injured, sending you to the emergency room.[5]

MYTH Beer and wine are safer than liquor.

FACT Alcohol is alcohol. A 12-ounce beer, a 5-ounce glass of wine, and a shot of liquor (1.5 ounces) all have the same amount of alcohol.[6]

MYTH You can sober up quickly by taking a cold shower or drinking coffee.

FACT There's no magic cure to help you sober up. On average, it takes 2 to 3 hours for a single drink to make it through your body.[7] And there's nothing you can do to make that happen quicker.

MYTH There's no reason to wait until you're 21 to drink.

FACT When you're young, drinking alcohol can make learning new things more difficult.[8] Also, people who begin drinking before they turn 15 are more likely to develop a drinking problem at some point in their lives than those who begin drinking at age 21 or older,[9] when it is legal to drink in all states and Washington, D.C.[10]

MYTH You can drink alcohol and you won't get into trouble.

FACT All states and Washington, D.C., have 21-year-old minimum-drinking-age laws.[11] If you get caught drinking, you might have to pay a fine, do community service, take alcohol awareness classes, or even spend time in jail.

Think you or your friend has an alcohol problem?

Don't wait—get help. Talk to a parent, doctor, teacher, or anyone you trust.

If you're more comfortable speaking with someone you don't know, call the confidential SAMHSA National Helpline at 800–662–HELP (800–662–4357) (English and Spanish).

You can find substance abuse treatment services near you at **samhsa.gov/treatment**.

MORE INFO

Learn more about underage drinking at **stopalcoholabuse.gov** and **toosmarttostart.samhsa.gov**.

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SAMHSA
Substance Abuse and Mental Health Services Administration

UNDERAGE DRINKING

Not a minor problem

UNDERAGE DRINKING— IT'S EVERYONE'S PROBLEM.

Car crashes, unplanned pregnancies, violence, alcohol dependency, serious health issues. These are just a few of the consequences of underage drinking that cause problems for youths at home, at school, at work, and with the law.

And when it's their problem, it's your problem too.

But you can help. Research shows that youths are receptive to clear, consistent no-use messages from the people and organizations that touch their lives.

REACH OUT TO PREVENT UNDERAGE DRINKING BY:

- Including your commitment to combat teen alcohol use in public remarks and printed materials.
- Setting a no-use policy for all youth activities.
- Being aware of the connection between alcohol and sexually transmitted diseases, including HIV/AIDS.
- Talking with youths about alcohol and listening to their concerns.
- Educating parents about the warning signs of underage drinking.
- Advocating for public policies that reduce underage drinking.
- Supervising alcohol-free areas where youths can gather for social or athletic activities.
- Promoting student assistance programs and alcohol-specific counseling services in schools.
- Modeling positive behavior by not engaging in illegal or unhealthy alcohol use.
- Informing others of the serious consequences of underage drinking.
- Building a network of leaders and resources that work to discourage underage drinking.
- Supporting enforcement efforts of laws and policies related to underage drinking.

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UNDERAGE DRINKING

Not a minor problem

HELP THEM THINK... AND CHOOSE NOT TO DRINK.

Twenty-two percent of tenth graders and nearly thirty percent of twelfth graders are heavy drinkers. Alcohol is closely related to dropouts, truancy, low literacy, and poor grades—so schools are important vehicles for communicating underage drinking messages.

What you say makes a difference. Start early. Research shows children are influenced by anti-drinking messages as early as age 10. Don't miss the chance to get them to choose not to drink.

GET YOUR SCHOOL TO TAKE ACTION:

- Be aware of stressful transition periods that may cause kids to turn to alcohol. Set up buddy systems for students to help ease loneliness and isolation.
- Offer student assistance programs, alcohol-specific counseling services, and confidential access to other resources in the community.
- Train teachers and school personnel to recognize and refer alcohol-related problems.
- Participate in community-wide efforts to eliminate alcohol billboard advertising near schools.

In Elementary School:

- Show the affects of alcohol on the brain and body.
- Focus on information that fosters the desire to be healthy.
- Help kids master resistance skills and social competence.

In Middle and High School:

- Help kids develop positive decision-making skills, planning and goal setting skills, and stress management skills.
- Focus on risk-taking behaviors and external influences on behavior.
- Use peers to help deliver the drinking prevention message.
- Hold a series of assemblies on current alcohol issues. Include films, celebrities, and materials.
- Ask students to sign a commitment not to use alcohol.
- Sponsor alcohol-free proms, parties, and sporting events.

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UNDERAGE DRINKING

Not a minor problem

SEE IT. HEAR IT. TALK ABOUT IT. PARENTS DO MAKE A DIFFERENCE.

No parent wants to think of their child as one of the thousands of teens who drink—or about all the things that can happen when they do. Still, by the time they're in their senior year of high school, four out of five teens have consumed alcohol and adolescents who drink are likely to be heavy drinkers or binge drinkers.

Research shows that when parents communicate their expectations that their children abstain from alcohol, teens and pre teens are far less likely to drink.

PARENTS NEED TO COMMUNICATE TO YOUTHS THAT:

- Underage drinking is against the law.
- Using alcohol is risky and unnecessary.
- Lots of smart, cool people choose not to use alcohol.

CONSEQUENCES OF UNDERAGE DRINKING INCLUDE:

Health Problems

- Young people who began drinking before age 15 are four times more likely to develop alcohol dependence than those who abstained until age 21.
- Alcohol use among teens is associated with the three most common causes of teenage deaths: accidental deaths (such as car crashes), homicides and suicides.
- On average eight adolescents a day in the U.S. die in alcohol-related automobile crashes and nine out of 10 teenage automobile accidents involve the use of alcohol.
- Ninety-five percent of violent crimes on college campuses are alcohol-related. The majority of college rapes (ninety percent) involve alcohol use by either the victim and/or the assailant.
- More than 70,000 students between the ages of 18-24 are victims of alcohol-related sexual assault or date rape.

Sexual Behavior

- Higher levels of alcohol use are associated with unplanned or unprotected sexual activity among adolescents. This poses increased risk for teen pregnancy and sexually transmitted diseases including HIV.

School-Related Problems

- Alcohol use and higher levels of use among adolescents is associated with poor grades, absenteeism and higher rates of school dropout.

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UNDERAGE DRINKING

Not a minor problem

UNDERAGE DRINKING— DON'T BE A PARTY TO IT.

Fatal car crashes, unplanned pregnancies, violent behavior, alcohol dependency. Underage drinking causes very serious problems. And adolescents who drink are more likely to be heavy drinkers.

Too many well-meaning parents underestimate the consequences of teen drinking and think that by supervising teen parties or events where alcohol is served, they are communicating their concern and reducing the risks.

But research shows that communicating disapproval of underage drinking is the most effective thing parents and parental figures can do. Kids are less likely to drink if parents set boundaries, voice clear no-use expectations, and hold regular discussions about alcohol.

MIXED MESSAGES MAY LEAD TO MIXED DRINKS.

Be straight with your kids when it comes to the dangers of alcohol:

- Be a good role model. Don't engage in illegal or unhealthy behavior and don't host drinking parties for your kids or anyone else's.
- Set and enforce rules against underage drinking and keep alcohol out of reach of children too young to follow them.
- Be clear and concise when it comes to your position on underage drinking. Let others know your views if your child will be a guest in their house.
- Listen to your teens and provide love, support, and encouragement.
- Be aware of the connection between alcohol and other drugs and sexually transmitted diseases like HIV/AIDS.
- If a young family member shows signs of alcohol problems, know the alcohol addiction resources available in your community.
- Help children learn the consequences. Alcohol use is illegal and dangerous under age 21 and can have devastating health, safety, and legal consequences.
- Be sure children have access to a variety of alcohol-free alternatives and safe, monitored places they can gather.
- Discuss alcohol advertising and marketing with youths. Seek their opinions on these messages, ask if they understand the purpose and if they recognize why harmful effects of drinking aren't shown.
- Support public policy programs that make your community, state, and country safer and healthier.

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There are many reasons why children start drinking.

As children approach their teen years, they begin to experience many emotional and physical changes – changes that are not always easy.[1] During this challenging and confusing time, even good children may experiment with alcohol.

For most children, it's not just one thing that influences them to drink, but a combination of factors.[2]

- **Stress**
  When children worry about things like grades, fitting in, and physical appearance, they may use alcohol as a way to escape their problems.[3] Encourage your child to get involved in sports or other extracurricular activities as a healthier way to cope.[4]
- **More Freedom**
  As children begin spending more time with their peers and less time with their parents, this increased freedom can lead to drinking.[5] While it's important to give your child space, keep track of where they are and who they're with. If they are at a friend's house, make sure a responsible adult is nearby or accessible.
- **Curiosity**
  Taking chances and trying new things is a normal part of growing up. For some children, this exploration includes experimenting with alcohol.[6] Remind your child about the real risks of underage drinking, and make sure he or she knows how you feel about underage drinking.
- **Peer Pressure**
  Most children feel pressure to be popular and fit in. Many try alcohol when they are in a social setting where "everyone else is doing it."[7] Help boost your child's confidence by helping them learn different ways to say "no", and reminding them that real friends wouldn't pressure them to drink.
- **Transitions**
  Life events, like going from middle school to high school, breaking up with a significant other, moving, or divorce, can cause a child to turn to alcohol.[8] Reassure your child that things will get easier, and make sure he or she knows that drinking isn't a solution.
- **Environment**
  If children grow up in an environment where adults drink excessively, they are more likely to drink themselves.[9] If you choose to drink, set a good example by drinking in moderation, and make sure your child knows that underage drinking is not acceptable.
- **Genetics**
  Children who come from a family with a history of alcoholism are at an increased risk for alcohol dependence. If alcoholism runs in your family, have an honest discussion with your child, and make sure he or she understands the seriousness of the disease.[10]
- **Personality**
  Children who are disruptive, hyperactive, or depressed are at a higher risk for alcohol problems.[11] If you feel that your child's social issues could lead him or her to abuse alcohol, consider having your child see a drug and alcohol counselor.

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