



GROWING UP **DRUG FREE:**

A PARENT'S GUIDE TO SUBSTANCE USE PREVENTION

2021





GROWING UP DRUG FREE:

A PARENT'S GUIDE TO SUBSTANCE USE PREVENTION

2021

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



This publication was funded by the Drug Enforcement Administration under contract number GS-07F-164BA, and in collaboration with the U.S. Department of Education. The content of this publication does not necessarily represent the positions or policies of DEA or ED, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. government. This publication also contains hyperlinks and URLs for information created and maintained by private organizations. This information is provided for the reader's convenience. Neither DEA nor ED is responsible for controlling or guaranteeing the accuracy, relevance, timeliness, or completeness of this outside information. Further, the inclusion of information or a hyperlink or URL does not reflect the importance of the organization, nor is it intended to endorse any views expressed, or products or services offered. All URLs were last accessed in May 2021.

Drug Enforcement Administration

Anne Milgram
Administrator

U.S. Department of Education

Miguel A. Cardona, Ed.D.
Secretary

This publication is in the public domain. Authorization to reproduce it in whole or in part is granted. While permission to reprint this publication is not necessary, the suggested citation is: Drug Enforcement Administration and U.S. Department of Education, Growing Up Drug Free: A Parent's Guide to Substance Use Prevention, Washington, D.C., 2021.

Copies of this publication are available online at DEA's website for parents, educators, and caregivers at www.getsmartaboutdrugs.com and on the U.S. Department of Education's website at <https://oese.ed.gov/offices/office-of-formula-grants/safe-supportive-schools>. On request, this publication is available in alternate formats, such as Braille, large print, or CD. For more information, please contact the U.S. Department of Education's Alternate Format Center at 202-260-0818 or via email at alternateformatcenter@ed.gov.

Notice to Limited English Proficient Individuals

If you have difficulty understanding English, you may request language assistance services from the U.S. Department of Education on information that is available to the public. These language assistance services are available free of charge. If you need more information about interpretation or translation services, please call 1-800-USA-LEARN (1-800-872-5327) (TTY: 1-800-437-0833), or send an email message via the following link to our customer support team: Ed.Language.Assistance@ed.gov.

CONTENTS

ii	INTRODUCTION	G
01	WHAT YOU SHOULD KNOW	2
	Are Drugs and Alcohol Really a Problem for Children, Youth, and Young Adults?	2
	Since I Am an Adult, is it Okay for Me to Use?	3
	Will My Children Think I Am Too Strict if I Tell Them Not to Smoke, Drink, or Use Drugs?	4
	What if My Child Already Smokes, Drinks, or Has Tried Drugs?	5
02	WHAT SUBSTANCES DO CHILDREN, YOUTH, AND YOUNG ADULTS USE?	6
	Nicotine	6
	Vaping	6
	Alcohol	7
	Inhalants	7
	Over-the-Counter Medications	7
	Prescription Medications	8
	Opioids, Including Heroin	9
	Marijuana and Marijuana Concentrates	10
	Synthetic Cannabinoids (also known as “Synthetic Marijuana”)	11
	Stimulants	12
	Drug Identification Chart	13
03	WHY DO CHILDREN, YOUTH, AND YOUNG ADULTS USE DRUGS?	22
	Risk Factors	22
	How to Protect Your Child	23
	Protective Factors	25
	Define Rules and Consequences	26
	Carve Out Individual Time	26
	Provide Positive Role Models	26
	Promote Healthy Activities	26
	Get Involved ... in Their Social Life	27
	Get Involved ... in Their Social Media	27
	Get Involved ... in Fostering a Healthy School	28
	Get Involved ... in the Community	28
04	HOW DO I TALK TO MY CHILD ABOUT DRUGS?	30
	Tips for Talking to Preschoolers	31
	Tips for Talking to Elementary School Students (6–10 Years Old)	32

CONTENTS

Tips for Talking to Middle School Students (11-14 Years Old)	34
Tips for Talking to High School Students (15-18 Years Old)	35
Tips for Talking to Young Adults (18-21 Years Old)	37
Conversation Starters	38
Why You Should Talk With Your Child About Alcohol	39
Do's and Don'ts When Talking With Children, Youth, and Young Adults About Drugs or Alcohol	40

05	WHAT IF I THINK MY CHILD IS USING DRUGS?	42
	How to Proceed	42
	Substance Use Disorders	43
	Screening and Treatment	44
	Recovery	44

06	RESOURCES	46
	For Children, Youth, and Young Adults	46
	For Parents	46

	ACKNOWLEDGEMENTS	50
--	-------------------------------	-----------

	REFERENCES	52
--	-------------------------	-----------

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 or alcohol.

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 that may make children, youth, and young adults try alcohol, tobacco, or other drugs, and protective factors that help offset those risks;
- Suggestions for how to talk to young people about alcohol, tobacco, and other drugs, tailored to their age group; and
- Tips on what to do if you suspect your child is using alcohol, tobacco, or other drugs.

Please note that “substances” or “drugs” in this guide refer to alcohol, tobacco, and other drugs collectively.

In [Section 2](#), you can 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 where you can find more information about drug and alcohol misuse prevention.

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. We hope you share it with your child’s older siblings, aunts and uncles, family friends, stepparents, grandparents, extended family members, and others who are important in a child’s life.



FOR MORE INFORMATION, PLEASE 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/prevention
- National Institute on Alcohol Abuse and Alcoholism:
www.niaaa.nih.gov
- Substance Abuse and Mental Health Services Administration:
www.samhsa.gov/prevention



WHAT YOU SHOULD KNOW

A recent report showed that in 2019, about 2.2 million young people aged 12 to 17 used illicit (illegal) drugs, including marijuana, in the past 30 days.¹ This substance use can lead to a variety of problems that may result in the escalation of use to a substance use disorder and place children, youth, and young adults at risk for other related health consequences.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 (including nicotine) or alcohol to the brain when it is still developing may cause serious changes that can last a long time.³

The use of certain drugs while the brain is still developing affects attention and memory and can cause trouble learning.⁴ That's why healthy students are better learners.⁵ Students who use substances have a higher risk of failing or dropping out of school, which can lead to unemployment.⁶

If youth develop a substance use disorder, changes in their brain circuits may compel them to look for and use that substance despite negative consequences for them and those who love them.⁷

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

The short answer is yes—drugs and alcohol can be a real problem for our youth. Recently, the University of Michigan released findings from the Monitoring the Future Study, a national survey of students in the 8th, 10th, and 12th grade funded by the National Institute on Drug Abuse. The results showed that in 2019:

- The majority of students (two out of three) said they drank alcohol (more than just a few sips) by the end of high school. About 26% of them did so by 8th grade. Almost half (41%) of 12th graders and one in 10 8th graders reported being drunk at least once in their life.⁸
- Nearly half (44%) of 12th graders and nearly one-third (33%) of 10th graders said they had used marijuana.⁹



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

- Almost half (47%) of 12th graders and 41% 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 8 minutes. Of the 70,630 drug overdose deaths in 2019, 4,777 were youth and young adults ages 15 to 24 years old.¹¹ More people die from accidental drug overdose in the United States each year than in motor vehicle accidents.¹²

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

Your children look up to you, and they want to be like you. Send a healthy message to your children. If you choose to use alcohol, follow guidelines for low-risk consumption,¹³ insist that all adults who drink alcohol in your home follow those guidelines, and keep all alcohol locked up and inaccessible to your children.

If you smoke or have a problem with alcohol or other drugs, seek help. Your life may depend on it, and so may your child's. The Substance

PREVENTION IN ACTION

MENTOR FOUNDATION USA piloted the [“Living the Example” program](#) in three Anne Arundel County, Maryland, high schools for the 2018/2019 academic year. LTE is a peer-to-peer substance use prevention program empowering youth to speak out and providing them a platform to be heard. The LTE program incorporates messages for prevention designed to counteract misconceptions many adolescents have about drugs and alcohol.

Through LTE, select high school seniors (AKA “youth ambassadors”) are trained to become agents of change who encourage their peers to enjoy healthy and productive lives, free from substance use. The youth ambassadors also drive “change projects” in their schools. For their change project, youth ambassadors at Old Mill High School dedicated an entire month to talking to freshmen classes about the effects of teen drug use. Their presentations to the freshmen included playing a music video PSA “LTE Anthem” they created.

Abuse and Mental Health Services Administration’s Substance Use Treatment Locator can help you find a treatment facility near you: [FindTreatment.gov](#). In addition, if substance use disorders run in your family, it can be helpful to explain this to your children.

When your child asks about your drug use, be honest while making it clear that you do not want your child to use drugs. For ideas on how to talk with your child about your own drug and alcohol use, see [Section 4](#).

WILL MY CHILDREN THINK I AM TOO STRICT IF I TELL THEM NOT TO SMOKE, DRINK, OR USE 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.¹⁴

As the parent, it is your job to provide the rules, structure, and discipline to raise a healthy child. Be a parent, not a pal—and start early. The groundwork for raising healthy children begins with pregnancy and continues through adulthood.

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 drinking or using 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 also know you’re really smart. 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?”*

For more ideas on what to say to your children about drugs and alcohol, 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.¹⁵

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

If you learn that your child is using or has used alcohol or drugs, it is important to be prepared to respond. Preventing the first substance use prevents misuse, and preventing misuse prevents substance use disorders. 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 misuse. Addressing the substance misuse and seeking treatment services, 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 suspect your child has used alcohol or drugs, please see [Section 5](#).



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.

NICOTINE

More than 1,600 people under 18 smoke their first cigarette each day.¹⁶

Nicotine is highly addictive and can harm the developing brain. The earlier a young person begins to use nicotine, the harder it is to quit.¹⁷ After the Tobacco 21 act—which raises the legal age to purchase tobacco to age 21—went into effect in January 2020, there were fewer adolescents using that year.¹⁸ However, half of 10th graders still say it's easy to get cigarettes.¹⁹

For the health and safety of your child, set a good example. If you use tobacco products, seek help to quit. If your child uses, 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.

VAPING

More young people are vaping, meaning they use vaporizers or electronic cigarettes (often called e-cigarettes) to inhale substances like nicotine or marijuana. From 2017 to 2018 the increase in adolescents vaping nicotine was among the largest ever recorded for any substances in the past 46 years. In 2020, 12.2% of 12th graders vaped marijuana.²⁰ E-cigarettes can look like pens or USB memory sticks, making it easy to hide from teachers and parents.²¹

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.²²

ALCOHOL

Why include alcohol in a guide about drugs? Because alcohol is a drug, and underage drinking is a serious public health problem in the United States. Alcohol is the most widely used addictive substance among America's youth and young adults, and drinking by young people poses enormous health and safety risks.²³

A 2020 study asked young people about their alcohol use.²⁴ Approximately 7 million of them (aged 12 to 20) said they drank alcohol in the prior month. Also, 4.2 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 825,000 young people reported heavy alcohol use, which the study defines as binge drinking on five or more days in the past 30 days.

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 deaths from car crashes, suicides, and homicides. As discussed earlier, underage drinking can affect normal adolescent brain development.²⁵ Furthermore, early substance misuse, including alcohol misuse, is associated with a greater likelihood of developing a substance use disorder later in life.²⁶

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. Be clear about your rules for them and give them advice on what they can say or do 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 at “*Talk. They Hear You.*”, which helps parents and caregivers start talking to their children early about the dangers of alcohol and other drugs at www.samhsa.gov/talk-they-hear-you.

INHALANTS

Young people may get high by inhaling substances found in products like nail polish remover, spray paint, cleaning fluid, glue, felt tip markers, 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.

OVER-THE-COUNTER MEDICATIONS

Many over-the-counter medications for a cough or cold contain dextromethorphan. These medications work when used as directed. However, some young people get high by drinking Robitussin®, Coricidin® HBP, or others that contain DXM, or they swallow tablets, capsules, or powders that contain DXM. Large doses of DXM, taken together with alcohol or some other drugs, 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).



Prescription drug misuse means **taking medication without a prescription** or in a way that was not prescribed for the feeling it causes.²⁷

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 marijuana, 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 medicine 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 (www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines) for guidance on how to dispose of unused medicines.

Three types of prescription medications are most commonly misused.

- Opioids are pain relievers, such as oxycodone and hydrocodone. Opioids are highly addictive and they also can slow breathing down and cause brain damage or death. They are discussed in the following section (Opioids, Including Heroin).

- Depressants (benzodiazepines) such as Valium® or Xanax® relieve anxiety or help someone sleep. Misusing them can cause blurred vision and nausea. It can also be hard to think clearly or remember things, and can lead to a substance use disorder. When combined with opioids or alcohol, these medications also can cause overdose and death.
- 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.

OPIOIDS, INCLUDING HEROIN

The most commonly misused prescription medications today are opioids. Examples include oxycodone (such as OxyContin® or codeine) and hydrocodone (such as Vicodin®). Other examples are morphine, methadone, and fentanyl.²⁸

Heroin is an illegal opioid made from morphine. It is a white or brownish powder, or a black sticky substance called black tar heroin. It is usually injected, smoked, or snorted. Today, some individuals with an opioid use disorder buy heroin because it is cheaper and easier to get than prescription opioids.²⁹

About 80% of new heroin users say they started after misusing prescription opioids.³⁰ But users 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. In 2019, more than 50,000 people died from opioid overdose, including heroin, fentanyl, prescription pain relievers, and other opioids.³¹

PREVENTION IN ACTION

**STUDENTS AGAINST
DESTRUCTIVE DECISIONS**
uses a peer-to-peer prevention approach to reach students, adult allies, and communities on the leading causes of death, injury, and harm.

The Pilgrim High School SADD Chapter (Warrick, Rhode Island) is a great example of how students use SAMHSA's Strategic Prevention Framework to identify and respond to challenges faced by teens in the community. Through a data-driven approach, the chapter worked to identify opioid misconceptions, pinpoint underage drinking challenges, highlight the connection between mental health and substance use, and promote community resources and support. More information can be found at www.sadd.org.

WHAT IS FENTANYL?

Fentanyl is a synthetic opioid prescribed to treat severe pain, typically for pain after surgery or cancer pain. It is 50 to 100 times more potent than morphine, making it highly addictive. Even when used as prescribed by a doctor, fentanyl 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.

Most recent cases of fentanyl-related harm, overdose, and death in the United States are linked to illegally made 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 look like legitimate prescription opioids (hence the term “clandestine fentanyl”). Thus it is possible for someone to take a pill without knowing it contains fentanyl. It is also possible to take a pill knowing it contains fentanyl, but with no way of knowing if it contains a lethal dose. DEA has found counterfeit pills ranging from .02 to 5.1 milligrams (more than twice the lethal dose) of fentanyl per tablet.

Naloxone is a medicine that can treat a fentanyl overdose when given right away. Anyone can obtain naloxone, keep it within reach, and use it to save a life. Find naloxone in your area, learn the signs of opioid overdose, and get trained to administer naloxone in the case of a suspected emergency at www.nida.nih.gov/publications/naloxone-opioid-overdose-life-saving-science. If you suspect someone has overdosed, call 911 as soon as possible so they can receive immediate medical attention. (For more information, see the Fentanyl entry in the [Drug Identification Chart](#).)

MARIJUANA AND MARIJUANA CONCENTRATES

Marijuana is usually dry green and brown flowers, stems, seeds, and leaves that come from a cannabis plant. Users roll it into a cigarette (joint) and smoke it, or they smoke it in a pipe or bong. Some users 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 ingredient in marijuana called THC (tetrahydrocannabinol) that produces the “high” feeling is addictive.

The THC content in marijuana has increased over the past two decades. In the early 1990s, the average THC content in confiscated samples was approximately 3.7%; in 2019, it was approximately 14.35%.³² In a recent study, more than 37% of students in grades 9–12 said they had used marijuana at least once, and 5.6% of students first tried it before they were 13 years old.³³

Some people extract the THC into an oil or resin (called concentrate). It 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%.



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



Some users 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).

Young people today receive 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.

Under federal law, the whole marijuana plant is a Schedule I controlled substance, meaning it has: 1) no currently accepted medical use, 2) a lack of accepted safety for use under medical supervision, and 3) a high potential for misuse. But many states and the District of Columbia now allow marijuana use for personal (i.e., “recreational”) or certain medical use.

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, marijuana has three times as much THC compared to 25 years ago, which increases the harmful effects on children’s brains.³⁴ 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 2017–2019, regional poison control centers reported 4,172 calls regarding exposure to cannabis in children aged 0–9. In about half of these cases, the exposure came from edibles.³⁵

SYNTHETIC CANNABINOIDS (ALSO KNOWN AS “SYNTHETIC MARIJUANA”)

Synthetic cannabinoids, also known as K2, herbal incense, or Spice, is a plant material mixture sprayed with a synthetic compound similar to THC, but the ingredients and strength

PREVENTION IN ACTION

AT 15 YEARS OLD, Victoria Gacek exemplifies how empowering a drug-free lifestyle can be. Through her role as a corporal in the Mecklenburg County, North Carolina, Young Marines program, Victoria talks to other teens about drug use. Describing herself as a “very shy kid that was afraid to talk in front of even small crowds,” Victoria now leads hour-long drug demand reduction classes and [creates videos like this](#) to give other teens creative ways to say no to drugs.

Victoria encourages youth to stay drug free so they can focus on activities they enjoy—especially while their brain and body are still developing. Besides her involvement in the Young Marines program, Victoria’s own activities include playing varsity soccer and the bass clarinet and participating in her school’s JROTC program. For Victoria, focusing on activities like these and being around positive people are two ways she deals with stress, rather than turning to drugs.

of the products are impossible for users to know. People often roll and smoke it like a cigarette, smoke it in a pipe or e-cigarette, or make it into tea. It can be taken other ways, too. The effects of synthetic marijuana include paranoia, hallucinations, convulsions, and organ damage.

Overdose effects of synthetic cannabinoids include agitation, anxiety, seizures, stroke, coma, and death by heart attack or organ failure. In addition, the Centers for Disease Control and Prevention has reported acute kidney injury requiring hospitalization and dialysis in patients reportedly having smoked synthetic cannabinoids.³⁶ DEA banned many chemicals used in K2 and Spice, so it is illegal to sell, buy, or possess. These drugs are not as popular as they once were.³⁷

STIMULANTS

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

- Cocaine is usually snorted. Sometimes users 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 users feel more awake and less hungry. It may also cause sudden stroke or death. In 2016, more than 11,000 people died from cocaine-involved drug overdose deaths.³⁸
- Methamphetamine (or meth) comes in clear crystals that look like glass. Sometimes it is a powder that users dissolve in liquid and inject with a needle. This addictive drug can cause convulsions, stroke, or death.
- Ecstasy (MDMA or Molly) is often a pill or capsule but can be a powder, crystal, or liquid. What is sold as MDMA/ecstasy can often contain other ingredients, including synthetic stimulants also known as “bath salts.” MDMA can make it hard for your body to regulate temperature. It can cause your liver, kidneys, or heart to stop.
- Synthetic stimulants 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 users typically snort. Some users dissolve and inject the drugs. These very dangerous substances can lead to overdoses that result in emergency room visits, hospitalizations, and severe psychotic episodes.

Drug Identification Chart

The chart on the following pages covers some commonly used substances and accessories. Also, please go to DEA's website for parents, educators, and caregivers (www.getsmartaboutdrugs.com/drugs). To learn more, see DEA's [Drugs of Abuse Resource Guide](#).

TYPE OF DRUG		DRUG NAME(S)	DRUG SLANG	DESCRIPTION
■ NARCOTIC (OPIOID)		Oxycodone prescribed as Tylox®, Percodan®, OxyContin®	Hillbilly Heroin, Kicker, OC, Ox, Oxy, Perc, Roxy	Semisynthetic opioid drug prescribed for pain. Comes in pill forms (including tablet or capsule).
■ NARCOTIC (OPIOID)		Hydrocodone prescribed as Vicodin®, Lorcet®, Lortab®	Hydro, Norco, Vikes	Semisynthetic opioid drug prescribed for pain relief or as a cough suppressant. Comes in tablets, capsules, oral solutions, and syrups.
■ CENTRAL NERVOUS SYSTEM DEPRESSANT		Prescribed as Valium®, Xanax®, Restoril®, Ativan®, Klonopin®	Barbs, Benzos, Downers, GHB, Liquid X, Nerve Pills, Phennies, R2, Reds, Roofies, Tranks, Yellows	Drugs in this class (called Benzodiazepines) are used to relieve anxiety or help someone sleep.
■ NARCOTIC (SYNTHETIC OPIOID)		Fentanyl, clandestine fentanyl	Apace, Cash, Dance Fever, Goodfellas, Great Bear, He-Man, Poison, Tango	A synthetic opioid that is about 100 times more potent than morphine as an analgesic. Users may believe they are buying heroin, but instead could be receiving fentanyl or heroin laced with fentanyl, which could result in death. It is illicitly manufactured in China and possibly Mexico, and smuggled into the United States.
■ STIMULANT (AMPHETAMINES)		Prescribed as Adderall®, Concerta®, Dexedrine®, Focalin®, Metadate®, Methylin®, Ritalin®, Desoxyn®	Bennies, Black Beauties, Crank, Ice, Speed, Uppers	Used to treat attention deficit hyperactivity disorder. Also used as a study aid, to stay awake, and to suppress appetite.



HOW IT'S CONSUMED	EFFECTS
Pills and tablets chewed or swallowed. Inhaling vapors by heating tablet on foil. Crushed and sniffed or dissolved in water and injected. Possible related paraphernalia: needle, pipe	Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, 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.
Usually taken orally, in pill forms (including tablets and capsules), and syrups.	Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, 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.
Comes in pills, syrups, and injectable liquids. Taken orally or crushed and snorted. Possible related paraphernalia: needle, straw, tube	Effects include calmness, euphoria, vivid or disturbing dreams, amnesia, impaired mental function, hostility, irritability, sedation, hypnosis, decreased anxiety, and muscle relaxation. Can be addictive. Overdose may be fatal; signs can include shallow breathing, clammy skin, dilated pupils, weak but rapid pulse, and coma.
Clandestine fentanyl is typically injected, inhaled like heroin, or laced into counterfeit prescription pills. Possible related paraphernalia: needle, straw, tube	Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, 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.
Pill forms (including tablet and capsule) taken orally but sometimes injected. "Ice" or crystallized methamphetamine hydrochloride is smoked. Possible related paraphernalia: needle, pipe	Similar to cocaine but slower onset. Increased body temperature, blood pressure, and pulse rates; insomnia; loss of appetite; and physical exhaustion. Chronic misuse produces a psychosis that resembles schizophrenia: paranoia, hallucinations, violent and erratic behavior. Overdose can be fatal.

Drug Identification Chart

TYPE OF DRUG		DRUG NAME(S)	DRUG SLANG	DESCRIPTION
■ 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	Marijuana is an addictive mind-altering psychoactive drug. It is a dry mix of flowers, stems, seeds, and leaves (usually green or brown) from the cannabis sativa plant. The principal component in marijuana that is responsible for its euphoric effects is delta-9-tetrahydrocannabinol, or THC.
■ CANNABIS		Marijuana extract concentrate	710, Budder, Butane Hash Oil (BHO), Dabs, Honey Oil, Shatter, THC Extractions, Wax	A 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” (it may resemble honey or butter).
■ SYNTHETIC CANNABINOIDS		K2/Spice	Black Mamba, Blaze, Bliss, Bombay Blue, Fake Weed, Genie, Legal Weed, Red X Dawn, Scooby Snax, Skunk, Zohai	Synthetic versions of THC (the psychoactive ingredient in marijuana), K2/Spice (and similar products) is a mixture of plant material sprayed with synthetic psychoactive chemicals. It is especially dangerous because the user typically doesn’t know what chemicals are used. Often, the small plastic bags of dried leaves are sold as potpourri or incense and may be labeled “not for human consumption.”
■ NARCOTIC (OPIOID)		Heroin	Big H, Black Tar, Chiva, Hell Dust, Horse, Negra, Smack, Thunder	Heroin is a semisynthetic opioid substance. It 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 in recent years, users typically do not know how much heroin or other substances are being used, creating the likelihood of overdose.

HOW IT'S CONSUMED	EFFECTS
Smoked as a cigarette (a 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 (marijuana edibles) or brewed as tea. Possible related paraphernalia: bong, pipe, roach clip, rolling papers	Relaxation, loss of inhibition, increased appetite, sedation, and increased sociability. Can affect memory and ability to learn; also causes difficulty in thinking and problem solving. May cause hallucinations, impaired judgment, reduced coordination, and distorted perception. Also may cause decreased blood pressure, increased heart rate, dizziness, nausea, rapid heartbeat (tachycardia), confusion, anxiety, paranoia, drowsiness, and respiratory ailments.
The “wax” is used with vaporizers or e-cigarettes or heated in a glass bong. Users prefer using e-cigarettes or vaporizers because it is smokeless, odorless, and easy to hide. Possible related paraphernalia: vaporizer, e-cigarette, bong	Marijuana concentrates have a much higher level of THC. The effects of using may be more severe than from smoking marijuana, both psychologically and physically.
Usually smoked in a joint, pipe, or e-cigarette. Can also be brewed into tea. Possible related paraphernalia: bong, e-cigarette, pipe, roach clip, rolling papers	Paranoia, anxiety, panic attacks, hallucinations, and giddiness. This addictive substance can also cause increased heart rate and blood pressure, convulsions, organ damage, and/or death.
Injected, smoked, or sniffed/snorted. High purity heroin is usually snorted or smoked. Possible related paraphernalia: needle, pipe, small spoon, straw, tube	This highly addictive drug first causes a euphoria or “rush,” followed by a twilight state of sleep and wakefulness. Effects can 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.

Drug Identification Chart

TYPE OF DRUG		DRUG NAME(S)	DRUG SLANG	DESCRIPTION
■ STIMULANT		Cocaine	Blow, Coca, Coke, Crack, Crank, Flake, Rock, Snow, Soda Cot	Cocaine is usually a 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, Oat	Khat is a flowering evergreen shrub, and what is sold and misused is usually just the leaves, twigs, and shoots of the Khat shrub.
■ METHAMPHETAMINE		Meth	Bikers Coffee, Chalk, Crystal, Crank, Ice, Meth, Shabu, Shards, Speed, Stove Top, Trash, Tweak, Yaba	Meth is a stimulant that speeds up the body’s system. “Crystal meth” is an illegally manufactured version of a prescription drug (such as Desoxyn® to treat obesity and ADHD) 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	Kratom is a tropical tree native to Southeast Asia. Consumption of its leaves produces both stimulant effects (in low doses) and sedative effects (in high doses).
■ INHALANTS		Toluene, kerosene, gasoline, carbon tetrachloride, amyl nitrate, butyl nitrate, nitrous oxide	Gluey, Huff, Rush, Whippits	Specific volatile solvents, aerosols, and gases typically found in common household products (such as felt-tip markers, spray paint, air freshener, typewriter correction fluid, butane, glue, and thousands of others). These substances are harmful when inhaled.

HOW IT'S CONSUMED	EFFECTS
Usually snorted in powder form or injected into the veins after dissolving in water. Crack cocaine is smoked. Users typically binge on the drug until they are exhausted or run out of cocaine. Possible related paraphernalia: needle, pipe, small spoon, straw, tube	Smoking or injecting creates an intense euphoria. The crash that follows is mentally and physically exhausting, resulting in sleep and depression for several days, followed by a craving for more cocaine. Users quickly become tolerant, so it is easy to overdose. Cocaine causes disturbances in heart rate, increased blood pressure and heart rate, anxiety, restlessness, irritability, paranoia, loss of appetite, insomnia, convulsions, heart attack, stroke, and/or death.
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. Khat also can be smoked and even sprinkled on food.	Effects are similar to other stimulants, such as cocaine, amphetamine, and methamphetamine.
Swallowed in pill form. In powder form, it can be smoked, snorted, or injected. Users may take higher doses to intensify the effects, take it more often, or change the way they take it. Possible related paraphernalia: needle, pipe	Meth is highly addictive and causes agitation, increased heart rate and blood pressure, increased respiration and body temperature, anxiety, and paranoia. High doses can cause convulsions, heart attack, stroke, or death.
The psychoactive ingredient is found in the leaves from the kratom tree. These leaves are subsequently crushed and then smoked, brewed with tea, or placed into gel capsules.	Effects include nausea, itching, sweating, constipation, loss of appetite, tachycardia, vomiting, and drowsiness. Users also have experienced anorexia, weight loss, insomnia, frequent urination, hepatotoxicity, seizure, and hallucinations.
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, feeling less inhibition, and/or loss of consciousness. Inhalants damage sections of the brain that control thinking, moving, and seeing. Effects can include slurred speech, loss of coordination, euphoria, and dizziness. Long-term use may damage the nervous system and organs; sudden sniffing death may occur from suffocation or asphyxiation.

Drug Identification Chart

TYPE OF DRUG		DRUG NAME(S)	DRUG SLANG	DESCRIPTION
■ COLD MEDICINE		Dextromethorphan in over-the-counter brands: Robitussin®, Coricidin® HBP	CCC, DXM, Poor Man's PCP, Purple Drank, Robo, Skittles, Syrup, Triple C	DXM is a cough suppressant found in many over-the-counter cold medications in cough syrups or pill forms (such as tablets and capsules). It is also now sold in powder form.
■ 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, vapes, vape pens	Vaping is 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 (an e-cigarette). The liquid can contain flavoring, nicotine, marijuana concentrates, or other chemicals.

HOW IT'S CONSUMED	EFFECTS
DXM misuse traditionally involves drinking large amounts of over-the-counter cough medication. Tablet, capsule, and pill forms are now snorted or injected. DXM powder is sold online, and extensive “how to use” information is available on various websites. Possible related paraphernalia: needle, pipe	Can cause hallucinations, confusion, loss of coordination, slurred speech, sweating, and lethargy. It is addictive. High doses of DXM taken with alcohol or other drugs, including antidepressants, can cause death.
Alcohol is consumed orally.	Misusing alcohol can result in an 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, at high doses, death.
Cigarettes, cigars, and pipes are smoked. Some users prefer smokeless tobacco (chew, dip, snuff), which is placed inside the mouth between the lips and gums.	Tobacco has many short- and long-term effects. They include addiction, heart and cardiovascular disease, cancer, emphysema, and chronic bronchitis. 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. Users then inhale the resulting aerosol or vapor.	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.



WHY DO CHILDREN, YOUTH, AND YOUNG ADULTS USE DRUGS?

Researchers have tried for years to figure out how drug and alcohol misuse starts. They have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. While many people with risk factors do not use illegal drugs or alcohol and many people with protective factors do, understanding these findings can help prevention programs provide support to those who need it most.³⁹

RISK FACTORS

Young people may try drugs or alcohol 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. Examples⁴⁰ of risk factors for adolescent and young adult substance use include:

- Having poor grades in school
- Having friends and peers who engage in alcohol or drug use
- Witnessing parental attitudes that are favorable to drug use and parental approval of adolescent drinking and drug use
- Being exposed to alcohol or drug use in movies or television
- Having a 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, the CDC and Prevention found that one in four young adults aged 18 to 24 started using or increased their substance use to cope with stress associated with COVID-19 in 2020.⁴¹

As living through the COVID-19 experience is having the same impacts as trauma exposures, be on the lookout for common responses to trauma among your children and adolescents (including the use of drugs, alcohol, or tobacco).⁴² Try to help your children find positive, safe, and healthy ways to deal with social isolation and manage their stress (keep reading for examples).

Adverse Childhood Experiences, or ACEs, may increase the risk for future substance misuse. 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 divorce.^{43,44} ACEs are associated with early initiation of alcohol use, misuse of prescription



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.

drugs, and an increased risk of developing a substance use disorder.⁴⁵ 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 misuse.⁴⁶

Similarly, toxic stress (stress that goes on for a long time) leaves children more vulnerable to future substance misuse.⁴⁷ Toxic stress may be caused by social factors, such as living in under-resourced neighborhoods, moving frequently, or experiencing food insecurity. Other causes of toxic stress include historical and ongoing trauma due to systemic racism, deep-seated health care disparities, or poverty resulting from limited educational and economic opportunities.⁴⁸ While many toxic 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).

HOW TO PROTECT YOUR CHILD

Parents and caregivers play a crucial role in supporting positive experiences in early childhood and adolescence. To reduce the

LOW-RISK DRINKING GUIDELINES FOR ADULTS

When adults of legal drinking age choose to consume alcohol, the U.S. Dietary Guidelines for Americans recommends limiting intake to:

- **Men—2 drinks or less per day on days when alcohol is consumed**
- **Women—1 drink or less per day on days when alcohol is consumed***

*** Women who are pregnant should not drink alcohol.**

U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2020). Dietary Guidelines for Americans, 2020–2025. 9th Edition.
<https://dietaryguidelines.gov>

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 drugs or alcohol. In addition, the more children bond with their parents, the more likely they are to listen to them, follow 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. (For more information about protective factors, keep reading.)

Also, remember that your words and actions can make a difference. For example, if you consume an occasional glass of wine with dinner or a cold beer on the weekend, explain to your child how an adult drinking in a low-risk manner differs from a minor drinking illegally.⁴⁹ If they want to know about your tobacco use, tell them how it has affected your life. Ask them to support your efforts to quit—then do it. You are an important role model. CDC has helpful information to help you quit smoking: www.cdc.gov/tobacco/quit_smoking/how_to_quit/index.htm.

A risk factor for some young people is bullying. Cyberbullying can involve hurtful or embarrassing emails, texts, or posts on social media sites. 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 info, go to www.stopbullying.gov/cyberbullying/what-is-it.

Be sure your children use online privileges wisely. Learn the websites they go to and the lingo they use. Know who they talk to in texts, chat rooms, and messages. Watch your credit card and bank statements for signs your child may be buying drugs or alcohol. 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.

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



Let your child know that someone who cares is available to help **at any time of the day or night.**

PROTECTIVE FACTORS

An important goal of substance use prevention is to change the balance so the effects of protective factors outweigh any risk factors.⁵⁰ Examples⁵¹ of protective factors are:

- Attending a school with policies against using alcohol and drugs and where policies are enforced
- Having an adult role model—even if it isn't a parent—with healthy beliefs and clear standards who doesn't use tobacco or drugs, or misuse alcohol
- Participating in groups that have healthy standards such as faith-based groups
- Living in a community that encourages community involvement and makes available youth activities that prohibit drugs and alcohol

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—[Start A Conversation: 10 Questions Teens Ask About Drugs and Health](#). There is even an app for that! SAMHSA has a 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 Resources page at www.samhsa.gov/underage-drinking/parent-resources and through the “Talk. They Hear You.” app at www.samhsa.gov/underage-drinking/mobile-application.

Let your child know they can go to you during stressful and uncertain situations—including, but not limited to, the COVID-19 pandemic and all the ways it has changed everyday life. Model self-care to your child by first identifying and addressing your own feelings about the stressful situation. As your child is processing their own reactions, try to be supportive, remain as calm as possible, and reduce other life stressors.⁵²

Other ways you can help include:

- Letting your child know they can talk about things that make them anxious (but not pressuring them to do so)
- Allowing them to ask questions
- Fostering positive and healthy activities
- Modeling wellness by setting routines, eating healthy meals, getting enough sleep, exercising, and taking deep breaths to handle stress^{53,54}

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 tobacco, 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.^{55,56}

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 they may rather do in front of peers.

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 the child's life without anyone else hearing or interrupting. Make the moments count—whether they happen on a short bike ride or 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 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.

PROVIDE POSITIVE ROLE MODELS

Children learn what they see. Your attitudes and actions shape theirs. If you drink alcohol, do so following the Dietary Guidelines for Americans' low-risk guidelines ([see page 24](#)). Never suggest that drinking 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 texting, messaging, or video chats to bridge the miles.

PROMOTE HEALTHY ACTIVITIES

Find a healthy way to keep your children busy after school, on weekends, or in the summer. Sports provide children exercise, help them cope with stress, and teach them how important it is to stay healthy and drug free.^{57,58} Your child might enjoy taking art classes, participating in a youth club, volunteering, or doing paid jobs in the neighborhood like helping at a camp, mowing lawns, or babysitting.

GET INVOLVED ... IN THEIR SOCIAL LIFE

Get to know your child's friends and their parents. Share with the other parents your policy against your child's use of tobacco, alcohol, and other drugs. 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 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. A 2011 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. The risk was higher for teens who had seen pictures of other youth using—or passed out from—alcohol or drugs. In addition, research has demonstrated an association between adolescents' exposure to friends' alcohol-related posts on social media and the later onset of drinking behaviors.⁵⁹

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.⁶⁰ And while you may not want to be a helicopter parent, 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.⁶¹ This may look like 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 resource with more information on this topic: www.justice.gov/coronavirus/keeping-children-safe-online.

Sports provide children exercise, help them cope with stress, and teach them how **important it is to stay healthy and drug free.**



GET INVOLVED ... IN FOSTERING A HEALTHY SCHOOL

School connectedness happens when students feel peers at their school—as well as 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.⁶²

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.⁶³ In a positive school climate, everyone works together to help young people learn. Students feel safe, engaged, and respected. To learn more, download the U.S. Department of Education's Parent and Educator Guide to School Climate Resources at www2.ed.gov/policy/elsec/leg/essa/essaguidetoschoolclimateo41019.pdf.

School policies are also related to lower rates of substance use disorders and mental health issues among students.⁶⁴ 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.⁶⁵

Additionally, the U.S. Department of Education has developed a fact sheet to assist schools, school districts, and colleges and universities to prevent substance-related issues, especially overdoses, as well as mitigate the effects of a possible overdose through preparing to respond and recover from possible incidents while protecting the school or higher education community. To learn more, download the U.S. Department of Education's Opioid Fact Sheet-Preparing for Opioid-Related Emergencies for K-12 Schools and Institutions of Higher Education at <https://rem.s.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?



School connectedness happens when students feel peers at their school care—as well as adults in their community—about them and their learning.



Also, consider the following:

- SAMHSA's Strategic Prevention Framework shows community members how to address substance misuse 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 all 50 states and several countries.
- 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.^{66,67,68}
- 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 2019 alone, the DFC program funded more than 700 coalitions across the United States. For more information, visit www.cdc.gov/drugoverdose/drug-free-communities/coalitions.html.

HOW DO I TALK TO MY CHILD ABOUT DRUGS?⁶⁹

Some parents find it difficult to talk with their children about drugs and alcohol. 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 tobacco, drugs, and alcohol 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 including tobacco, e-cigs, and alcohol.

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 do not want your child to use drugs even though you did. 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 making the same mistake. You might say things like:

- “I smoked weed to fit in, but now I know how dangerous it was. And it’s even more dangerous now than it used to be. Now I understand the devastating effects it can have on your brain and possibly 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. I would hate for you to ruin 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 them—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 to 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 day care—the family plays the most important role in their development.⁷⁰

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 someone smoking, for example, tell your child that tobacco is bad and that it can cause people to get very sick and die.
- Teach on their level. Children this age will listen as you explain that things like cleaning products or paint have unsafe ingredients in them. Caution them never to take

SAFE MEDICINE STORAGE

Put CDC’s [safe medicine storage guidelines](#) for children into practice:

- 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 and 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.



Young children mimic adults, so **use every opportunity you can to share your feelings** about substance use.

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 them 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 to preschool) that build confidence in their ability to do so.

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

Children this age are anxious 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 or other healthy activity together 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 medicated 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).
- 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. For example, let them know they are super smart for disliking the smell of cigarettes and that you trust their ability to 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 anti-drug or "no use" message.
- If your child does not start conversations about drugs and alcohol 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, your child tells you that a friend named Kevin rode in a car driven by his older brother and that the brother was smoking marijuana while driving. 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 go to jail or have had a serious crash. I hope you know you can call me if someone you are riding with is drinking or using 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 do drugs and drive."



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

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 drugs and alcohol at a young age, they know how you feel and they have 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. Keep in mind that the Monitoring the Future Study showed increases in vaping (both nicotine and marijuana) and inhalants among 8th graders surveyed in 2019.⁷¹

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

- As with children at earlier ages, encourage your 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, tobacco, 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, 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 drug use. Ask their friends “Are you going to be a positive influence on my child following my rules or not?” Get to know their parents, too, and share with them your desire to raise a child who understands the risks of substance use.
- When you talk with your children, suggest phrases they can say if someone offers drugs or alcohol to them, such as “That stuff is really bad for you!” or “My mom would kill me if I drank a beer!”



Remember, it is important to talk but it is also important to listen.

- Tell your children often that you will come get them any time if they need to leave a place where alcohol or drugs are being used. Promise them they won't get in trouble for calling you. If you can't be available, find a responsible adult who will go in your place. Discuss with them what they would do if they saw alcohol or substance use at a party.
- Remember, it is important to talk but it is also important to listen. 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.)
- 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 and nida.nih.gov/teens, which were developed for teens and young adults. You can even require they visit these websites 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 drugs, alcohol, and tobacco. Even if they haven't used, they have probably seen others do it, sometimes to excess and perhaps with serious consequences. They may even know young people with substance use disorders.

You can't choose their friends. You can only help create opportunities for healthy choices around friends and activities that do not involve drinking, smoking, or 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.
- 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, 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



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

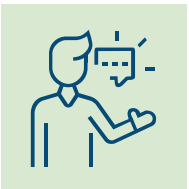
your teen about drugs that are an issue at their school, in friends' homes, and at parties.

- 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, has harmful effects on the developing teen brain, and federal law prohibits it.
- 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 drug and alcohol 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 or 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 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 2019, 53% of young adults between the ages of 18 and 22, regardless of college enrollment status, reported past-month use of illicit drugs or alcohol.⁷² You may find it more difficult to stay connected to your young adult as they gain more independence and self-reliance. Remember: your young adult still looks to you for guidance, and what you say to them about substance use still matters.⁷³

- 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.
- 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 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 for infractions and safety concerns.
- Young adults entering the workforce may be exposed to older coworkers who drink or do 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 do drugs.



Remember: your young adult still looks to you for guidance, and **what you say to them about substance use still matters.**

Parents play an important role in preventing their children from starting to use drugs.



- Remind your child that substance misuse 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: it's the law. 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 new 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, tobacco, and 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 tobacco, alcohol, and drugs 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.



Don't assume your children know how to handle temptation. Instead, **educate them about risks and alternatives to temptation** so they can make healthy decisions.

WHY YOU SHOULD TALK WITH YOUR CHILD ABOUT ALCOHOL⁷⁴

- 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 OR ALCOHOL⁷⁵

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 alcohol, tobacco, or other drugs.	■ Talk without listening.
■ Praise your children when they deserve it. This builds their self-esteem and makes them feel good without using drugs or 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.



WHAT IF I THINK MY CHILD IS USING DRUGS?

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

For example, a child who starts acting withdrawn or seems tired, depressed, or mad for no reason could be experimenting with drugs. Other signs⁷⁶ can include:

- Changing friends
- Not caring about personal appearance
- Slipping grades, skipping classes
- Losing interest in favorite activities
- Behavioral or academic trouble at school or with the law
- Changes in eating or sleeping habits
- Not getting along with family members
- Lying or stealing

These signs do not always mean there is a drug or alcohol problem, but they may be cause for concern. Try to find out what is going on.

HOW TO PROCEED

Share your suspicions with your spouse, partner, or someone you trust who is unbiased and can help you sort out your feelings and 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 is not under the influence of drugs) before starting the conversation. Start by sharing your suspicions, but do not make accusations. “I suspect 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 or 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, I (we) love and care about you. I (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 misuse occurs in all kinds of families.

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.

SUBSTANCE USE DISORDERS

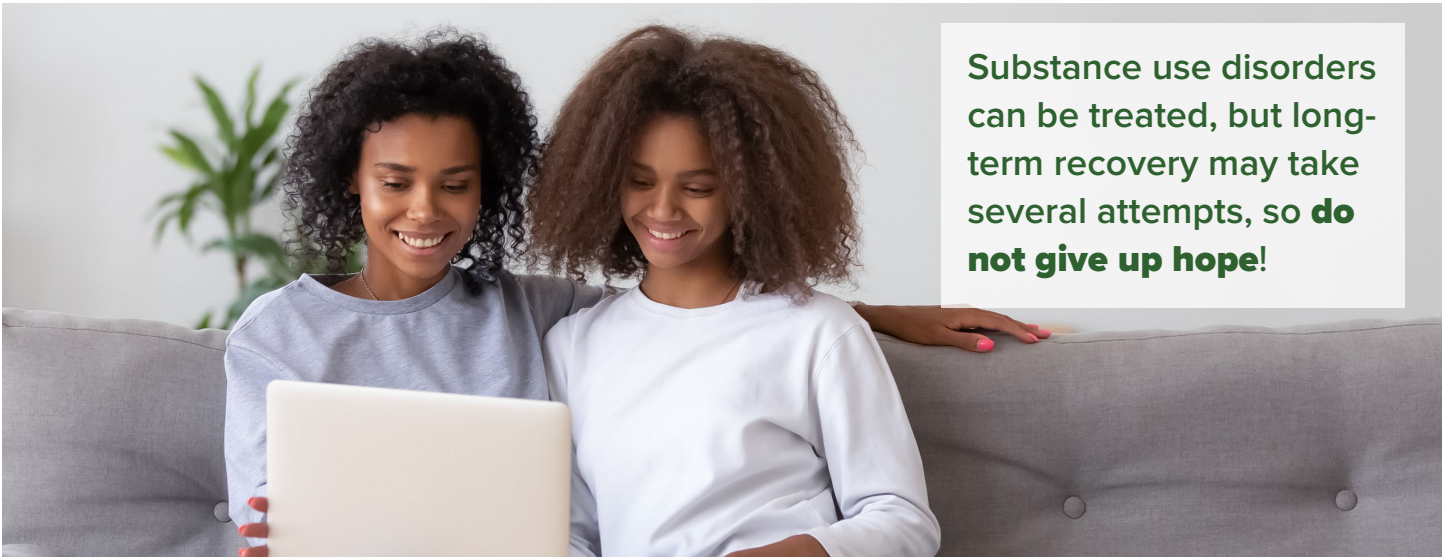
Society used to think people with a substance use disorder lacked willpower. Today, science tells us that substance use disorders are not character flaws. Substance use disorders—or addictions—are chronic brain disorders with the chance for recurrence (relapse) and recovery. Multiple brain circuits are 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.⁷⁷

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.

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 & Treatment Program Locator, Opioid Treatment Program Directory, and more. Also, see [Section 6](#) of this guide for additional resources on screening and treatment.



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

Substance use disorders can be treated, but long-term recovery may take several attempts, so do not give up hope! Learn more at www.nida.nih.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/principles-adolescent-substance-use-disorder-treatment.

SCREENING AND TREATMENT

Screening, brief intervention, and referral to treatment (commonly referred to as SBIRT) is one way to help young people who are misusing substances. This is a quick screening by a doctor 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 do a screen on your child during the 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.

RECOVERY

Recovery is when a person with a substance use disorder stops taking drugs and starts living a healthy and productive life without them. 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 and to recover their lives.⁷⁸

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 and alcohol 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 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. The National Council on Alcoholism and Drug Dependence has resources not only for people in recovery, but also family and friends. Learn more at www.ncadd.org.



06

RESOURCES

FOR CHILDREN, YOUTH, AND YOUNG ADULTS

Above the Influence— www.abovetheinfluence.com

This site gives facts to teens that help them stand up to negative influences, such as the pressure to use drugs and alcohol.

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.

Just Think Twice—www.justthinktwice.com

This DEA site for young people gives information about drugs and their consequences.

NIDA for Teens—<http://nida.nih.gov/teens>

This NIDA site helps teens learn about drugs, get advice from other teens, watch educational videos, and play brain games. The site also includes sections for teachers and parents.

Students Against Destructive Decisions— www.sadd.org

This organization uses peer-to-peer communication to help youth turn away from bad decisions, especially those involving underage drinking, drug use, impaired and risky driving, and teen violence and suicide.

Teens.smokefree.gov— <http://teens.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— www.collegiaterecovery.org

This group's aim is to support students in recovery who are attending college.

Association of Recovery Schools—

www.recoveryschools.org

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

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 teach teens about dangerous substances 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

This site has valuable drug education and prevention resources for parents, educators, and caregivers. Information is provided by DEA.

Mentor Foundation USA—www.mentorfoundationusa.org

Mentor Foundation USA's "Living the Example" is an innovative peer-to-peer substance use prevention program empowering youth to speak out and providing them a platform to be heard.

National Council on Alcoholism and Drug Dependence, Inc.—www.ncadd.org

Find information on alcohol and drug addiction, including how to find help in your area.

National Families in Action—www.nationalfamilies.org

National Families in Action protects children from addictive drugs with science, not spin. NFIA publishes information educating the public about addictive drugs, including The Marijuana Report website (www.themarijuanareport.org).

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, as well as a section for students and young adults.

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 Prevention Lifeline—www.suicidepreventionlifeline.org

This SAMHSA-funded crisis hotline is for many issues, not just suicide. Call 1-800-273-TALK (8255) toll free if you feel sad, hopeless, or suicidal; if you are concerned about a friend or family member; if you have been bullied; or if you need mental health treatment referrals.

Office of National Drug Control Policy—www.whitehouse.gov/ondcp

ONDCP staff advise the president on U.S. drug control. They also produce a National Drug Control Strategy to address illicit drugs, as well as crimes and health issues related to drugs.

Operation Prevention—www.operationprevention.com

DEA and Discovery Education have joined forces to combat the epidemic of prescription opioid misuse and heroin use nationwide. Operation Prevention's mission is to educate students through virtual field trips, interactive activities, and digital lesson plans on the true impacts of opioids and kick-start lifesaving conversations in the home and classroom.

Parent Movement 2.0—www.parentmovement2-0.org

Parent Movement 2.0 provides parents with education, peer support, and ways to take action against drug use by youth.

Partnership to End Addiction—www.drugfree.org

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

Smokefree.gov—www.smokefree.gov

This website by the National Cancer Institute can help you or a loved one 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 leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families. To download or order SAMHSA publications, go to www.store.samhsa.gov.

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 illegal alcohol use by minors. 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

The ED site has resources to support State and local education agency efforts to prevent and reduce opioid and other substance misuse. The site also has resources to help educate students, families, and educators about the dangers of substance misuse and about ways to prevent and overcome addiction.

Young Marines—www.youngmarines.com

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.





ACKNOWLEDGEMENTS

The Drug Enforcement Administration and the U.S. Department of Education thank the following people and agencies for their review and helpful comments on the publication:

Frances Harding

FMH Prevention Consulting, LLC

National Institute on Alcohol Abuse and Alcoholism

National Institute on Drug Abuse

Office of National Drug Control Policy

Nelia Nadal and Robert Vincent

SAMHSA's Center for Substance Abuse Prevention

Craig PoVey

Utah Division of Substance Abuse and Mental Health

Gail Taylor

Virginia Department of Behavioral Health and Developmental Services



REFERENCES

- ¹ Substance Abuse and Mental Health Services Administration (SAMHSA). “Key Substance Use and Mental Health Indicators in the United States: Results From the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55),” (2020). Accessed May 5, 2021. <https://www.samhsa.gov/data/release/2019-national-survey-drug-use-and-health-nsduh-releases>.
- ² DuPont, R. L., K. M. Caldeira, H. S. DuPont, K. B. Vincent, C. L. Shea, and A. M. Arria. “America’s dropout crisis: The Unrecognized Connection to Adolescent Substance Use,” Institute for Behavior and Health, Inc., p. ii, (2013). Accessed May 4, 2021. https://www.researchgate.net/publication/280156167_America's_dropout_crisis_The_unrecognized_connection_to_adolescent_substance_use.
- ³ National Institute on Drug Abuse (NIDA). “Drugs, Brains, and Behavior: The Science of Addiction,” Drug Abuse and Addiction. Accessed May 4, 2021. <https://www.nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>.
- ⁴ U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. U.S. Surgeon General’s Advisory: Marijuana Use and the Developing Brain. 2019. <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-marijuana-use-and-developing-brain/index.html#use-adolescence>.
- ⁵ Centers for Disease Control and Prevention (CDC). “Adolescent and School Health, Health & Academics.” Accessed May 5, 2021. www.cdc.gov/HealthyYouth/health_and_academics/index.htm.
- ⁶ HHS, Office of the Surgeon General. U.S. Surgeon General’s Advisory: Marijuana Use and the Developing Brain.
- ⁷ NIDA, “Drugs, Brains, and Behavior.”
- ⁸ Johnston, L. D., R. A. Miech, P. M. O’Malley, J. G. Bachman, J. E. Schulenberg, and M. E. Patrick. “Monitoring the Future National Survey Results on Drug Use 1975–2020: Overview, Key Findings on Adolescent Drug Use,” Ann Arbor: Institute for Social Research, The University of Michigan, pp. 4 & 77 (2021). <https://files.eric.ed.gov/fulltext/ED611736.pdf>.
- ⁹ Ibid., p. 73.
- ¹⁰ Ibid., pp. 77–78.
- ¹¹ Hedegaard, H., A. M. Miniño, and M. Warner. Drug Overdose Deaths in the United States, 1999–2019. NCHS Data Brief, no. 394. Hyattsville, MD: National Center for Health Statistics. 2020. <https://www.cdc.gov/nchs/products/databriefs/db394.htm>.

- ¹² Drug Enforcement Administration (DEA). “You Could Die From Drugs.” Accessed May 4, 2021. www.justthinktwice.com/you-die-drugs.
- ¹³ U.S. Department of Agriculture (USDA) and HHS. (2020). Dietary Guidelines for Americans, 2020-2025. 9th Edition. <https://dietaryguidelines.gov>.
- ¹⁴ Office of Disease Prevention and Health Promotion. “2020 Topics and Objectives, Adolescent Health.” Accessed May 4, 2021. www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health.
- ¹⁵ NIDA, “Drugs, Brains, and Behavior.”
- ¹⁶ CDC. “Youth and Tobacco Use.” Accessed May 4, 2021. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm.
- ¹⁷ HHS, Office of the Surgeon General. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: HHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012. https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf_NBK99237.pdf.
- ¹⁸ Johnston et al., p. 47.
- ¹⁹ Ibid.
- ²⁰ Ibid., p. 52.
- ²¹ NIDA. “Vaping Devices (Electronic Cigarettes) DrugFacts.” Accessed June 23, 2021. <https://www.nida.nih.gov/publications/drugfacts/vaping-devices-electronic-cigarettes>.
- ²² Ibid.
- ²³ Johnston et al., pp. 4 & 77.
- ²⁴ SAMHSA, “Key Substance Use and Mental Health Indicators in the United States.”
- ²⁵ National Institute on Alcohol Abuse and Alcoholism (NIAAA). “Alcohol Facts and Statistics.” Accessed May 5, 2021. www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics.
- ²⁶ HHS, Office of the Surgeon General. Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. Washington, DC: HHS, 2016. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>.
- ²⁷ NIDA. “Misuse of Prescription Drugs Research Report.” (2020). Accessed May 5, 2021. <https://www.nida.nih.gov/publications/research-reports/misuse-prescription-drugs/overview>.
- ²⁸ DEA. “Drugs of Abuse, 2020 Edition, a DEA Resource Guide.” Accessed May 5, 2021. www.getsmartaboutdrugs.com/sites/getsmartaboutdrugs.com/files/publications/Drugs%20of%20Abuse%202020-Web%20Version-508%20compliant-4-24-20.pdf.
- ²⁹ DEA. “Get Smart About Drugs website, How Opioid (Painkiller) Abuse Can Lead to Heroin Use.” Accessed May 5, 2021. www.getsmartaboutdrugs.com/content/how-opioid-painkiller-abuse-can-lead-heroin-use.
- ³⁰ NIDA. “Opioid Overdose Crisis.” Accessed May 5, 2021. <https://www.nida.nih.gov/drug-topics/opioids/opioid-overdose-crisis>.
- ³¹ CDC. “Opioid Data Analysis and Resources.” Accessed May 5, 2021. <https://www.cdc.gov/drugoverdose/data/analysis.html>.
- ³² NIDA. “Marijuana Potency.” Accessed May 5, 2021. <https://www.nida.nih.gov/drug-topics/marijuana/marijuana-potency>.
- ³³ CDC. “Trends in the Prevalence of Marijuana, Cocaine, and Other Illegal Drug Use National YRBS: 1991–2019.” Accessed May 5, 2021. https://www.cdc.gov/healthyyouth/data/yrbs/factsheets/2019_us_drug_trend_yrbs.htm.
- ³⁴ SAMHSA. 2021. “Talking With Your Teen About Marijuana: Keeping Your Kids Safe.” <https://store.samhsa.gov/product/talk-they-hear-you-talking-with-your-teen-about-marijuana-keeping-your-kids-safe-parent-brochure/PEP20-03-01-004>.

- ³⁵ Whitehill, J. M., J. A. Dilley, A. Brooks-Russell, L. Terpak, and J. M. Graves. "Edible Cannabis Exposures Among Children: 2017–2019," *Pediatrics* 147, no. 4 (April 2021), <https://doi.org/10.1542/peds.2020-019893>.
- ³⁶ DEA. "Get Smart About Drugs, Spice/K2, Synthetic Marijuana Drug Info." Accessed May 5, 2021. <https://www.justthinktwice.com/drugs/spice-k2-synthetic-marijuana>.
- ³⁷ Johnston et al., p. 17.
- ³⁸ CDC. "National Center for Health Statistics, National Vital Statistics Reports, Drugs Most Frequently Involved in Drug Overdose Deaths: United States 2011–2016," 67, no. 9 (December 20, 2018). Accessed May 5, 2021. https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_09-508.pdf.
- ³⁹ NIDA. "Principles of Substance Abuse Prevention for Early Childhood." Accessed May 5, 2021. www.nida.nih.gov/publications/principles-substance-abuse-prevention-early-childhood.
- ⁴⁰ HHS, Office of the Surgeon General. *Facing Addiction in America*.
- ⁴¹ Czeisler, M. É., R. I. Lane, E. Petrosky, J. F. Wiley, A. Christensen, R. Njai, M. D. Weaver, et al. "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020." *MMWR Morb Mortal Wkly Rep* 69, no. 32 (August 2020): 1049–57. <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>.
- ⁴² National Institute of Mental Health. "Helping Children and Adolescents Cope With Disasters and Other Traumatic Events: What Parents, Rescue Workers, and the Community Can Do." Accessed May 11, 2021. <https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-disasters-and-other-traumatic-events>.
- ⁴³ CDC. "Preventing Adverse Childhood Experiences." (2021). Accessed May 5, 2021. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>.
- ⁴⁴ Administration for Children and Families. "Adverse Childhood Experiences (ACEs)." Accessed May 5, 2021. <https://www.childwelfare.gov/topics/preventing/overview/framework/aces>.
- ⁴⁵ Rothman, E. F., E. M. Edwards, T. Heeren, and R. W. Hingson. "Adverse Childhood Experiences Predict Earlier Age of Drinking Onset: Results From a Representative US Sample of Current or Former Drinkers," *Pediatrics* 122, no. 2 (August 2008): e298–304. <https://pediatrics.aappublications.org/content/122/2/e298>
- ⁴⁶ Forster, M., A. L. Gower, I. W. Borowsky, and B. J. McMorris. "Associations Between Adverse Childhood Experiences, Student-Teacher Relationships, and Non-Medical Use of Prescription Medications Among Adolescents." *Addict Behav* 68 (May 2017): 30–34. doi:10.1016/j.addbeh. <https://www.sciencedirect.com/science/article/abs/pii/S0306460317300059>
- ⁴⁷ Amaro, H., M. Sanchez, T. Bautista, and R. Cox. "Social Vulnerabilities for Substance Use: Stressors, Socially Toxic Environments, and Discrimination and Racism." *Neuropharmacology* 188, (2021). <https://doi.org/10.1016/j.neuropharm.2021.108518>.
- ⁴⁸ CDC. "Preventing Adverse Childhood Experiences." Accessed May 5, 2021. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>.
- ⁴⁹ USDA and HHS. (2020). *Dietary Guidelines for Americans, 2020–2025*. 9th Edition. <https://dietaryguidelines.gov>.
- ⁵⁰ NIDA, "Principles of Substance Abuse Prevention."
- ⁵¹ HHS, Office of the Surgeon General. *Facing Addiction in America*.
- ⁵² National Institute of Mental Health, "Helping Children and Adolescents Cope."
- ⁵³ SAMHSA. "Talking With Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks." Accessed May 11, 2021. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-01-01-006-508.pdf.
- ⁵⁴ CDC. "Talking With Children About Coronavirus Disease 2019." Accessed May 5, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>.
- ⁵⁵ NIDA. "Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, Second Edition." Accessed September 27, 2021. https://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf.

- ⁵⁶ Kosterman, R., J. D. Hawkins, K. P. Haggerty, R. Spoth, and C. Redmond. "Preparing for the Drug Free Years: Session-Specific Effects of a Universal Parent-Training Intervention with Rural Families," *Journal of Drug Education* 31, no. 1 (2001): 47–68. <https://doi.org/10.2190/3KP9-V42V-V38L-6G0Y>.
- ⁵⁷ NIDA. "Physical Activity May Prevent Substance Abuse." Accessed September 27, 2021. <https://archives.drugabuse.gov/news-events/nida-notes/2011/03/physical-activity-may-prevent-substance-abuse>.
- ⁵⁸ SAMHSA. "Why Your Child Might Start Drinking." Accessed September 27, 2021. <https://www.samhsa.gov/talk-they-hear-you/parent-resources/why-your-child-might-start-drinking>.
- ⁵⁹ Costello, C. R., and D. E. Ramo. "Social Media and Substance Use: What Should We Be Recommending to Teens and Their Parents?" *Journal of Adolescent Health* 60, no. 6: 629–630. [https://www.jahonline.org/article/S1054-139X\(17\)30158-1/fulltext](https://www.jahonline.org/article/S1054-139X(17)30158-1/fulltext).
- ⁶⁰ Federal Trade Commission. "Talk to Your Kids." Accessed May 5, 2021. <https://www.consumer.ftc.gov/articles/0006-talk-your-kids#talk%20early%20and%20often>.
- ⁶¹ Costello and Ramo, "Social Media and Substance Use."
- ⁶² CDC. "Adolescent and School Health, School Connectedness." Accessed May 5, 2021. https://www.cdc.gov/healthyyouth/protective/school_connectedness.htm.
- ⁶³ National Center on Safe Supportive Learning Environments. Accessed May 5, 2021. <https://safesupportivelearning.ed.gov/edscls>.
- ⁶⁴ "School Climate Research Summary: August 2012, School Climate Brief," no. 3. Accessed May 5, 2021. <https://www.schoolclimate.org/storage/app/media/PDF/sc-brief-v3.pdf>.
- ⁶⁵ Institute of Education Sciences, National Center for Education Statistics. "Evaluation Brief, What Are Districts' Written Policies Regarding Student Substance-Related Incidents?" (February 2012). Accessed May 5, 2021. <http://ies.ed.gov/ncee/pubs/20124022/pdf/20124022.pdf>.
- ⁶⁶ Hawkins, J. D., S. Oesterle, E. C. Brown, K. C. Monahan, R. D. Abbott, M. W. Arthur, and R. F. Catalano. "Sustained Decreases in Risk Exposure and Youth Problem Behaviors After Installation of the Communities That Care Prevention System in a Randomized Trial," *Archives of Pediatric and Adolescent Medicine* 166, no. 2 (February 2012): 141–148. <https://jamanetwork.com/journals/jamapediatrics/fullarticle/1107692>.
- ⁶⁷ Kuklinski, M. R., S. Oesterle, J.S. Briney, and J. D. Hawkins. "Long-term Impacts and Benefit-Cost Analysis of the Communities That Care Prevention System at Age 23, 12 Years After Baseline," *Prevention Science* 22 (2021): 452–463. <https://doi.org/10.1007/s1121-021-01218-7>.
- ⁶⁸ Spoth, R., C. Redmond, C. Shin, M. T. Greenberg, M. E. Feinberg, and L. Trudeau. "PROSPER Delivery of Universal Preventive Interventions with Young Adolescents: Long-Term Effects on Emerging Adult Substance Misuse and Associated Risk Behaviors," *Psychological Medicine* 47, no. 31 (2017): 2246–2259. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5963524/>.
- ⁶⁹ Suggestions in Section 4 were primarily based on NIAAA's booklet, "Make a Difference – Talk To Your Child About Alcohol," at <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/make-a-difference-child-alcohol>; NIDA's guide, "Marijuana: Facts Parents Need to Know," at <https://www.nida.nih.gov/publications/marijuana-facts-parents-need-to-know/letter-to-parents>; SAMHSA's "Talk. They Hear You." website at <https://www.samhsa.gov/talk-they-hear-you/parent-resources>; and HHS, Office of Disease Prevention and Health Promotion's webpage, "Talk to Your Kids about Tobacco, Alcohol, and Drugs," at <https://health.gov/myhealthfinder/topics/everyday-healthy-living/mental-health-and-relationships/talk-your-kids-about-tobacco-alcohol-and-drugs>. Accessed May 5, 2021.
- ⁷⁰ NIDA, "Principles of Substance Abuse Prevention."
- ⁷¹ Johnston et al., pp. 73, 77–78.
- ⁷² SAMHSA. "Table 6.1A – Drugs Used With Alcohol or Within 2 Hours of Alcohol Use on Most Recent Use of Alcohol in Past Month Among Past Month Alcohol Users Aged 12 or Older, by Age Group and Underage and Legal Drinking Age Groups: Numbers in Thousands, 2018 and 2019." Accessed May 5, 2021. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect6pe2019.htm>.



⁷³ SAMHSA. “After High School: Talking With Your Young Adult About Underage Drinking.” Accessed May 5, 2021. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-03-10-001.pdf.

⁷⁴ SAMHSA. “Talk. They Hear You.” Accessed May 5, 2021. <https://www.samhsa.gov/talk-they-hear-you>.

⁷⁵ Suggestions in this table were primarily based on NIAAA’s booklet, “Make a Difference – Talk To Your Child About Alcohol,” at http://pubs.niaaa.nih.gov/publications/MakeADiff_HTML/makediff.htm; NIDA’s guide, “Marijuana: Facts Parents Need to Know,” at <https://www.nida.nih.gov/publications/marijuana-facts-parents-need-to-know/letter-to-parents>; SAMHSA’s “Talk. They Hear You.” website at <https://www.samhsa.gov/talk-they-hear-you/parent-resources>; and HHS, Office of Disease Prevention and Health Promotion’s webpage, “Talk to Your Kids about Tobacco, Alcohol, and Drugs,” at <https://healthfinder.gov/HealthTopics/Category/parenting/healthy-communication-and-relationships/talk-to-your-kids-about-tobacco-alcohol-and-drugs>. Accessed May 5, 2021.

⁷⁶ NIDA. “Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide.” Accessed May 5, 2021. https://www.nida.nih.gov/sites/default/files/podata_1_17_14.pdf.

⁷⁷ NIDA. “The Science of Drug Abuse and Addiction: The Basics.” Accessed May 5, 2021. www.nida.nih.gov/publications/media-guide/science-drug-use-addiction-basics.

⁷⁸ NIDA. “Treatment Approaches for Drug Addiction.” Accessed May 5, 2021. www.nida.nih.gov/publications/drugfacts/treatment-approaches-drug-addiction.



Drug Enforcement Administration

Office of Congressional and Public Affairs
Community Outreach and Prevention Support Section
Phone: (202) 307-7936
Email: community.outreach@dea.gov

U.S. Department of Education

Office of Elementary and Secondary Education
Office of Safe and Supportive Schools
Phone: (202) 453-6777
Email: OESE.OSSS@ed.gov