

Growing Up **DRUG FREE:**

A Parent's Guide to Substance Use Prevention

2024



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Growing Up **DRUG FREE:**

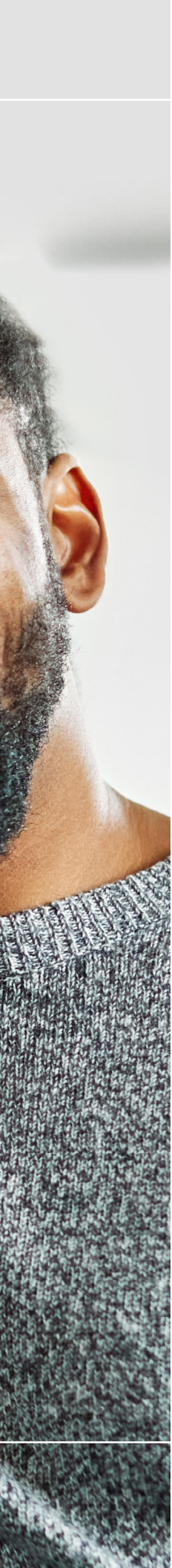
A Parent's Guide to Substance Use Prevention



U.S. Department of Justice Drug Enforcement Administration
U.S. Department of Education Office of Safe and Supportive Schools

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Introduction

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

This guide offers information that can help you raise children who understand the risks of substance use. You may read it from front to back like a book or pick a topic from the Table of Contents and go directly to that page. This guide includes:

- An overview of substance use among children, youth, and young adults;
- Descriptions of some substances young people may use;
- A look at risk factors—including social media usage—that may influence children, youth, and young adults to try drugs, and protective factors that help reduce those risks;
- Suggestions for how to talk to young people about drugs, tailored to their age group; and
- Tips on what to do if you think your child is using drugs.

Please note that “substances” or “drugs” in this guide refer to alcohol, tobacco (including nicotine), prescription drugs, and other drugs collectively, unless otherwise specified to give context to a particular drug.

In **Section 2**, learn about specific substances, their common names, effects, and more in the Drug Identification Chart (also available at www.getsmartaboutdrugs.com/drugs). **Section 6** lists places to find more information about preventing drug use and misuse.

On these pages, we refer to children, youth, young adults, adolescents, and young people without regard to age. Until they become adults, they are all children who need healthy adult role models. While the terms “parent” and “child” are used throughout this guide, we recognize and celebrate diverse family structures. This guide is intended to be a reference for all caregivers in a child’s life. Please share it with your child’s older siblings, aunts and uncles, family friends, stepparents, grandparents, extended family members, and others who are important in your child’s life.

TIPS FOR TALKING WITH CHILDREN ABOUT DRUGS¹

1. Show you disapprove of underage drinking and other drug misuse.
2. Show you care about your child’s health, wellness, and success.
3. Show you’re a good source of information about alcohol and other drugs.
4. Show you’re paying attention and you will discourage risky behaviors.
5. Build your child’s skills and strategies for avoiding drinking and other drugs.

TO LEARN MORE, VISIT THE FOLLOWING WEBSITES:

- Drug Enforcement Administration: www.dea.gov
- Get Smart About Drugs: www.getsmartaboutdrugs.com
- National Institute on Drug Abuse: nida.nih.gov/
- National Institute on Alcohol Abuse and Alcoholism: www.niaaa.nih.gov
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov/find-help/prevention



SAMHSA, “Talk. They Hear You.” Mobile App:
<https://store.samhsa.gov/product/talk-they-hear-you-mobile-app/pep15-talkapp>

1

What You Should Know

The drug landscape is dramatically different from when you grew up, or even from just a few years ago. Learn about current drug threats to be able to have informed talks with your kids. Data from the Substance Abuse and Mental Health Services Administration showed that in 2022, among adolescents ages 12 to 20, in the past year:

- 3 million began using alcohol.
- 2 million began using marijuana.
- 2 million began vaping nicotine.

More information on usage of each of these and more substances can be found in [Section 2](#).

As parents, we want to raise healthy children who understand the risks of substance use and learn and succeed in school and life. One way to do that is to keep their brains healthy. Those young brains continue to grow and develop into the early- to mid-twenties. The front part of the brain helps us make good decisions and process our emotions and desires. Introducing drugs to the brain when it is still developing may cause serious changes that can last a long time.²

The use of certain drugs while the brain is still developing affects attention and memory and can cause trouble learning.³ That's why healthy students have an easier time learning.⁴ Students who use substances have a higher risk of failing or dropping out of school, which can lead to higher rates of unemployment.⁵

If youth develop a substance use disorder, changes in the brain circuits involved in reward, motivation, and self-control may compel them to look for and use that substance despite negative consequences.⁶

ARE DRUGS REALLY A PROBLEM FOR CHILDREN, YOUTH, AND YOUNG ADULTS?

The short answer is yes—drugs can be a real problem for our youth. The National Institute on Drug Abuse's Monitoring the Future Study, a national survey of students in 8th, 10th, and 12th grade, has documented stable or declining trends in the use of illicit drugs among young people over many years. Yet other research shows a dramatic rise in overdose deaths among teens, due largely to the rise of illicit fentanyl. Taken together, these data suggest that while drug use is not becoming more common among young people, it is becoming more dangerous. Now is not the time to lose focus on prevention.⁷

According to 2023 Monitoring the Future data:

- More than half of all high school students (**53%**) said they drank alcohol (more than just a few sips) by the end of high school. About a quarter (**20%**) of them did so by 8th grade. More than a quarter (**33%**) of 12th graders reported being drunk at least once in their life; among 8th graders, one in 14 reported the same.⁸
- More than one-third (**37%**) of 12th graders and about a quarter (**23%**) of 10th graders said they had used marijuana.⁹
- More than one-third (**36%**) of 12th graders and more than one-quarter (**26%**) of 10th graders said they had tried vaping (i.e., using vaporizers or electronic cigarettes to inhale substances including tobacco, marijuana, or just flavorings).¹⁰

Today, **drugs cause a death in the United States every 5 minutes** (compared to every 8 minutes, which was the case in 2020).¹¹

In 2022, of the **107,941 drug overdose deaths** in the United States, 6,696 were youth and young adults ages 15–24 years old.¹² Drug overdose is the number one leading cause of death among this age group.

Social Media: A Drug Trafficking Threat¹³

Unfortunately, if your child has a smartphone and a social media account, they potentially have access to drug traffickers who use social media to advertise and sell drugs. With the proliferation of smartphones, criminal drug networks are using social media to sell illicit pills containing fentanyl and methamphetamines that look identical to real prescription pills made in FDA-approved labs. People should only take pills prescribed by a doctor. Social media drug trafficking affects all age groups, but adolescents and young adults are particularly susceptible given their high rates of social media use. [DEA has directly connected social media drug sales to overdose deaths.](#)

DEA has found drug trafficking on internet apps nationwide—across urban, suburban, and rural communities. DEA continues to investigate drug overdoses and poisonings linked directly to the Mexican cartels primarily responsible for the majority of illicit fentanyl in the United States—the Sinaloa Cartel and the Jalisco New Generation Cartel. Additional investigations are linked to drug trafficking on social media platforms, including Snapchat, Facebook Messenger, Instagram, and TikTok.

Criminal drug networks are now able to be in every home and school in America because of the internet apps on our smartphones. Drug traffickers have turned smartphones into a one-stop shop to market, sell, buy, and deliver deadly, fake prescription pills and other dangerous drugs. In just three steps, deadly drugs can be purchased and delivered to your home just like any other good or service:

- 1. ADVERTISE:** Drug traffickers advertise on social media platforms like Facebook, Instagram, Snapchat, TikTok, X (formerly known as Twitter), and YouTube. These advertisements are in disappearing, 24-hour Stories (such as those on Instagram) and in posts that are promptly posted and removed. Posts and Stories are often accompanied by code words and emojis that are designed to evade detection by law enforcement and social media platforms. Learn about emoji codes used on social media at <https://www.dea.gov/sites/default/files/2021-12/Emoji%20Decoded.pdf>.
- 2. CONNECT:** Prospective buyers contact drug traffickers on social media apps in response to their advertisements—either using direct messages or by commenting on a post. Once contact is made, drug traffickers and potential buyers often move to an encrypted communications app like WhatsApp, Signal, or Telegram to arrange drug deals.
- 3. PAY:** After a deal is made, drug traffickers request payment using one-click apps like Venmo, Zelle, Cash App, and Remitly.

We don't share this information as a scare tactic. We want parents to be aware of this dangerous and deadly drug threat so they are equipped with knowledge and can take action.

WHAT YOU CAN DO:

- Stay vigilant and aware of the drug trafficking threats on smartphone apps.
- Know the dangers of fake pills: their accessibility, availability, and increasing lethality.
- Share the message that One Pill Can Kill.
- Get to know what apps and social media platforms your children are using.
- Encourage—and model—healthy online behaviors, critical thinking skills, and digital wellness practices.
- Visit [DEA.Gov/onepill](#) and <https://safesupportivelearning.ed.gov/events/webinar/lessons-field-webinar-understanding-access-and-promoting-safety-youth-and-online> to learn more.



Adolescents who have a **good bond with an adult** are less likely to engage in risky behaviors.¹⁴

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

Some adults use substances occasionally, have control over their use, and do not experience adverse outcomes. Others may develop patterns of use that interfere with their day-to-day lives or cause health problems. If you smoke or find yourself continuing to use substances despite negative consequences, seek help. Your quality of life, and that of your child, can be much improved by effective treatment. The Substance Abuse and Mental Health Services Administration's Substance Use Treatment Locator can help you find treatment near you at [FindTreatment.gov](https://www.findtreatment.gov).

If your child asks about your drug use, be honest while making it clear that you want your child to make healthy decisions for their body and mind, including not using drugs while their brain is still developing. For ideas on how to talk with your child about your own substance use, see [Section 4](#).

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

Developing a strong relationship with your children at an early age is important. Adolescents who have a good bond with an adult are less likely to engage in risky behaviors.¹⁵

As a parent, it can be tempting to want to be your child's friend. What they need, however, is someone to provide rules, structure, and discipline.

Attend parenting classes specific to the age of your child. Classes can help parents navigate how to reinforce positive behaviors, set rules, and manage appropriate consequences for choices (both good and bad). Your children will surely test you by pushing the boundaries. This is to be expected. Stay strong and follow through with the consequences previously set.

Tell your children you don't want them to drink alcohol or use other drugs. Explain to them how you feel and what you expect from them. For example, you might say:

- “I know you may be tempted to try drugs, but I wouldn't want you to do anything that hurts you or jeopardizes everything you've worked so hard for. That's why I expect you to avoid drugs—no matter what your friends do. Agreed?”
- “It worries me to know how easily drugs could affect your brain and that you may even develop an addiction. Will you promise me you won't try things just because the people you hang out with try them?”
- “Have you heard all these stories in the news about kids buying pills through social media? Let's make a plan for what you can do if you're pressured to take a pill that wasn't prescribed to you by a doctor.”

For more ideas on what to say to your children about drugs, see [Section 4](#).

Spend time with your children and learn what is going on in their lives. If they think you will be there for them, they will be more likely to talk to you about drugs or situations that make them feel uncomfortable. This is especially important during times of change—such as a new school, a move, or a divorce—when they may feel anxious.¹⁶

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

If you learn that your child is using or has used alcohol or other drugs, it is important to be prepared to respond. Preventing the first substance use can help prevent misuse, and preventing misuse can help prevent the development of a substance use disorder. But if you **suspect** substance misuse, be prepared to talk to your child directly to find out if they **are** misusing substances.

Learn about resources you can access to help your child stop their substance use. Addressing substance use, as well as seeking treatment, if necessary, can help your child stay on or get back on a positive development track. Remember, prevention works and you can help to change your child's future. For more information on what to do if you think your child has used alcohol or other drugs, see [Section 5](#).



Gio receiving CADCA's 2024 Youth Leader of the Year award.

Prevention in Action

GIOVANNI ROJAS — KEARNS, UTAH

For Giovanni (Gio) Rojas, his youth leadership journey started when he joined a Latinos in Action (LIA) club at his high school (a club he would eventually become president of). The club, focused on community service, saw Gio contributing to his community in many ways, including tutoring elementary school students.

Seeing Gio's potential, an LIA teacher, Andrew Busath, asked him to join the Kearns Youth Council. Through the council's community events, including local library events, fundraisers, game nights, movie nights, and events featuring guest speakers, Gio got to work with middle school students.

"A lot of them were getting ahold of marijuana, vapes, and alcohol," he recalled. "I told them that's not right, and showed them lots of other things they could look to in stressed-out situations."

In addition to sharing messages of alternatives to substance use, Gio also saw these events as a chance to be a positive role model for younger students to look up to.

The youth council's success led to coverage by local news and radio stations, talk shows, and podcasts. In 2022, the

Kearns Youth Council was selected as Utah's Best of State Public Youth Organization. Gio was elected by his peers as the 2022/2023 Kearns Youth Council president.

In 2023, Mr. Busath encouraged Gio to join CADCA's (Community Anti-Drug Coalitions of America) Youth Leadership Program to continue his work of spreading awareness and preventing youth drug use. In January of 2024, Gio was recognized as CADCA's 2024 Youth Leader of the Year. While in Washington, D.C., for the CADCA National Leadership Forum, Gio and other young leaders from Salt Lake County Youth Mayor's Government, in partnership with the Salt Lake County Health Department, got to meet with Utah's state representative, discussing the overdose crisis and how it has affected their lives and communities. The forum also provided Gio and other youth leaders with training in advocacy, leadership, and public speaking.

Gio was recognized recently by the Utah State Board of Education for his work. Recently graduated from high school and looking ahead to his future, Gio confirmed that the youth council is in very good hands. He hopes to continue helping people in his community in college and beyond.



2

What Substances Do Children, Youth, and Young Adults Use?

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

OPIOIDS

One of the most commonly misused classes of drug today are opioids. Examples include fentanyl; heroin; and prescription medications like oxycodone (such as OxyContin® or codeine), morphine, and hydrocodone (such as Vicodin®).¹⁷ Keep reading for more information on specific opioids. More information can also be found in the Prescription Medications section.

Fentanyl

Fentanyl is a deadly synthetic opioid that is being pressed into fake pills or cut into heroin, cocaine, and other drugs. **It is 50 times more potent than heroin and about 100 times more potent than morphine, making it highly addictive.**¹⁸

Some effects of fentanyl may include relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. Overdose effects of fentanyl may include stupor, changes in pupillary size, cold and clammy skin, cyanosis (blue skin or body parts from lack of oxygen), coma, and respiratory failure leading to death.

According to CDC, **synthetic opioids (like fentanyl) are the primary driver of overdose deaths in the United States.** From 2020 to 2021:¹⁹

- Overdose deaths involving opioids rose **38.1%**.
- Overdose deaths involving synthetic opioids (primarily illicitly manufactured fentanyl) rose **55.6%** and appear to be the primary driver of the increase in total drug overdose deaths.

Never trust your own eyes to determine if a pill is legitimate. The only safe medications are ones prescribed by a trusted medical professional and dispensed by a licensed pharmacist.²⁰ DEA analysis has found counterfeit (fake) pills ranging from 0.02 to 5.1 milligrams (more than twice the lethal dose) of fentanyl per tablet.²¹

- In 2021—the last time this publication was updated—DEA lab testing indicated that 4 out of 10 pills contained a deadly dose of fentanyl. In 2022, DEA saw a significant increase to 6 out of every 10 pills. In October 2023, DEA announced that lab testing indicated **7 out of every 10 pills seized by DEA contained a lethal dose of fentanyl.**²²
- It only takes a very small dose of fentanyl—**2 milligrams**—to be lethal. This is roughly the amount that could fit on the tip of a pencil.²³
- Drug trafficking organizations typically distribute fentanyl by the kilogram. **Just 1 kilogram of fentanyl has the potential to kill 500,000 people.**²⁴

Legally manufactured fentanyl is sometimes prescribed by a doctor to treat severe pain—typically for pain after surgery or cancer pain—but even this form of the drug can cause a person to experience dependence, causing withdrawal symptoms when they stop using the drug. This is why DEA recommends monitoring people prescribed fentanyl for signs of potential misuse.²⁵



Most recent cases of fentanyl-related harm, overdose, and death in the United States are linked to illegally made, or “illicit fentanyl.” As fentanyl is cheaper and easier to obtain than many other illegal drugs, it is often mixed in with heroin, methamphetamine, cocaine, or ecstasy and sold as powders, nasal sprays, and pills that are made to look like legitimate prescription medications (e.g., OxyContin®, Xanax®, Adderall®, and other pharmaceuticals), hence the term “illicit fentanyl.” Thus it is possible for someone to take a pill without knowing it contains fentanyl.

Fentanyl is also made in a rainbow of colors so it looks like candy. Fentanyl use can cause confusion, drowsiness, dizziness, nausea, vomiting, changes in pupil size, cold and clammy skin, coma, and respiratory failure leading to death.

As mentioned in **Section 1**, drug traffickers are using social media to advertise drugs and conduct sales. If your child has a smartphone and a social media account, then they could encounter advertisements for drugs or even come into contact with a drug trafficker.

What should you tell your child about fentanyl?

- Explain what fentanyl is and why it is so dangerous.
- Stress that they should not take any pills that were not prescribed to them by a doctor.
- Emphasize that no pill purchased on social media is safe.
- Make sure they know fentanyl has been found in most illegal drugs.
- Create an “exit plan” to help your child know what to do if they’re pressured to take a pill or use other drugs.

Visit www.dea.gov/onepill for more information and resources for parents and caregivers around fentanyl and fake pills.

Heroin

Heroin is an illegal opioid made from morphine. It comes in a white or brownish powder, or a black sticky substance called “black tar heroin.” It is usually injected, smoked, or sniffed/snorted.

Recent data suggest that heroin is frequently the first opioid people use. In a study of those entering treatment for opioid use disorder, approximately one-third reported heroin as the first opioid they used regularly to get high. This suggests that prescription opioid misuse is just one factor leading to heroin use. Read more about this intertwined problem in NIDA’s **Prescription Opioids and Heroin Research Report**.²⁶

Some effects of heroin may include drowsiness, respiratory depression, constricted pupils, nausea, flushed skin, dry mouth, and heavy arms or legs. Overdose effects of heroin may include slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death.

Those who use heroin may not know for sure what is in the heroin they buy or how potent it is, which can be even more dangerous. Highly potent opioids, including fentanyl, are increasingly being mixed with heroin, contributing to a rapid rise in overdose deaths (see earlier section on fentanyl). In 2022, **more than 81,000 people died from opioid overdose**, including heroin, fentanyl, prescription pain relievers, and other opioids.²⁷

What Is Naloxone?

Naloxone is a life-saving medicine that can reverse an overdose from opioids—including heroin, fentanyl, and prescription opioid medications—when it is administered right away.³³

As of 2023, naloxone is now available as a pre-filled, over-the-counter nasal spray, as well as an injectable solution that is injected into a muscle or under the skin. Anyone can use naloxone without medical training or authorization. It is easy to use and small to carry. Parents may want to encourage their child to carry naloxone, especially if they're worried that their child or child's friends are misusing opioids. In a recent CDC study, 64% of adolescents who reported misusing prescription drugs said they did so with friends.³⁴

Naloxone reverses an overdose by blocking the effects of opioids. It can restore normal breathing within 2–3 minutes in someone whose breathing has slowed or even stopped as a result of opioid overdose. More than one dose of naloxone may be required if the person has taken stronger opioids, including fentanyl.³⁵

HOW DO I OBTAIN NALOXONE?

Naloxone is available in all 50 states. If your child has been prescribed high-dose opioids, talk to their doctor about co-prescribing naloxone. However, in most states, you can get naloxone at your local pharmacy without a prescription.³⁶

You may also get naloxone from community-based naloxone programs and most syringe services programs.

Anyone can obtain naloxone, keep it within reach, and **use it to save a life.**

WHAT SHOULD I DO IF I SUSPECT SOMEONE HAS OVERDOSED?

If you suspect your child, one of their friends, or anyone else has overdosed, CDC recommends you do the following:³⁷

1. Call 911 immediately.*
2. Administer naloxone, if available.
3. Try to keep the person awake and breathing.
4. Lay the person on their side to prevent choking.
5. Stay with the person until emergency assistance arrives.

**Most states have laws that may protect a person who is overdosing or the person who called for help from legal trouble.*

Naloxone is not harmful, so it's always best to use it if you think there is a chance someone has overdosed—even if you're not sure that they overdosed on opioids.³⁸

Watch videos about how to administer both the nasal spray and injectable naloxone [here](#). Directions are also printed on the package itself. If you administer naloxone to someone, stay with them until emergency help arrives or for at least 4 hours to make sure the person's breathing returns to normal.³⁹

Learn more about finding naloxone in your area, learning the signs of opioid overdose, and administering naloxone in the case of a suspected emergency at www.cdc.gov/stop-overdose/caring/naloxone.html.

MARIJUANA AND MARIJUANA CONCENTRATES

Marijuana is usually a dry, shredded, green/brown mix of flowers, stems, seeds, and leaves that come from the cannabis sativa plant. People who use marijuana roll it into a cigarette (joint) and smoke it, or they smoke it in a pipe or bong. Some people brew it as tea or mix it with food (called marijuana edibles). Others cut open a cigar, take out the tobacco, and put marijuana in it instead. They call this a blunt. The addictive ingredient in marijuana is called THC (delta-9-tetrahydrocannabinol), which is the ingredient that produces the “high” feeling.

The THC content in marijuana has increased over the past three decades.

Short-term physical effects from marijuana use may include sedation, bloodshot eyes, increased heart rate, coughing from lung irritation, increased appetite, and increased blood pressure (although prolonged use may cause a decrease in blood pressure).

Marijuana smokers also experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Withdrawal from chronic use of high doses of marijuana can cause headache, shakiness, sweating, stomach pains, nausea, restlessness, irritability, sleep difficulties, and decreased appetite.

Delta-8, which is legal, is a variant of delta-9-THC that produces a “high” similar to marijuana. It has not been found to be safer than marijuana or other THC cannabis products. In 2023, 11.4% of 12th graders reported using delta-8 in any given month.²⁸

In 1995, the average THC content in confiscated samples was approximately 4.0%; in 2021, it was approximately 15.34%.²⁹ In a recent study, more than 23% of students in grades 9–12 said they had used marijuana at least once.³⁰

Some people extract the THC into an oil or resin (called concentrate) that often looks like honey or butter. It is very strong and can cause serious mental and physical effects. Regular THC levels in marijuana are about 10–20%, but some concentrates are 40–80%.^{31,32}

Some people who use it smoke the sticky THC concentrate in a glass bong. Others “vape” the concentrate—using a vaporizer or e-cigarette to inhale the THC-rich resin without the smoke. Unlike the usual smell from smoking marijuana, the extracted THC has no odor. The concentrated substance is sometimes called wax, shatter, rosin, dabs, or “710” (OIL spelled upside down and backward).



DEA, “Preventing Marijuana Use Among Youth & Young Adults”: www.getsmartaboutdrugs.com/publication/preventing-marijuana-use-among-youth-and-young-adults



SAMHSA, “Advisory: Cannabidiol (CBD) Potential Harm, Side Effects, and Unknowns”: <https://www.samhsa.gov/resource/ebp/advisory-cbd-potential-harms-side-effect-unknowns>



Cannabis is four times as potent today as it was just three decades ago.⁴⁰

Hashish and hashish oil are drugs made from the cannabis plant that are like marijuana, only stronger. Hashish (hash) consists of the THC-rich resinous material of the cannabis plant, which is collected, dried, and compressed into a variety of forms, such as balls, cakes, or cookie-like sheets. Pieces are then broken off, placed in pipes or cigarettes, potentially mixed with tobacco, and smoked. Hashish oil (hash oil, liquid hash, cannabis oil) is produced by extracting the cannabinoids from the plant material with a solvent. The color and odor of the extract will vary, depending on the solvent used. A drop or two of this liquid on a cigarette is equal to a single marijuana joint.

Being a highly concentrated form of marijuana, the effects of marijuana concentrates may be more psychologically and physically intense than plant marijuana use. To date, long-term effects of marijuana concentrate use are not yet fully known.

Young people today may be receiving conflicting messages about marijuana. Some of these conflicting messages come from parents who used marijuana when they were younger without knowing about its consequences. However, marijuana today is very different than it was in the past.

Children, youth, and young adults may perceive that marijuana must be safe if it has been legalized in much of the country. Parents can remind their children that even in states where personal marijuana use is permitted, it is still illegal for youth and young adults under 21—and is not a healthy choice. In fact, **cannabis is four times as potent today as it was just three decades ago**, which can increase the harmful effects on children's brains.⁴¹ Chronic, heavy use of cannabis (and earlier initiation) are most associated with harmful effects.⁴² Because of this, it's important for parents to talk with their children about the harm marijuana can cause to their health.

Since more states have legalized marijuana, poison control centers nationwide have reported a sharp rise in the number of children consuming their parents' edibles—many of which look like candy. From 2017–2022, regional poison control centers reported 7,043 calls regarding exposure to edible cannabis in children ages 0–6, with 97.7% of exposures occurring in their own home.⁴³

SYNTHETIC CANNABINOIDS (ALSO KNOWN AS “SYNTHETIC MARIJUANA”)

Synthetic cannabinoid products (some examples include K2, herbal incense, and Spice), are plant material mixtures sprayed with a synthetic compound similar to THC. The ingredients and strength of the products are impossible to determine without lab testing. Synthetic cannabinoid products generally have a much higher potency than marijuana.^{44,45}

People often roll and smoke the products like cigarettes, smoke them in a pipe or e-cigarette, or make them into tea. The effects of synthetic marijuana include paranoia, anxiety, panic attacks, hallucinations, and giddiness; addiction; increase in heart rate and blood pressure; and convulsions, organ damage, or death.

Overdose effects of synthetic cannabinoids include nausea, vomiting, agitation, anxiety, seizures, stroke, coma, and death by heart attack or organ failure. In addition, CDC has reported acute kidney injury requiring hospitalization and dialysis in several patients reportedly having smoked synthetic cannabinoids.⁴⁶ DEA banned many chemicals used in K2, so it is illegal to sell, buy, or possess.

NICOTINE

Nicotine is highly addictive and can harm the developing brain. Some effects of nicotine may include heart and cardiovascular disease, cancer, emphysema, chronic bronchitis, and more. In teens, nicotine can affect the development of brain circuits involved in attention and learning.⁴⁷ The earlier a young person begins to use nicotine, the harder it is to quit.⁴⁸

After the Tobacco 21 Act—which raised the legal age to purchase tobacco to age 21—went into effect in January 2020, fewer adolescents used it that year.⁴⁹ Even more recently, CDC’s 2023 National Youth Tobacco Survey showed a decline in current use of any tobacco product by high school students.⁵⁰ However, **almost half of 10th graders (48%)** still say it would be fairly easy or very easy for them to get cigarettes if they wanted some.⁵¹ And in 2022, more than 437,000 people under 18 smoked their first cigarette.⁵²

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

Nicotine Pouches

CDC has started **tracking the use of nicotine pouches** by teens.

Nicotine pouches are microfiber pouches with flavored nicotine powder that people dissolve in their mouth without spitting. Sales of nicotine pouches have increased rapidly in the U.S.⁵³ Zyn, On!, and Velo are examples of popular nicotine pouch brands. They come in colorful packaging that often resembles mint containers.⁵⁴

In 2023, about one of every 100 high school students (1.5%) reported using nicotine pouches in the past 30 days.⁵⁵



Young Marine/Sergeant Major Jackson Waters

Prevention in Action

YOUNG MARINE/SERGEANT MAJOR JACKSON WATERS — CENTENNIAL, COLORADO

According to Young Marine/Sergeant Major Jackson Waters, if the “why” is big enough, then saying no to drugs is much easier. For YM/SgtMaj Jackson, from Mountain View Young Marines in Colorado, his “why” is twofold: 1) he has seen firsthand what drugs and drinking can do to someone and their family; and 2) he wants to go into law enforcement and then work for DEA.

YM/SgtMaj Jackson teaches classes on cocaine, gateway drugs, prescription medications, fentanyl, and DEA’s One Pill Can Kill Campaign at Drug-Demand Reduction (DDR) nights—an important component of all Young Marines units that is led by senior Young Marines. Some of the other components of DDR nights that YM/SgtMaj Jackson helps with include:

- Participating in skits showing scenarios in which youth might be presented with peer pressure, using different strategies to say no;
- Teaching healthy coping techniques, including yoga, fitness, and box breathing;
- Painting rocks with substance misuse prevention messages and placing them in the community;
- Making Red Ribbon cord bracelets and ensuring each Young Marine in his unit understands that wearing one is pledging support for living a healthy, drug-free lifestyle;
- Talking with peers during Red Ribbon Week about the effects of drugs; and
- Assisting in his unit’s DDR 5K Dash by creating posters featuring antidrug messaging and drug facts, ways to say no, and the effects of drugs to place around the course for participants to read while running.

“There is a lot of pressure to drink at my high school,” YM/SgtMaj Jackson said. “It’s not uncommon for me to not only turn down the peer pressure, but to have conversations with people about the consequences of drinking. I’d sure like to think it has had a small effect on my friends and peers.”

VAPING

More young people are vaping, meaning they use vaporizers or electronic cigarettes (often called e-cigarettes) to inhale substances like nicotine or marijuana. In 2023, more than a third (34%) of 12th graders had ever vaped nicotine and more than a quarter (26%) of 12th graders had ever vaped marijuana.⁵⁶ E-cigarettes can look like pens or USB memory sticks, making it easy to hide from teachers and parents.⁵⁷

We know some of the health risks of vaping, but we are still learning more. Vaping nicotine is addictive and can harm the developing brain. Flavorings and other chemicals added to e-cigarettes may be toxic to the lungs. There also have been reports of serious illnesses and deaths.⁵⁸ For more information on vaping, head to www.nida.nih.gov/publications/drugfacts/vaping-devices-electronic-cigarettes.

ALCOHOL

Why include alcohol in a guide about drugs? Alcohol is a drug, and underage drinking is a serious public health problem in the United States. Alcohol is the most widely used substance among America's youth and young adults, and drinking by young people poses enormous health and safety risks.⁵⁹

A study asked young people about their alcohol use in 2022.⁶⁰ Approximately 5.8 million of them (ages 12–20) said they drank alcohol in the prior month. Also, 3.2 million reported binge drinking in the month prior. The study defines binge drinking as males having five or more drinks and females having four or more drinks on the same occasion on at least one day in the past 30 days. About 646,000 young people reported heavy alcohol use, which the study defines as binge drinking on five or more days in the past 30 days.⁶¹ Due to their smaller size, younger adolescents can reach binge drinking blood alcohol levels with fewer drinks than older adolescents.

Young people may simply want to fit in with their peers, or they may want to escape from the difficulties caused by an underlying mental illness such as depression or anxiety. They may not realize that underage drinking can exacerbate mental illness, and increase their risk for injuries, sexual assaults, and even death from car crashes, suicide, and homicide. As discussed earlier, underage drinking can affect adolescent brain development.⁶² Furthermore, early substance use, including alcohol use, is associated with a greater likelihood of developing a substance use disorder later in life.⁶³

What can you do? If you keep alcohol in your home, monitor how much you have and lock it up. Remind your children that the national minimum legal drinking age is 21 and that most teens do not drink. (Data from SAMHSA, in fact, showed that in 2022, 15.1% of 12- to 20-year-olds used alcohol—not the majority of teens.)⁶⁴

Be clear about your rules for them. Familiarize yourself with your state's laws around providing alcohol to youth and young adults under age 21 in your home at <https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/prohibitions-against-hosting-underage-drinking-parties/41>. Help your children come up with phrases and plans of action they can use if offered a drink or a ride with others who have been drinking. Let them know they can call you for a safe ride home if they need one. Discuss and agree on consequences for underage drinking.

For more information on the federal government’s efforts to prevent underage drinking, visit www.stopalcoholabuse.gov and check out the many educational resources available from “*Talk. They Hear You.*”, which helps parents and caregivers start talking to their children early about the dangers of alcohol and other drugs at <https://www.samhsa.gov/talk-they-hear-you>.

INHALANTS

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

The inhaled chemicals can starve the body of oxygen, cause a person to pass out, and damage the brain and nervous system. Some youth even die from inhalants.⁶⁵

OVER-THE-COUNTER MEDICATIONS

Many over-the-counter medications for a cough or cold contain dextromethorphan. These medications work when used as directed. Some young people get high or try to get high by drinking cough syrup (e.g., Robitussin® or Coricidin® HBP) or other medications containing DXM. Others swallow tablets, capsules, or powders containing DXM.

DXM intoxication can involve over-excitability, lethargy, loss of coordination, slurred speech, sweating, hypertension, nausea, vomiting, and involuntary spasmodic movement of the eyeballs. Large doses of DXM, taken together with alcohol and other drugs—including certain prescription medications—can cause death. Store all medications, including OTC medications for a cough or cold, in places only accessible to adults (such as a locked cabinet).


STIMULANTS

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

- **Cocaine** is usually snorted. Sometimes people who use it dissolve it and inject it with a needle or smoke it. Cocaine causes blood pressure and heart rate to rise, makes pupils look bigger, and makes people feel more awake and less hungry.
- **Methamphetamine (or meth)** comes in clear crystals that look like glass. Sometimes it is a powder that people dissolve in liquid and inject with a needle. This drug can cause convulsions, stroke, or death.



SAMHSA, “Reducing Vaping Among Youth and Young Adults”: <https://store.samhsa.gov/sites/default/files/pep20-06-01-003.pdf>



Prescription drug misuse means **taking medication without a prescription** or in a way that was not prescribed.⁶⁶

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

More information on stimulants can also be found in the Prescription Medications section.

PRESCRIPTION MEDICATIONS

Some people think medications you get when a health professional (such as a doctor or dentist) writes you a prescription are safer than illegal drugs such as methamphetamine, cocaine, or heroin—but prescription medicine can be dangerous if not taken as prescribed or in the wrong way. This can lead to a substance use disorder, other health issues, and death.

Lock up all prescription medications and keep track of how much you take so you will know if any is missing. Dispose of medications you no longer need. Visit the Food and Drug Administration’s website for guidance on how to dispose of unused medicines at www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines.

Three types of prescription medications are most commonly misused:

- **Opioids**, such as fentanyl, oxycodone, and morphine, are pain relievers. Opioids are highly addictive. They also can slow breathing down and cause brain damage or death. They are discussed earlier in the Opioids section.
- **Central Nervous System Depressants (benzodiazepines)** such as Valium® or Xanax® relieve anxiety or help someone sleep. Misusing them can cause blurred vision and nausea. Taking them can make it hard to think clearly or remember things, and can lead to a substance use disorder.
- **Stimulants** like Adderall® and Ritalin® are used to treat attention deficit hyperactivity disorder. Misusing them can cause a high body temperature and irregular heartbeat. It can also cause a person to be paranoid (distrustful), and can lead to a substance use disorder. Parents should speak with their child’s pediatrician about how to take these needed medications in a way that reduces the risk of misuse.



No Second Chance members (from left to right: Maxwell Weidinger, Sydney Braun, Jaia Neal, and Cloe Bolen) in front of the Arizona State Capitol.

Prevention in Action

NO SECOND CHANCE — TEMPE, ARIZONA

Tempe Union High School District students created the organization No Second Chance in the fall of 2022 after one of their peers lost their life to fentanyl poisoning. The student-led organization now works to raise awareness of the dangers of fentanyl in the form of student-created public service announcements, available at <https://www.youtube.com/@TempeUnionHighSchoolDistrict>.

In February 2023, NSC released two initial PSAs, with four others released that July. As of the time of writing, these PSAs have garnered 800+ views on YouTube; 2,200+ views on Facebook; and 21,550+ views on Instagram.

In 2023, NSC began a collaboration with the Tempe Coalition, a group focused on reducing underage drinking and drug use. Together, they had the PSAs shown before every screening in four local theaters for four weeks. The reach of the PSAs extended beyond Arizona as well. Later that year, a nonprofit called Next

Steps for Change reached out to NSC about showing the “Make the Call!” PSA at a local movie theater in rural Wisconsin. The PSA was shown from late December through mid-January 2024.





The group’s efforts were highlighted through print ads in the Wrangler News, a feature on the Law Matters podcast, posters, and local presentations. In less than a year, NSC’s messaging made a total of 425,668 estimated impressions.

In their continuing collaboration with DEA’s Phoenix Field Division, NSC students stood alongside the division at an NBA Phoenix Suns game in October 2023 in front of an estimated 17,000 fans. Before the game started, the division showcased the group’s outstanding efforts by showing their PSAs on the Jumbotron.

At the time of writing, NSC has produced nine PSAs, including several with Spanish subtitles, with the promise of more to come.

Drug Identification Chart

The chart on the following pages covers some commonly used and misused substances and related paraphernalia. Parents, educators, and caregivers can go to DEA’s website for more information (www.getsmartaboutdrugs.com/drugs). To learn more, see DEA’s Drugs of Abuse Resource Guide. Note that these substances are not listed in order of prevalence or usage.

TYPE OF DRUG	DRUG NAME(S)	DRUG SLANG	DESCRIPTION
Narcotic (Synthetic Opioid) 	Fentanyl, illicit fentanyl, fentanyl “lollipops” (Actiq®), tablets (Fentora®, Abstral®), sprays (Subsys®, Lazanda®), patches (Duragesic®), injectable formulations	Apache, China Girl, China Town, China White, Dance Fever, Friend, Goodfellas, Great Bear, He-Man, Jackpot, King Ivory, Murder 8, Poison, Tango & Cash	Synthetic opioid about 100 times more potent than morphine as a pain reliever. People who use it may believe they are buying another drug, like heroin, but instead could be receiving fentanyl or heroin laced with fentanyl, which could result in death.
Narcotic (Opioid) 	Hydrocodone prescribed as Vicodin®, Lorcet®, Lortab®	Hydro, Norco, Vikes	Semisynthetic opioid drug prescribed to treat pain and diarrhea, suppress cough, and put people to sleep.
Narcotic (Opioid) 	Oxycodone prescribed as OxyContin®, OxyIR®, Percocet®, Percodan®, Endocet®, Roxicodone®, Roxicet®, Tylox®	Hillbilly Heroin, Kicker, OC, Ox, Oxy, Perc, Roxy	Semisynthetic opioid drug prescribed for pain.
Narcotic (Opioid) 	Heroin	Big H, Black Tar, Chiva, Hell Dust, Horse, Negra, Smack, Thunder	Semisynthetic opioid substance that comes in a white or brownish powder, or a black sticky substance known as “black tar heroin.” Because it is often mixed (cut) with other drugs or substances, especially fentanyl, people who use heroin typically do not know how much heroin or other substances are being used, creating the likelihood of overdose.

HOW IT'S CONSUMED	EFFECTS
<p>Injected, snorted/sniffed, smoked, taken orally by pill or tablet, or spiked onto blotter paper.</p> <p>Possible related paraphernalia: needle, straw, tube</p>	<p>Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.</p> <p>Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis (blue skin or body parts from lack of oxygen), coma, and respiratory failure leading to death. The presence of a triad of symptoms such as coma, pinpoint pupils, and respiratory depression is strongly suggestive of opioid poisoning.</p>

Usually taken in pill form, oral solutions, or syrups.

See above.

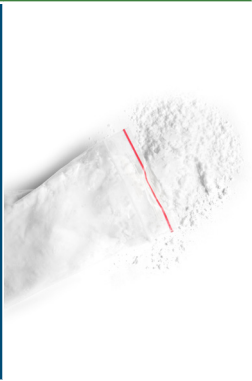

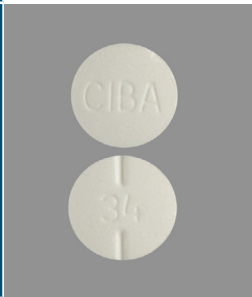


<p>Tablets or capsules that are chewed or swallowed; heated on foil to inhale vapors; crushed and sniffed; or dissolved in water and injected.</p> <p>Possible related paraphernalia: needle, pipe</p>	<p>See above symptoms, plus constipation and cough suppression. Extended or chronic use of oxycodone containing acetaminophen (e.g., Roxicet®) may cause severe liver damage.</p>
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Injected, smoked, or sniffed/snorted. High-purity heroin is usually snorted or smoked.

Euphoria or “rush,” followed by a twilight state of sleep and wakefulness. Other effects include drowsiness, respiratory depression, constricted pupils, nausea, flushed skin, dry mouth, and heavy arms or legs. Overdose effects include slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death.

TYPE OF DRUG	DRUG NAME(S)	DRUG SLANG	DESCRIPTION	
Central Nervous System Depressant		Class of drugs (Benzodiazepines) prescribed as Valium®, Xanax®, Halcion®, Ativan®, Klonopin®, Restoril®	Barbs, Benzos, Downers, Georgia Home Boy, GHB, Grievous Bodily Harm, Liquid X, Nerve Pills, Phennies, R2, Reds, Roofies, Rophies, Yellows	Used to produce sedation, help someone sleep, relieve anxiety, and prevent seizures. Misuse is particularly high among people who use heroin and cocaine. People who use opioids often co-use benzodiazepines to enhance euphoria.
Cannabis		Marijuana cigarette (joint) and marijuana edibles	Aunt Mary, BC Bud, Chronic, Dope, Gangster, Ganja, Grass, Hash, Herb, Joint, Mary Jane, Mota, Pot, Reefer, Sinsemilla, Skunk, Smoke, Weed, Yerba	Mind-altering psychoactive drug that is a dry, shredded green/brown mix of flowers, stems, seeds, and leaves from the cannabis sativa plant. THC (delta-9-tetrahydrocannabinol) is the main ingredient responsible for marijuana’s euphoric effects.
Cannabis		Marijuana extract concentrate	710, Black Glass, Budder, Butane Hash Oil, Butane Honey Oil (BHO), Dabs (dabbing), Erri, Honey Oil, Shatter, THC Extractions, Wax, Ear Wax	Powerful substance made by extracting THC from marijuana. Some marijuana concentrates contain 40% to 80% THC. Regular marijuana contains THC levels averaging around 12%. One very dangerous way of extracting THC produces a sticky liquid known as “wax” or “dab” (resembling honey or butter, either brown or gold in color).
Synthetic Cannabinoids		K2/Spice	Black Magic, Black Mamba, Blaze, Bliss, Bombay Blue, Crazy Clown, Demon, Dream, Fake Weed, Fire, Genie, Legal Weed, Mr. Nice Guy, Ninja, Paradise, RedX Dawn, Sence, Serenity, Skooby Snax, Skunk, Smoke, Spike, Yucatan, Zohai	Synthetic versions of THC (the psychoactive ingredient in marijuana) that mix plant material with synthetic psychoactive chemicals. They are especially dangerous because the person using them typically doesn’t know what chemicals are used. Often, the small plastic bags of dried leaves are sold as “potpourri” or “herbal incense” and may be labeled “not for human consumption.”

HOW IT'S CONSUMED	EFFECTS
<p>Prescription pills, syrups, and injectable liquids taken orally or crushed and snorted.</p> <p>Possible related paraphernalia: needle, straw, tube</p>	<p>Decreased anxiety, euphoria, sleepiness, hypnosis, muscle relaxation, impaired mental function, amnesia, vivid or disturbing dreams, hostility, and irritability. Overdose may be fatal; signs can include shallow breathing, clammy skin, dilated pupils, weak but rapid pulse, and coma.</p>
<p>Smoked as a cigarette (joint) or in a pipe or bong. Sometimes smoked in blunts (cigars emptied of tobacco and filled with marijuana and sometimes other drugs). Can be mixed with food (edibles) or brewed as tea.</p> <p>Possible related paraphernalia: bong, pipe, roach clip, rolling papers</p>	<p>Dizziness, nausea, rapid heartbeat, facial flushing, dry mouth, tremor, happiness, exhilaration, loss of inhibition, relaxation, increased sociability, talkativeness, enhanced sensory perception, heightened imagination, time distortions, hallucinations (at high doses), impaired judgment, reduced coordination, impeded driving ability, paranoia, confusion, restlessness, anxiety, drowsiness, panic attacks (especially among inexperienced users or those who have taken a large dose), and affected memory.</p> <p>Other effects include sedation, bloodshot eyes, increased heart rate, coughing, increased appetite, and increased blood pressure (although prolonged use may cause a decrease in blood pressure).</p>
<p>Inhaled by heating with e-cigarette/vaporizer or glass bong; smoked via water or oil pipes; or mixed with various food or drink products to be consumed orally.</p> <p>Possible related paraphernalia: vaporizer, e-cigarette, bong</p>	<p>Marijuana concentrates have a much higher level of THC. The effects of using them may be more severe than from smoking marijuana, both psychologically and physically.</p>
<p>Bulk powder that is usually smoked in a joint, pipe, or e-cigarette. Can also be brewed into tea.</p> <p>Possible related paraphernalia: bong, e-cigarette, pipe, roach clip, rolling papers</p>	<p>Acute psychotic episodes, dependence, withdrawal; intense hallucinations; severe agitation, disorganized thoughts, paranoid delusions, violence; increased heart rate and blood pressure, unconsciousness, tremors, seizures, vomiting, hallucinations, agitation, anxiety, pallor, numbness, and tingling.</p>

TYPE OF DRUG	DRUG NAME(S)	DRUG SLANG	DESCRIPTION
Stimulant 	Cocaine	Blow, Coca, Coke, Crack, Crank, Flake, Rock, Snow, Soda Cot	White, crystalline powder made from coca leaves. Cocaine base (“crack”) looks like small, irregularly shaped white chunks (or “rocks”).
Stimulant 	Khat	Abyssinian Tea, African Salad, Catha, Chat, Kat, Miraa, Oat, Oat, Quaadka	Flowering evergreen shrub. The leaves, twigs, and shoots of Khat can be sold and misused.
Stimulant (Amphetamines) 	Prescribed as Adderall®, Concerta®, Dexedrine®, Vyvanse™, Desoxyn®, Focalin®, Metadate®, Methylin®, Ritalin®	Bennies, Black Beauties, Crank, Ice, Speed, Uppers	Used to treat attention-deficit hyperactivity disorder and certain sleep disorders. Misused as a study aid and to suppress appetite.
Methamphetamine 	Meth	Batu, Bikers Coffee, Black Beauties, Chalk, Chicken Feed, Crystal, Crank, Glass, Go-Fast, Hiropon, Ice, Meth, Methlies Quick, Poor Man’s Cocaine, Shabu, Shards, Speed, Stove Top, Tina, Trash, Tweak, Uppers, Ventana, Vidrio, Yaba, Yellow Bam	Stimulant that speeds up the body’s system. “Crystal meth” is an illegally manufactured version of a prescription drug (Desoxyn®) that is cooked with over-the-counter drugs in meth labs. It resembles pieces of shiny blue-white glass fragments (rocks) or it can be in a pill or powder form.
Other 	Kratom	Biak, Kakuam, Ketum, Thang, Thom	Tropical tree native to Southeast Asia with leaves containing psychoactive ingredients that produce both stimulant effects (in low doses) and sedative effects (in high doses).

HOW IT'S CONSUMED	EFFECTS
<p>Snorted in powder form or injected into the veins after dissolving in water. Crack cocaine is smoked, either alone or on marijuana or tobacco. Also used in combination with an opiate, (e.g., heroin “speedballing”). People typically binge on the drug until they are exhausted or run out of cocaine.</p> <p>Possible related paraphernalia: needle, pipe, small spoon, straw, tube</p>	<p>Smoking or injecting creates a rapid, intense euphoria (the effects of snorting are slower and less intense). The crash that follows is mentally and physically exhausting, resulting in sleep and depression for several days, followed by a craving for more cocaine. Those who use it quickly become tolerant, so it is easy to overdose.</p> <p>Other effects include alertness and excitation, restlessness, irritability, anxiety, paranoia, increased blood pressure and heart rate, dilated pupils, insomnia, loss of appetite, irregular heartbeat, ischemic heart conditions, sudden cardiac arrest, convulsions, stroke, a unique respiratory syndrome (from long-term inhaled use), erosion of the upper nasal cavity (from chronic snorting), and death.</p>
<p>Typically chewed like tobacco, then retained in the cheek and chewed intermittently to release the active drug, which produces a stimulant-like effect. Dried Khat leaves can be made into tea or a chewable paste, smoked, or sprinkled on food.</p>	<p>Immediate increase in blood pressure and heart rate, brown staining of the teeth, insomnia, gastric disorders, physical exhaustion (with chronic use); can induce manic behavior with grandiose delusions, paranoia, nightmares, hallucinations, and hyperactivity. Chronic misuse can result in violence and suicidal depression.</p>
<p>Pill form taken orally but sometimes injected. “Ice” (crystallized methamphetamine hydrochloride) is smoked.</p> <p>Possible related paraphernalia: needle, pipe</p>	<p>When misused, the effects are similar to those of cocaine, but with slower onset and duration.</p> <p>Increased body temperature, blood pressure, and pulse rates, insomnia, loss of appetite, physical exhaustion, psychosis symptoms (paranoia, hallucinations), violent and erratic behavior (from chronic misuse).</p> <p>Overdose effects include agitation, increased body temperature, hallucinations, convulsions, and possible death.</p>
<p>Swallowed in pill form, or smoked, snorted, or injected in powder form. People who use meth may take higher doses to intensify the effects, take it more often, or change the way they take it.</p> <p>Possible related paraphernalia: needle, pipe</p>	<p>Brief, intense rush (when smoked or injected); long-lasting high (when swallowed or snorted).</p> <p>Increased wakefulness, increased physical activity, decreased appetite, rapid breathing and heart rate, irregular heartbeat, increased blood pressure, and overheating.</p> <p>People who use meth long-term can exhibit violent behavior; aggression; anxiety; confusion; insomnia; psychotic features (paranoia, hallucinations, delusions); mood disturbances; and thoughts of harm to self or others. High doses can cause convulsions, heart attack, stroke, or death. Meth use may also cause extreme anorexia, memory loss, and severe dental problems.</p>
<p>Taken orally in the form of a tablet, capsule, or extract. Also may dry or powder the leaves and ingest them as a tea, or chew the leaf.</p> <p>Possible related paraphernalia: bong, rolling papers, pipe</p>	<p>Low dose: stimulant effects including increased alertness, physical energy, and talkativeness. High dose: sedative effects. Effects also include nausea, itching, sweating, dry mouth, constipation, increased urination, loss of appetite, increased heart rate, vomiting, drowsiness, anorexia, weight loss, insomnia, liver damage, seizure, and hallucinations.</p>

TYPE OF DRUG	DRUG NAME(S)	DRUG SLANG	DESCRIPTION
Inhalants 	Toluene, kerosene, gasoline, carbon tetrachloride, amyl nitrate, butyl nitrate, nitrous oxide	Gluey, Huff, Rush, Whippits	<p>Invisible, volatile solvents, aerosols, and gases typically found in common household products (e.g., felt-tip markers, spray paint, air freshener, typewriter correction fluid, butane, computer cleaners, glue, and thousands of others) that produce chemical vapors that are inhaled to induce psychoactive or mind-altering effects.</p> <p>Inhalants are one of the few substances misused more by younger children than older ones.</p>
Cold Medicine 	Dextromethorphan in over-the-counter brands: Robitussin®, Coricidin® HBP	CCC, Dex, DXM, Poor Man's PCP, Robo, Rojo, Skittles, Triple C	Cough suppressant found in many OTC cold medications in cough syrup, pill form (such as tablets and capsules), or powder form. Teenage and young adult misuse of DXM is fueled by its OTC availability and extensive "how to" misuse information online.
Alcohol 	Alcohol	Beer, booze, malt liquor, wine, wine cooler	Alcohol is a drug that can interfere with brain development in youth and young adults. Alcohol poisoning (or overdose) results from drinking large amounts of alcohol in a short period of time, which can cause serious brain damage or death. Drinking at a young age also makes an alcohol use disorder more likely later in life.
Tobacco 	Cigarette	Bone, butt, cancer stick, coffin nail, smoke	Tobacco contains nicotine, one of the most highly addictive drugs used today. Teens who smoke cigarettes are much more likely to use marijuana than those who have never smoked.
Vaping 	E-cigarettes, nicotine, marijuana (cannabis), flavorings	E-cigs, e-hookahs, hookah pens, Juuling, Juuls, mods, tank systems, vapes, vape pens	The act of inhaling and exhaling an aerosol or vapor made from a liquid or dry material that is heated in an electronic powered device (e-cigarette). The liquid can contain flavoring, nicotine, marijuana concentrates, or other chemicals.

HOW IT'S CONSUMED

EFFECTS

Fumes are inhaled by sniffing or snorting the substance directly from a container or dispenser. Fumes are sometimes breathed in after being deposited inside a paper or plastic bag, or they are “huffed” from an inhalant-soaked rag or from balloons with nitrous oxide.

Possible related paraphernalia: aerosol cans, balloons, rags

Slight stimulation, loss of inhibition, loss of consciousness; impaired thinking, movement, vision, and hearing; slurred speech, loss of coordination, euphoria, dizziness; damage to nervous system and organs (from long-term use); sudden sniffing death (from suffocation).

Drinking large amounts of OTC cough medication; snorting or injecting tablets, capsules, pills, or powders.

Possible related paraphernalia: needle, pipe

Confusion, inappropriate laughter, agitation, paranoia, euphoria, hallucinations; sensory changes (e.g., the feeling of floating), changes in hearing and touch. Effects of DXM intoxication include over-excitability, lethargy, loss of coordination, slurred speech, sweating, high blood pressure, nausea, vomiting, and involuntary spasmodic movement of the eyeballs. High doses of DXM taken with alcohol or other drugs, including antidepressants, can cause death.

Taken orally in liquid form.

Alcohol use disorder, dizziness, slurred speech, disturbed sleep, nausea, vomiting, hangovers, impaired motor skills, violent behavior, impaired learning, Fetal Alcohol Spectrum Disorders, respiratory depression, and death (at high doses).

Cigarettes, cigars, and pipes are smoked. Smokeless tobacco (e.g., chew, dip, and snuff) is placed inside the mouth between the lips and gums.

Heart and cardiovascular disease, cancer, emphysema, chronic bronchitis, and more. When pregnant mothers smoke, it can lead to spontaneous abortion, preterm delivery, and low birth weight.

Puffing activates a battery-powered heating device, which vaporizes the liquid in the cartridge. The resulting aerosol or vapor is then inhaled.

Coughing/wheezing, nausea, vomiting, headache, dizziness, paranoia, anxiety, panic attacks, and hallucinations. Vaping marijuana has been shown to cause serious lung damage and death. The long-term effects of vaping are not yet known.

A photograph of two women in profile, facing each other and smiling. The woman on the left is wearing a light green sweater and has her hand near her chin. The woman on the right is wearing a blue denim shirt and has her hand near the other woman's hand. The background is a bright, out-of-focus indoor setting.

3

Why Do Children, Youth, and Young Adults Use Drugs?

Researchers have tried for years to figure out how drug misuse starts. They have identified *risk factors* that can increase a person's chances for use, and *protective factors* that can reduce the risk. Understanding risk and protective factors can help parents and caregivers provide the best possible supports to keep their children from using drugs.⁶⁷

RISK FACTORS

Young people may try alcohol or other drugs to relieve boredom or stress. Some are just curious, while others want to feel grown up or lessen peer pressure. They may be more likely to try drugs because of circumstances or events called risk factors. Some examples of risk factors for adolescent and young adult substance use include:⁶⁸

- Low involvement in school
- Friends and peers who engage in alcohol or other drug use
- Parental attitudes that are favorable to drinking and other drug use and parental approval of adolescent drinking and other drug use
- Exposure to alcohol or other drug use in movies or television
- Low level of bonding or attachment to the neighborhood

While the long-lasting effects of the COVID-19 pandemic on public health and well-being are still unknown, CDC found that nearly one in four young adults ages 18–24 in a large nationwide survey started using or increased their substance use to cope with stress associated with COVID-19 in 2020.⁶⁹ Try to help your children find positive, safe, and healthy ways to manage their stress (keep reading for examples). In addition, if you have a family history of certain substance use disorders, it can be helpful to explain this to your children.

Adverse Childhood Experiences, or ACEs, may increase the risk for future substance use. ACEs are when children are exposed to stressful events—such as experiencing or witnessing violence in the home or community, living through mental illness within the family, or dealing with instability due to parental separation or household members being in jail or prison.⁷⁰ ACEs are associated with early initiation of alcohol use, misuse of prescription drugs, and an increased risk of developing a substance use disorder.⁷¹ By identifying ACEs, learning how to prevent these experiences, and building children’s coping skills, parents and other caring adults can strengthen a child’s resilience and prevent substance use.⁷²

Similarly, toxic stress (stress that goes on for a long time) leaves children more vulnerable to future substance use.⁷³ Toxic stress may be caused by social factors, such as living in under-resourced neighborhoods, moving frequently, or experiencing food insecurity. Other causes of severe, long-term stress include historical and ongoing trauma due to systemic racism, or poverty resulting from limited educational and economic opportunities.⁷⁴ While many stressors are beyond a parent’s control, parents can provide the attachment and connection that serve as buffers against these and other risk factors (keep reading to learn about protective factors).

Social Media: Not All Bad?

As reported in a recent Surgeon General’s Advisory, nearly 95% of youth ages 13–17 reported using a social media platform and more than a third used social media almost constantly.⁷⁵ Your child may be exposed to drug-related content through their own social networks, and they can be influenced to think about using drugs.

Research has demonstrated an association between adolescents’ exposure to friends’ alcohol-related posts on social media and the subsequent onset of drinking behaviors.⁷⁶ Another study of college students showed that greater perceived frequency of exposure to peers’ alcohol-related social media posts predicted college drinking above and beyond peers’ drinking behavior.⁷⁷

Another study found that youth who used social media daily were 67% more likely to use tobacco products—including vaping—after one year, compared to those who used it less frequently. The tobacco industry has targeted youth by glamorizing smoking through candy-flavored products, celebrity endorsements, social settings, and other enticing tactics. This approach is particularly effective on social media platforms, raising concerns about youth exposure to harmful promotional content.⁷⁸

In addition to substance use, there are ample indicators that social media can have a profound risk of harm to the mental health and well-being of children and adolescents. All of that said, according to the Surgeon General’s Advisory, the current body of evidence also indicates that social media may have benefits for some children and adolescents. At the end of the day, it is clear that more research is needed to fully understand the impact of social media on children and adolescents’ substance use and mental health.⁷⁹

What we can be certain of is the need for openness with your children about their social media usage. Tangible steps that the Surgeon General’s Advisory recommends include:⁸⁰

- Creating a family media plan
- Creating tech-free zones and encouraging children to foster in-person friendships
- Modeling responsible social media behavior
- Teaching kids about technology and empowering them to be responsible online participants at the appropriate age
- Reporting cyberbullying and online abuse and exploitation
- Working with other parents to help establish shared norms and practices and to support programs and policies around healthy social media use

Learn more from the [Social Media and Youth Mental Health: The U.S. Surgeon General’s Advisory](#).



American Academy of Pediatrics, Center of Excellence on Social Media and Youth Mental Health: <https://www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health>



If you have **experienced a divorce or are starting one**, find a local support group or class where you can learn how to best teach and **help your child cope through the stress they may experience.**

HOW TO PROTECT YOUR CHILD

Parents and caregivers play a crucial role in supporting positive experiences in early childhood and adolescence. To reduce the possible harm caused by risk factors, establish a strong bond with your children so they know you will be there if they have a problem and that it is safe to ask questions. This relationship helps them feel more secure, safe, and protected—and less likely to turn to alcohol or other drugs. In addition, the more children bond with their parents, the more likely they are to listen to them, take their advice, and follow their example of a healthy lifestyle and choices. Your child's physician or school counselor also may be a good resource if you're looking for help.

A risk factor for some young people is bullying. Cyberbullying involves posting, sharing, or sending negative, harmful, false, or mean content about someone else to cause embarrassment or humiliation. Cyberbullying occurs online through social media (e.g., Facebook, X, Instagram, Snapchat); text messaging; direct chatting/messaging; online forums (e.g., Reddit); email; or online gaming.

Online and in-person bullying can have multiple negative effects, including increased risk for substance use, mental health problems, poor academic functioning, and other problems. Watch for changes in your child's behavior and get to know their friends in school. Encourage your children to report bullying, whether it happens to them or to someone else, and let them know they will be safe and can get support. For more information, go to www.stopbullying.gov/cyberbullying/what-is-it.

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

You also can watch online videos, television shows, and movies that your children watch. The characters and stories provide great topics for starting conversations with your children and provide insight into their thoughts about drugs, relationships, sex, and other issues.

PROTECTIVE FACTORS

An important goal of substance use prevention is to enhance the effects of protective factors and reduce risk factors.⁸¹ Some examples of protective factors include:⁸²

- Family, school, and community norms that communicate clear and consistent expectations about not using alcohol and other drugs
- Parents, teachers, peers, and community members providing recognition for effort and accomplishments to motivate individuals to engage in positive behaviors in the future
- Attachment and commitment to, and positive communication with, family, schools, and communities
- Developmentally appropriate opportunities to be meaningfully involved with the family, school, or community

One extremely powerful protective factor is having a strong relationship with a parent or caregiver. Let your child know that someone who cares is available to help at any time of the day or night. Talk with your child regularly to keep the lines of communication open and build trust.

When discussing alcohol and other drugs, parents can access a variety of resources to help navigate the conversation. NIDA has answers to help talk about drugs with your child at <https://nida.nih.gov/research-topics/education/conversation-starters/10-questions-teens-ask-about-drugs-and-health>.

SAMHSA also has an app for its campaign called “*Talk. They Hear You.*” It helps parents and caregivers talk to young people about underage drinking, though many of the concepts apply to other drug use as well. The app also suggests questions to ask and ideas for keeping the conversation going. Learn more on the Parent & Caregiver Resources page at www.samhsa.gov/talk-they-hear-you/parent-resources and through the “*Talk. They Hear You.*” app at <https://www.samhsa.gov/talk-they-hear-you/mobile-application>.

Let your child know they can go to you during stressful and uncertain situations. Model self-care to your child by first identifying and addressing your own feelings about stressful situations. As your child is processing their own reactions, try to be supportive, remain as calm as possible, and reduce other life stressors.^{83,84}

Pay attention to abrupt changes in behaviors, speech, language, or strong emotions in your child and don’t hesitate to contact a health care provider if your child develops new behavioral or emotional problems.

DEFINE RULES AND CONSEQUENCES

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

Set rules that let your child know what you expect. Establish appropriate consequences for breaking rules, and be prepared for your child to test you to see if you follow through. You might even want to involve your children in defining consequences, as it may make them take more responsibility for their behavior.

Praise your child often for respecting family rules. You might share a hug and say, “Thanks for coming straight home from school,” for example. This positive reinforcement boosts your child’s self-esteem and can lessen the likelihood that he or she will use drugs if offered.^{85,86}

Help your child learn drug refusal skills. For example, when offered a cigarette, your child could say “I promised my dad I wouldn’t” or “If my mom caught me smoking, I’d be grounded!” This takes the pressure off your child and shifts the blame to you, which may be preferable in front of their peers. For more ideas about drug refusal skills you can share with your child, download SAMHSA’s “How to Help Kids Say No to Peer Pressure” fact sheet at <https://store.samhsa.gov/sites/default/files/pep23-03-01-006.pdf>.

CARVE OUT INDIVIDUAL TIME

Strengthening the parent-child bond goes beyond family gatherings. Spend one-on-one time with each child in your home. Ask what is going on in your child’s life without anyone else hearing or interrupting. Make the moments count—whether they happen on a short bike ride, during the drive to school, or while you fold laundry. These informal chats help establish open communication needed to raise children who understand the risks of substance use.

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

PROVIDE POSITIVE ROLE MODELS

Children learn what they see. Your attitudes and actions shape theirs. Never imply that turning to alcohol or other drugs is a good way to handle problems. Instead, show your child healthy ways to cope with stress or problems, such as exercising, listening to music, or talking with a friend.

Invite other adults to serve as positive role models in your child’s life. Grandparents, for example, can reinforce the values you are trying to portray. If they do not live nearby, use video chats to bridge the miles. Neighbors and your own friends can also fill this role.

PROMOTE HEALTHY ACTIVITIES

Encourage healthy ways for your children to keep busy after school, on weekends, or in the summer. Physical activities, including team sports, provide children exercise, help them cope with stress, and teach them how important it is to stay healthy and drug free.⁸⁷ Your child might enjoy taking art classes, participating in a youth club, volunteering, or doing paid jobs in the neighborhood like working at a summer camp, mowing lawns, or babysitting. The most important thing is to talk with your children about what they enjoy and help them foster those skills, interests, and goals.

Many of your child’s extracurricular activities will put them in contact with other adults who can serve as either positive or negative role models. Get to know these other adults and communicate regularly with them, whether it’s meeting sports coaches or the parents for whom your child will be babysitting.

GET INVOLVED ... IN THEIR SOCIAL LIFE

Get to know your child's friends and their parents. Speak with them often and share any concerns you might have openly. Share your policy against your child's use of alcohol or other drugs with the parents of your child's friends. Exchange contact information and ask them to call if they see your child breaking the rules. Promise to do the same for them.

Check on your children. If one of them is attending a friend's party, call the parents of the friend and ask who will be supervising them. Explain your policy on substance use to the parents and ask that no alcoholic beverages or illegal substances be present. You can also go check out the party yourself.

Remember that you are responsible for your child's friends when they are in your home. Most states have stiff penalties for providing alcohol to minors. Lock up any alcohol you may have in your home and be sure nobody brings alcohol or other drugs to your home.

GET INVOLVED ... IN THEIR SOCIAL MEDIA

Today's youth have significant access to endless content via social media—including content that promotes substance use, whether through individuals' posts or direct marketing. One report showed that teenagers who used social networking sites were more likely to use tobacco, alcohol, and marijuana than teenagers who did not use social networking sites. In addition, research has demonstrated an association between adolescents' exposure to friends' alcohol-related posts on social media and subsequent drinking behaviors.^{88,89}

Protect your children by talking to them from a young age about online behavior. Find helpful sites that reflect your values and promote healthy choices and explore those sites with your child. Communicate with your children often about the risks associated with social media, including inappropriate conduct, contact, and content.⁹⁰

While you may not want to be a helicopter parent who hovers too much, you may be the only one in a position to monitor your child's online behavior, since there is little legal protection for teens' online activities.⁹¹ This may include limiting the amount of screen time your child has, knowing the passwords to your child's social media accounts, or using parental controls for your child's online activities. The Department of Justice provides a helpful video and other resources on this topic at <https://www.justice.gov/opa/video/parents-stay-safe-home-stay-safe-online>.

GET INVOLVED ... IN FOSTERING A HEALTHY SCHOOL

School connectedness happens when students feel that peers at their school and adults in their community care about them and their learning. These students are less likely to engage in risky behaviors and more likely to achieve better grades.⁹²

The U.S. Department of Education has developed high-quality and adaptable **ED School Climate Surveys** and an associated web-based platform to assist schools in assessing their school climate. In a positive school climate, everyone works together to help young people learn. Students feel safe, engaged, and respected. To learn more, download ED's Parent and Educator Guide to School Climate Resources at www2.ed.gov/policy/elsec/leg/essa/essaguidetoschoolclimate041019.pdf.



Physical activities, including team sports, provide children exercise, help them cope with stress, and teach them how important it is to stay healthy and drug free.⁹³

School policies are also related to lower rates of substance use disorders and mental health issues among students.⁹⁴ If your child’s school doesn’t have a drug education program or a written policy about drug-related incidents, meet with the principal, school board, or PTA to help establish them.⁹⁵

ED has developed a fact sheet to assist schools, school districts, and colleges and universities in preventing substance-related issues, especially overdoses. To learn more, download ED’s fact sheet, “Preparing for Opioid-Related Emergencies for K-12 Schools and Institutions of Higher Education,” at <https://rems.ed.gov/docs/Opioid-Fact-Sheet-508C.pdf>.

GET INVOLVED ... IN THE COMMUNITY

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

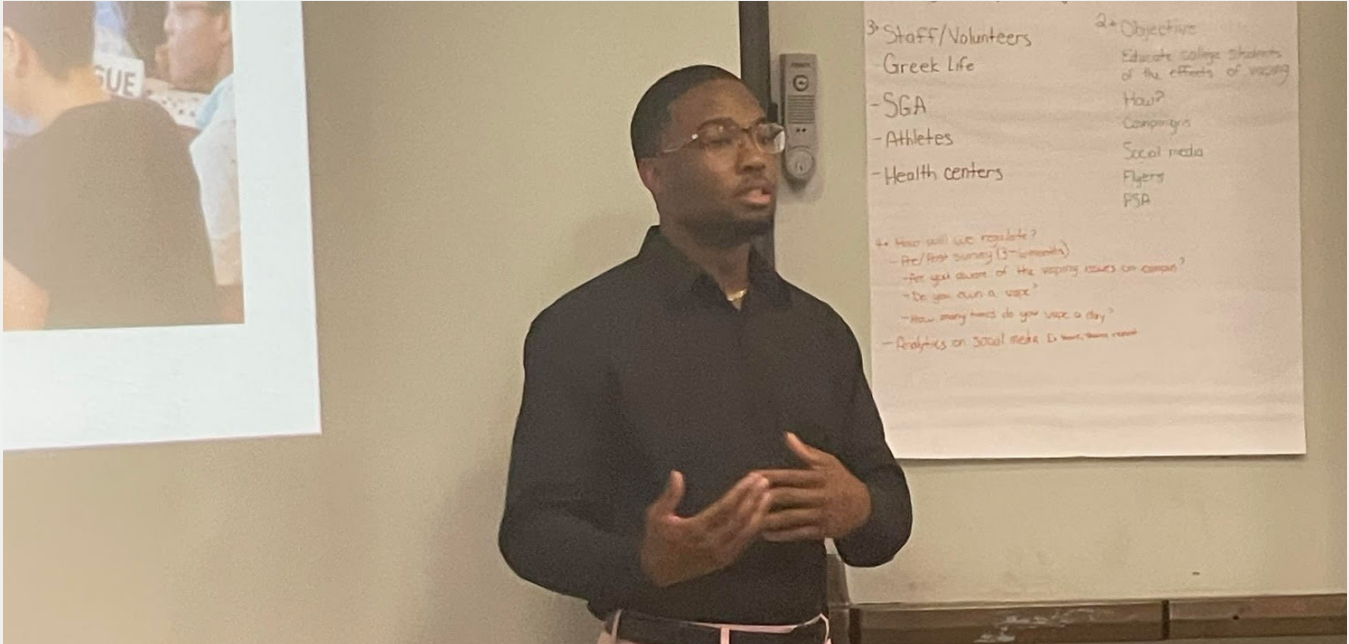
Ask community leaders what they are doing. Are there drug-free clubs where teens can hang out, listen to music, or play sports? If not, meet with officials and find out how to create such places. Are there laws (such as checking IDs at stores and public events) and are the laws enforced?



SAMHSA, “Parents’ Night Out” Educational Sessions: <https://www.samhsa.gov/talk-they-hear-you/parents-night-out>

Also, consider the following:

- SAMHSA's Strategic Prevention Framework shows community members how to address substance use and related problems. Learn more at <https://go.usa.gov/x62gM>.
- Organizations like the Community Anti-Drug Coalitions of America at www.cadca.org can help your community identify and address local issues. CADCA works with more than 5,000 community coalitions in every U.S. state and territory and more than 30 countries around the world.
- There are community organization models proven to reduce risk factors and substance use. PROSPER and Communities That Care both have been rigorously evaluated and found effective at reducing risk factors, increasing protective factors, and reducing substance use and its related negative consequences.^{96,97,98}
- The Drug-Free Communities Support Program is a federal grant program that provides funding to community-based coalitions to prevent substance use among youth. In 2022, one in five Americans lived in a community with a DFC-funded coalition. For more information, visit <https://www.cdc.gov/overdose-prevention/php/drug-free-communities>.



Christian presenting at a CADCA training in Baton Rouge

Prevention in Action

CHRISTIAN DAVIS — BATON ROUGE, LOUISIANA

Christian Davis, a Psychology major at Southern University, first became involved with the Louisiana Center for Prevention Resources (LCPR) when LCPR Executive Director Catrice L. Tolbert, Ph.D., recommended he attend some events to build upon his Psychology studies. Through attending LCPR events, Christian gained a better understanding of prevention. He began working with LCPR at Southern University during the fall semester of 2023.

Christian also attended prevention certification classes, including two with CADCA (Community Anti-Drug Coalitions of America) where he represented LCPR as a youth liaison. There, he learned that he enjoyed speaking to large groups and building relationships with people across the country who were focused on prevention.

Next, Christian wants to work with LCPR to start a campaign for Southern University to help students understand the harmful effects of vaping on their bodies.

LCPR was established in the Department of Psychology through the Nelson Mandela College of Government and Social Sciences at Southern University and A & M College. The Center offers training and technical assistance services to healthcare and substance misuse prevention professionals. These services are available to youth, communities, and healthcare professionals, especially those who provide substance misuse prevention services.

A man with glasses and a green plaid shirt is sitting on a skateboard, looking towards a young boy in a green t-shirt. The man has his hand on his head, suggesting a thoughtful or listening posture. The boy is looking back at the man. The background is a bright, outdoor setting with trees.

4

How Do I Talk to My Child About Drugs?⁹⁹

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

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

Ask your child about what he or she wants in their future. Have your child explore and discuss what might get in their way of accomplishing what they want most. Help them understand both short-term and long-term consequences of using drugs.

At some point, your child will likely ask if you have ever used drugs. If your answer is no, explain how you avoided them and what opportunities being drug free provided you. If your answer is yes, explain why you want your child to make healthy decisions for their body and mind, including not using drugs while their brain is still developing. You do not need to confess everything you have ever done, but explain honestly what attracted you to drugs and why you want your child to avoid them. You can also emphasize that some adults can use substances occasionally and have control over their use.

You might say things like:

- “I smoked weed to fit in, but now I know how dangerous it was. And it’s way more dangerous now than it used to be. I understand the devastating effects it can have on your brain and your future, so I’m going to do what I can to help you reach your potential and make healthy decisions and avoid drugs. If I could do things over, I never would have tried it. I hope you don’t either.”
- “Drugs were illegal then just like now, and there are serious consequences for getting caught, which could have an impact on your future.”
- “I tried drugs, but I felt like I was losing control over them and could not stop. I finally quit, but it was hard to sustain my recovery and avoid drug use. I hope you never try any of them.”
- “It may seem that most kids your age use drugs, but that isn’t true. Also, substance use can lower your chance of success at school and at work.”

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

TIPS FOR TALKING TO PRESCHOOLERS

Young children ask many questions. Your response lets them know you can be trusted to provide honest answers. Throughout early childhood—even when a child enters preschool or attends daycare—the family plays the most important role in their development.¹⁰⁰

Do not worry that talking about drugs will give your child ideas about using drugs or tempt them to experiment. They may know how important medicines are and may even remember you giving them some when they were ill. Reinforce proper use of OTC medications only from trusted adults like parents and caregivers.

The early attitudes your children form help them make healthy decisions when they are older. Talk often with preschoolers and listen to what they say.

- Young children mimic adults, so use every opportunity you can to share your feelings about substance use. When you see a cigarette stub on the sidewalk, for example, tell your child that tobacco can cause people to get very sick and die.
- Teach on their level. Children at this age will listen as you explain that things like cleaning products or paint have unsafe ingredients in them. Caution them never to take a drug unless you, a grandparent, caregiver, or medical professional like a nurse or doctor gives it to them.
- Preschoolers have short attention spans, so give short, honest answers. If you occasionally enjoy a beer on the weekend and your 4-year-old wants to taste it, try to interest him in something else by saying, “No, this is only for adults. It can make children very sick. Let me pour you some juice instead.”
- Teach your child to make their own good choices. If they love a fictional character or famous athlete, encourage them to eat healthy foods so they will grow up to be strong like their idol. Also, let them make decisions (for example, what to wear in the morning) that build confidence in their ability to do so.

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

Children this age are eager to learn. You can talk to them about the consequences of using substances, such as how it can lead to misuse and a substance use disorder. You can continue to teach and encourage good choices around healthy living.

Establish rituals that afford uninterrupted conversations with your child. Having dinner or other meals together provides a rich opportunity to listen and talk. An after-school walk can be done in as little as 15 minutes and provides opportunities to check in with each other and develop trust with your child.

- Explain good drugs versus bad drugs. Let them know that children should only take medication when the adult in charge tells them to. (This includes prescription medications for ADHD, which can be diagnosed and treated with medication at this age.) Be sure they understand that even good medicine can make you sick or kill you if it wasn’t prescribed for you or you take it for the wrong reason (to get high) or in the wrong way (taking too much).

Safe Medicine Storage

Put these safe medicine storage guidelines for children into practice¹⁰¹:

- Choose a safe spot in your house to keep your medicines—somewhere that’s out of sight and reach of young children.
- Always relock the cap on medicine bottles, and if the bottle has a locking cap that turns, twist it until you hear the click or cannot twist anymore.
- Always put medicines back in their safe storage location—not out on the kitchen counter or at your child’s bedside.
- Ask family members, houseguests, and other visitors to keep purses, bags, or coats that have medicine in them up, away, and out of sight when they are in your home.
- While traveling, find a safe storage place that is out of sight and reach of young children, like a high cabinet.

- Repeat your message regularly. Remind children that some drugs can harm the brain or cause life-threatening overdoses. Explain how even small amounts of alcohol can make children sick and harm their growing brain, making it harder for them to learn and remember things in school.
- Children crave praise, so give it out freely when deserved. This can include times when your child chooses to do something different than their friends. Tell them that you trust their ability to avoid peer pressure and make good decisions.
- This is a good opportunity to involve others in your efforts. For example, as your child enters elementary school, offer to help with a school activity or drug education event or program that has an antidrug or “no use” message.
- If your child does not start conversations about alcohol or other drugs with you, take the lead. Begin discussions using real-life events in the news or in your own lives. This is true no matter your child’s age. For example: you find out that your child’s friend rode in a car driven by an older sibling who was smoking marijuana while driving. You can talk about the importance of not riding in a car with someone who is using drugs, and explain what to do in that situation. You might say, “Kevin’s brother did something illegal, and he could have had a serious crash. I hope you know you can call me if someone you are riding with is drinking or using other drugs. I will come and get you, day or night.” You could add, “You’ll be driving in a few years, and I’m glad you realize how dangerous it is to drink or use other drugs and drive.”

TIPS FOR TALKING TO MIDDLE SCHOOL STUDENTS (11–14 YEARS OLD)

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

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



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

- As with children at earlier ages, encourage your middle school-aged children to share their dreams. Ask what activities they enjoy and help them nurture those interests in positive ways, such as participating in art, music, sports, community service, and academic clubs. Talk to them about making good choices, living healthy, and setting goals.
- At this age, young teens start to care more about how they look. Remind them that it is normal for their bodies to change. Find healthy ways to help boost their confidence and manage stress, and talk about how alcohol and other drugs can harm them. If your children are interested in sports, talk to them about how staying healthy can help them perform better than a “quick fix” like anabolic steroids.
- Friends become very influential at this age, so get to know your children’s friends. If you drive them somewhere or carpool, for example, you can listen in to learn current issues and trends, as well as learn how your child interacts with others. If your child struggles socially or seems drawn to an unhealthy peer group, try to determine why.
- When you meet your child’s friends, let them know your rules about underage drinking, smoking/e-cigarettes, and other drug use. Get to know their parents, and share with them your desire to raise a child who understands the risks of substance use.
- Discuss what they would do or say if they saw alcohol or other substance use at a party. Work with them to come up with phrases they could say if someone offered alcohol or other drugs to them, such as “That stuff is really bad for you”; “I would get grounded if I drank a beer”; “No thanks, it’s not my thing”; or something else that your child chooses.

- Tell your children often that you will come get them any time if they need to leave a place where alcohol or other drugs are being used—even if it’s the middle of the night. Promise them they won’t get in trouble for calling you. You can also decide on a “code word” they can text you if they need your help and calling is not an option. If you know in advance you won’t be available to pick your child up, find a responsible adult who could go in your place if necessary, and make sure your child has their phone number.
- Remember, listening to your child is just as important as talking to them. You may have to ask questions that require more than a simple “yes” or “no” answer. Use movies, song lyrics, or real-life events as topics. For example, “In that movie last night, the girl started drinking beer as a way to de-stress. Do you think that was a good idea?” or “My friend found out her 14-year-old son has been smoking weed and has a disease called cannabis use disorder. He’s going to a treatment center to help him quit and get better. What do you think that will be like?” (For information on helping family members seek treatment, see www.samhsa.gov/families.)
- Your child may be on social media by this point. Emphasize the dangers of buying pills or any medicine through social media, which is where criminal drug networks are advertising deadly fake pills.¹⁰²
- You might have to assume the role of a teacher. For example, your child may think it is okay if they only drink alcohol but stay away from other drugs. Discuss with them the risks of using all kinds of substances, including alcohol. Also, teach them how to find credible information on websites like www.justthinktwice.com, which was developed for teens and young adults. You can even require them to visit this website and report what they learned before they go to their first party.

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

By this age, most youth have had many opportunities to try alcohol or other drugs. Even if they haven’t tried, they have probably seen others do it, sometimes to excess and perhaps with serious consequences, whether in person or on social media. They may even know young people with substance use disorders.

You can’t choose your kids’ friends. You can only help create opportunities for healthy choices around friends and activities that do not involve drinking, smoking, or other drugs.

- Teens this age typically understand what can happen if they use drugs. As they think about their future, remind them that substance use can jeopardize their dreams. It can negatively affect their chances of pursuing higher education, joining the military, or being hired for some jobs. Encourage them to continue involvement in activities they enjoy, as discussed in the previous section on ways to talk to middle school students.
- Ensure your child understands Fetal Alcohol Spectrum Disorders and what causes them. There is no safe underage drinking and there is no safe amount of alcohol a pregnant woman can consume without potential lifetime consequences for the fetus. (You and your teen can learn about FASD and the effects of other substance use during pregnancy at <https://www.cdc.gov/maternal-infant-health/pregnancy-substance-abuse/index.html>).

- Teens want independence but still need appropriate limits. Have them help you set those limits (such as curfews). Also, ask them what consequences they think are fair for breaking the rules. Consistently follow through if rules are broken, and don't simply give up when they push back. They are testing the boundaries, and this is normal.
- Tell your children often that you care about them, and they are important to you. Show them you mean it by regularly spending one-on-one time with them. A strong bond will make your child more likely to come to you with questions or concerns about drugs, including alcohol, or other issues. Even as they push for independence, they want someone they love and respect to pay attention to them. They need you!
- Know what's trending. The Drug Identification Chart at the end of **Section 2** shows you some (but not all) commonly used and misused substances. New drugs show up all the time, and what's popular in your community may not be in the chart. Ask your teen about drugs that are an issue at their school, in friends' homes, and at parties.
- Emphasize the dangers of buying pills or any medicine through Facebook, Instagram, Snapchat, TikTok, X, YouTube, or other social media platforms. Visit [DEA.gov/onepill](https://www.dea.gov/onepill) with your teen to learn more about the prevalence of fake pills.
- Sometimes teens beg parents to let them drink at home, saying it is safer. Do not let them, and do not let your child host a party in your home where alcohol is served. Doing so would show you approve of underage drinking. Also, you could be held legally responsible for anything that happens to minors who drink in your home—including what happens after they leave your home. Instead, ask them why they want to drink and discuss what alternative, fun, and healthy activities they could do with their friends.
- Your children may try to draw you into a debate about marijuana use for medical or other reasons. Use this opportunity to have an informed conversation with them. Make sure your child knows that marijuana use in any form is illegal for youth and young adults under 21, has harmful effects on the developing teen brain, and is prohibited by federal law.
- As with youth at any age, praise them for making good choices. If they know you support them and care about their health and well-being, it can motivate them to stay drug free.
- Parenting does not stop when your child goes to college or moves out. Many colleges have programs for first-year students that cover the school's alcohol and other drug misuse prevention policies, programs, and services. If so, attend with your child; if not, find out which office is responsible for providing that information and go with your child to obtain it. Ask about whether their drug misuse prevention programs are evidence-based (i.e., grounded in sound prevention science). Be sure your child knows the legal and school penalties for actions like driving under the influence of drugs, including alcohol; underage drinking; illegal drug use; and using a fake ID.

TIPS FOR TALKING TO YOUNG ADULTS (18–21 YEARS OLD)

At this age, your young adult may be finishing high school and facing important decisions about the rest of their life, such as whether to pursue a college degree immediately, join the workforce or military, or follow another path. This can be a stressful time for many young adults, and can often lead to an



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

increase in substance use. It can also be an exciting time when young adults may have more freedom and opportunities to meet new people and have new experiences—which may involve being offered certain substances for the first time.

In 2022, young adults ages 18–25 had the highest percentage (40.9%) of past-year illicit drug use compared to all others ages 12–64 (adults ages 26 or older: 23.7%; adolescents ages 12–17: 14.3%).¹⁰³ While you may find it more difficult to stay connected to your young adult as they gain more independence and self-reliance, your young adult still looks to you for guidance. What you say to them about substance use matters.¹⁰⁴

- Conversations with your young adult may look significantly different as they mature and gain independence. They may not be living at home anymore, or they may be working a job with hours that keep them from seeing you often. When you do see them, look for everyday opportunities to raise the topic of substance use.
- By this point in their lives, young adults may have witnessed substance use disorders in some way, whether it's seeing a friend go through recovery, observing binge drinking in college, or having a coworker who died from a fentanyl overdose. Talk with your young adult about their experiences and how glad you are that they have chosen not to drink or use other drugs.
- The college application and enrollment process offers many natural opportunities to discuss substance use with your child. On campus tours, you could discuss what your child thinks of substance-free residence halls. Passing alcohol outlets or cannabis dispensaries in the community could present an opportunity to discuss the availability of drugs, as well as ways your child can resist the pressure to drink or use other drugs.

- If they are already in college, remind them that avoiding drugs can help them keep their studies and future career options on track. Ask them how they would handle situations where substance use by their peers might create a problem, such as interrupted study time or unwanted sexual advances. If they are already in the workforce, discuss job loss due to infractions and safety concerns.
- Young adults entering the workforce may be exposed to older coworkers who drink or use other drugs. Talk to your child about their career choices, coworkers, and workplace challenges. In these conversations, look for openings to discuss the pressure to drink and use other drugs.
- Remind your child that substance use puts them and their friends in danger. Binge drinking, in particular, is associated with injuries that can include car crashes, drowning, firearm injuries, and alcohol poisoning. It can be harder to make good choices when drinking, like practicing safe sex.
- When in doubt, stick to the facts: Most drug use, and practices like drinking and driving, are illegal. Explain that an arrest and conviction record can make it hard to get a job or move ahead in their career.
- Whether they're away at college, working, or seeking another pursuit, your young adult may be making new friends, different from the childhood and high school friends they grew up with (and whose parents and values you might have known). If your child still lives nearby, encourage them to invite their friends over for a meal. If your child is away from home, take them and some of their friends out to eat the next time you visit. This can be a great way to get to know your young adult's new friends and stay connected to their life.

CONVERSATION STARTERS

Talking to your children about alcohol and other drugs does not have to be hard. The following opportunities can serve as teaching moments:

- If you see a young person smoking, talk about the negative effects of tobacco.
- If you see an interesting news story, discuss it with your child. Did a driver who was drinking run over and kill someone? Did a young couple under the influence of drugs have unprotected sex that resulted in an unplanned pregnancy? Ask how your child feels about situations and the potential consequences.
- While watching a movie or TV show with your children, ask if they think it makes using drugs, including alcohol, look fun. Talk about what happens to those characters, or what happens in reality.
- If you read, hear about, or know someone affected by substance use, remind your child almost anyone can develop a substance use disorder. Discuss the importance of treatment and supporting people in recovery from their substance use disorder.

WHY YOU SHOULD TALK WITH YOUR CHILD ABOUT ALCOHOL¹⁰⁵

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

DO’S AND DON’TS WHEN TALKING WITH CHILDREN, YOUTH, AND YOUNG ADULTS ABOUT DRUGS, INCLUDING ALCOHOL¹⁰⁶

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



5

What if I Think My Child Is Using Drugs?

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

A child who starts acting withdrawn or seems tired, depressed, or mad for no reason could be experimenting with drugs. Other signs can include:¹⁰⁷

- Problems at school
- Physical signs
- Neglected appearance
- Changes in behavior
- Changes in friendships (e.g., no longer is friends with childhood friends, seems interested in hanging out with older kids, acts secretive about spending time with new friends)
- Money issues
- Specific smells
- Drug paraphernalia (learn more at www.getsmartaboutdrugs.com/content/how-identify-drug-paraphernalia)
- These signs do not always mean there is a problem with drugs, but they may be cause for concern. Try to find out what is going on. Learn more at www.getsmartaboutdrugs.com/content/signs-drug-use.

HOW TO PROCEED

Share your suspicions with your spouse, partner, or someone you trust who can help you sort out your feelings. Speak with someone who could help answer your questions, such as a doctor, faith leader, school nurse, or a school counselor.

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

Be prepared for all kinds of reactions. Your child may accuse you of snooping, say that you are crazy, or call you a hypocrite (especially if you smoke or occasionally have a drink). Your child may express hatred and threaten to leave home.

Remain calm. If your child denies there is a problem, emphasize how much you care. “I want to believe you, because young people who use drugs are at risk for many bad things. I’d be devastated if something bad happened to you while you were high.”

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

If your suspicions are strong (and especially if you have hard evidence), do not pretend that everything is fine. Also, do not blame yourself or believe your family is beyond these challenges. Drug use and misuse occurs in all kinds of families.



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

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

SCREENING AND TREATMENT

Screening, brief intervention, and referral to treatment (commonly referred to as SBIRT) may help young people who are using substances to quit or reduce their use. This is a quick screening by a primary care provider or substance use disorder specialist to see if your child uses substances and at what level and includes referral to specialty treatment as needed. Ask your child's doctor to screen your child during their annual checkup.

You can also learn about options for treatment. These may range from a few outpatient visits with a professional to more intensive options, such as inpatient treatment. Parental education classes on youth substance use could also be useful for you at this stage.

SUBSTANCE USE DISORDERS

Society used to think people with a substance use disorder lacked willpower. Today, science tells us that substance use disorders are not character flaws. Substance use disorders—or addictions—are chronic brain disorders with the chance for recurrence (relapse) and recovery. Multiple brain circuits are involved in substance use disorders that may control decision making, impulse control, reward, stress response, learning and memory, motivation, and other functions. Changes in these brain processes can be long-lasting and may make it difficult for people to avoid harmful and self-destructive behaviors around substance use without adequate support.¹⁰⁸

For adolescents with a substance use disorder, the support of family and the community is important for their recovery. Several evidence-based interventions for adolescent drug use seek to strengthen family relationships by improving communication and family members' ability to support abstinence from drugs. Members of the community (such as school counselors, other parents and caregivers, peers, and mentors) also can help young people with substance use disorders by getting them into treatment and supporting them in their recovery.

Substance use disorders can be treated, but long-term recovery may take several attempts, so do not give up hope! Learn more at <https://nida.nih.gov/research-topics/treatment>.

RECOVERY

Recovery is when a person with a substance use disorder starts living a healthy and productive life without needing to take drugs. Maintaining recovery may not be easy. Simply stopping the use of drugs for a few days or even months does not mean someone is cured or in recovery. Most people need long-term or repeated care to stop using completely or to reduce their use sufficiently to recover their lives.¹⁰⁹

For students in recovery who are returning to a school setting, there are resources that can help them maintain their recovery. Several examples include:

- The Association of Recovery Schools website at www.recoveryschools.org has information about schools for students who are recovering from drug problems. They offer regular school courses and recovery support services.
- The Association of Recovery in Higher Education website at www.collegiaterecovery.org supports students who want a college degree by helping to prevent relapse and promoting academic performance.

Finally, the entire family may need counseling. Recovery is not just about the person with a substance use disorder. The well-being of all family members is important so they can support and help the person in recovery. Recovered.org has resources not only for people in recovery, but also family and friends.



SAMHSA Services

SAMHSA's toll-free national helpline—1-800-662-HELP (4357)—provides free 24-hour confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

Visit www.findtreatment.gov to access SAMHSA's Substance Use Treatment Locator, Buprenorphine Practitioner Locator, Opioid Treatment Program Directory, and more. Also, see [Section 6](#) of this guide for additional resources on screening and treatment.

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A photograph of a woman with dark hair hugging a young girl from behind. The girl is laughing joyfully with her mouth wide open. They are sitting on a couch or bed, and a laptop is visible on the right side of the frame. The woman is wearing a white and grey plaid shirt, and the girl is wearing a bright green hoodie. The background is a plain, light-colored wall.

Resources

FOR CHILDREN, YOUTH, AND YOUNG ADULTS

Elks Kid Zone

elkskidszone.org

This site provides youth with a variety of videos, games, coloring books, and other resources to help live a drug-free life.

Elks Teen Zone

elksteenzone.org

This site provides teens with various resources, including a teen lesson planner, videos, activities, games, and more to help live a drug-free life.

Just Think Twice

www.justthinktwice.com

DEA's website for teens provides credible information about various drugs, including facts and fiction about drugs, the consequences of drug use, as well as topics about addiction, impaired driving, and true stories about teens that have had drug problems.

Mind Matters Series

nida.nih.gov/research-topics/parents-educators/mind-matter-series

This site by NIDA invites young teens to take a scientific journey to learn about the brain's complex responses to specific drugs.

NIDA Quizzes on Kahoot!

nida.nih.gov/research-topics/national-drug-alcohol-facts-week/get-activity-ideas

These short, interactive NIDA quizzes test students' knowledge on drug use and its effects. The quizzes address topics including overdose, underage drinking, why drugs are so hard to quit, and more.

Students Against Destructive Decisions

www.sadd.org

SADD's mission is to empower and mobilize students and adult allies to engage in positive change through leadership and smart decision-making.

Teens.smokefree.gov

teen.smokefree.gov

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

FOR PARENTS

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

Association of Recovery in Higher Education

collegiaterecovery.org

The Association of Recovery in Higher Education is the only association exclusively representing collegiate recovery programs and collegiate recovery communities, the faculty and staff who support them, and the students who represent them.

Association of Recovery Schools

recoveryschools.org

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

Campus Drug Prevention

www.campusdrugprevention.gov

This DEA website was created for professionals working to prevent drug use and misuse among college students, including educators, student health centers, and student affairs personnel. It also serves as a useful tool for college students, parents, and others involved in campus communities.

Community Anti-Drug Coalitions of America

www.cadca.org

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

Drug Enforcement Administration

www.dea.gov

DEA enforces controlled substance laws in the United States. They provide teens with credible information about various drugs with a website at **www.justthinktwice.com**. They have a website for parents, caregivers, and educators at **www.getsmartaboutdrugs.com**, and a website for professionals working to prevent drug misuse among college students at **www.campusdrugprevention.gov**.

Elks Drug Awareness Program

www.elks.org/dap

The Elks Drug Awareness Program is the largest volunteer drug awareness program in the United States. The Elks are committed to eliminating illegal drug use by all members of society and believe that in order to ensure a bright future for our country, it is essential that our children be raised in a drug-free environment.

Get Smart About Drugs

www.getsmartaboutdrugs.com

DEA's website provides valuable information for parents, other caregivers, and educators to help identify drug use, drug paraphernalia, warning signs of drug use, and the harmful side effects of the most commonly used drugs.

National Family Partnership

www.nfp.org

NFP is a national leader in drug prevention education and advocacy. Its mission is to lead and support our nation's families and communities in nurturing the full potential of healthy, drug-free youth.

National Institute on Alcohol Abuse and Alcoholism

www.niaaa.nih.gov

NIAAA offers pamphlets, fact sheets, and brochures about alcohol-related issues on its website.

To learn more about preventing alcohol misuse among college students, go to

www.collegedrinkingprevention.gov.

National Institute on Drug Abuse

nida.nih.gov

NIDA brings the power of science to research about drug use and addiction. The website features a section for parents and teachers at **nida.nih.gov/research-topics/parents-educators**.

National Parent Teacher Association

www.pta.org

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

National Suicide and Crisis Lifeline

988lifeline.org

The SAMHSA-funded 988 Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States.

Office of National Drug Control Policy

www.whitehouse.gov/ondcp

ONDCP leads and coordinates the nation's drug policy so that it improves the health and lives of the American people. ONDCP coordinates across 19 federal agencies as part of a whole-of-government approach to addressing addiction and the overdose epidemic.

Operation Prevention

www.operationprevention.com

DEA has joined forces with Discovery Education to provide no-cost online tools that support every member of the community with the power of prevention. Life-saving conversations can be kickstarted with standards-aligned English and Spanish-language resources for students in grades 3–12, plus additional resources designed for educators, families, and professionals.

Partnership to End Addiction

drugfree.org

The Partnership to End Addiction partners with families, professionals, and other organizations to end addiction in the United States.

Smokefree.gov
smokefree.gov

This website by the National Cancer Institute can help you or someone you care about quit smoking. It supports your immediate and long-term needs as you quit smoking and learn to stay a nonsmoker. Also, you can call the toll-free quitline number at 1-800-QUIT-NOW.

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. To download or order SAMHSA's publications, go to **www.store.samhsa.gov**. The mission of SAMHSA's **Center for Substance Abuse Prevention** is to improve behavioral health through evidence-based prevention approaches.

Teen Driving
www.nhtsa.gov/road-safety/teen-driving

The National Highway Traffic Safety Administration's Teen Driving site contains resources to help parents develop ground rules with their aspiring young drivers. The site offers in-depth information on some of the most common safety problems teen drivers should avoid, including impaired driving. Learn how to talk to your teen driver about safe driving at **www.nhtsa.gov/teen-driving/parents-talk-your-teen-driver-about-safe-driving**.

U.S. Department of Education
www.ed.gov/opioids

This website has resources to support state and local education agency efforts to prevent and reduce youth and young adult drug misuse. The site also has resources to help educate students, families, and educators about the dangers of drug misuse and about ways to prevent and overcome addiction.

Young Marines
youngmarines.org/public/page/Drug-Free

The Young Marines strengthens the lives of America's youth by teaching the importance of self-confidence, academic achievement, honoring our veterans, good citizenship, community service, and living a healthy, drug-free lifestyle.

Youth.gov
youth.gov

This site was created by the federal Interagency Working Group on Youth Programs, which promotes the goal of positive, healthy outcomes for youth. This resource includes youth facts, funding information, and tools for youth-serving organizations and community partnerships.



A close-up photograph of two young women with long dark hair, smiling warmly and looking down at a smartphone held by the woman on the right. They are outdoors, and the woman on the left is wearing a yellow and grey plaid jacket. The background is softly blurred.

7

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8

A photograph of a man and a young boy sitting outdoors, looking at a tablet together. The man is on the left, wearing a light-colored hoodie, and the boy is on the right, wearing a blue and white plaid shirt. They are both smiling and looking at the tablet. The background is a blurred green landscape. A white number '8' is in the top left corner, and a green banner with the word 'References' is at the bottom.

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