



Keeping Youth DRUG FREE





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U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Acknowledgments

This publication was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by the Center for Substance Abuse Prevention (CSAP) under contract number HHSS277201600001C, with SAMHSA, U.S. Department of Health and Human Services (HHS). David Lamont Wilson served as the Government Project Officer.

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Recommended Citation

Keeping Youth Drug Free. HHS Publication No. (SMA) 17-3772. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2017.

Originating Office

Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857. HHS Publication No. (SMA) 17-3772. First printed 2002. Revised 2017.



YOU HOLD THE KEY TO YOUR CHILD'S FUTURE.

Few things worry parents, grandparents, and other caregivers more than the prospect of children using alcohol, tobacco, and illicit drugs. They know youth under their charge spend many hours each day out of their sight and are subject to influences they can't control. Youth may be encouraged by their peers to try marijuana, try inhalants, or misuse prescription drugs. Media often link alcohol use with fun and excitement and with being popular and sophisticated. Dangers seem to lurk everywhere.





WHAT TO KNOW AND WHAT TO DO

Your 16-year-old may be taller than you and faster than you at certain tasks, but his brain will still be developing when he's in his early twenties. From age 13 to 25, the young brain is intensively shaped and reshaped based on its experiences. Connections within the brain that are used a lot become stronger while those that are not used much get weaker. That's why it's vital for youth to get involved in challenging intellectual, athletic, and social activities—it will do their brains good for the rest of their lives.

The last region of the brain to develop is the pre-frontal cortex which governs judgment. Teens have a lot of energy and emotion, but without the ability to predict outcomes and plan accordingly, they can make choices such as using drugs and alcohol that will hurt them for life.





In 2016, 1.9 million youth ages 12-17 reported using illicit drugs and 2.3 million used alcohol in the past month, with more than half of those youth reporting binge drinking. Each day, about 3,300 youth try marijuana for the first time and about 6,300 try alcohol for the first time.¹

The long-term effects of early alcohol and illicit drug use are even more alarming. Multiple studies have found associations between early initiation of alcohol or illicit drug use (for example, in adolescence) and an increased likelihood of developing substance use disorders.

Recent years have brought heartening news with fewer youth using harmful substances. However, with many teens still using alcohol and illicit substances, our job in keeping youth alcohol-and drug-free, safe, and healthy is far from done.

The good news is that you can influence whether or not your child uses alcohol or drugs. Taking a clear stand against substance use by talking with children early is a good place to start. The majority of adolescents who start drinking do so when they are in the 7th or 8th grade and are about 13-14 years old.² That's why parents, caregivers, teachers, and others should start talking with children about alcohol use well before the teen years and should continue talking throughout adolescence. What's more, the sooner you talk to your children about alcohol, the greater chance you have of influencing their decisions about drinking. Studies have shown that parents have a significant influence on young people's decisions about alcohol, especially when parents create supportive and nurturing environments in which their children can make their own decisions.

¹U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*. (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Retrieved from <https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH>

²U.S. Department of Health and Human Services, Office of the Surgeon General. (2007). *The Surgeon General's call to action to prevent and reduce underage drinking*. Retrieved from <http://www.surgeongeneral.gov/library/calls/underage-drinking-educator-guide.pdf>



Watching and supporting a youth's emotional well-being is another important way for parents to reduce the odds of their child using harmful substances.

Ties between substance use and mental health problems are strong. Youth who experience a major depressive episode are more likely to engage in illicit drug use and more likely to smoke cigarettes every day. They also are more likely to be dependent on or use illicit drugs or alcohol.

Here are some steps you can take to help the child you love reject illicit drugs and alcohol.

ESTABLISH AND MAINTAIN GOOD COMMUNICATION WITH YOUR CHILD.

Talk with your child every day—but most importantly, listen. We all need to be heard and understood. Listen especially for the feelings behind your child's words. Is the child in your care frightened, lonely, depressed or hurt?

Suppose your 13-year-old daughter says flatly, "Emily is having a party and Madison and Chloe are invited, but I'm not." She doesn't look sad, so you don't think much of it and reply, "That's good because we really need to get some errands done anyway."

What if your daughter was in fact very hurt about not being invited to the party? She may be more upset than she realizes. After a series of conversations like this with you, she may start to keep more things to herself and seem to have less to say. With less of a connection with



you, she will need to seek gratification elsewhere and be more subject to peer pressures, as she searches for a place to belong and to have her emotional needs met.

What if you had instead responded with “Oh, honey, it must feel awful not to be invited when all your friends are going. I’m so sorry.” Your daughter may then open up and admit that she feels terrible and begin to cry. The tears will release her sadness, and she’ll walk away feeling better and glad that she talked to you. Your relationship will become stronger—and that strong relationship with you is her best protection against substance misuse.

If you are successful in opening lines of communication with your child about routine matters, she will be more likely to talk to you about serious issues.





GET INVOLVED IN YOUR CHILD'S LIFE.

Young people are much less likely to use drugs when they have caring adults in their lives and interesting activities to keep them busy, happy, and productive.

- Spend at least 15 minutes a day doing an age-appropriate activity that your child enjoys, such as reading a book, watching a TV program together, riding bikes, going to the library, or playing a game.
- Do something special together each week, such as going for a walk or searching on the Internet for information about a topic you both find interesting.
- Recognize good behavior consistently and immediately. Make the extra effort to catch your child being good.
- Use meal times as an opportunity to share news of the day or to discuss current affairs.

By being involved, you will notice when your child is under stress or needs extra attention.





MAKE CLEAR RULES AND ENFORCE THEM CONSISTENTLY.

If you let your child know that you don't approve of him using alcohol, tobacco, or drugs, he is less likely to do it. You can:

- Discuss why tobacco, illicit drugs, and underage drinking are not acceptable.
- Make sure your child is clear about your rules.
- Lay out what the consequences will be if your rules are broken, and follow through if they are.
- Acknowledge and praise your child when he obeys your rules.

Rules and consequences are important so your child knows exactly where you stand on the issue of substance misuse. Rules also provide structure that is needed for emotional well-being.

BE A POSITIVE ROLE MODEL.

Children learn by watching you. If you make yourself a drink to deal with disappointment or anger, they notice. If you tell your son not to smoke, but then ask him to get you an ashtray from the cupboard, he notices that, too.

Children can understand that adults have privileges they don't have, because adults assume responsibilities that children don't. But if your kids see you misusing substances, you are setting an example that speaks much louder than words. "Do as I say, not as I do" has never been a very compelling argument.

If you use illicit drugs or misuse prescription drugs, your children may conclude:

- The best way to cope with stress and worry is to use drugs.
- Happiness comes from being high on drugs, not from good relationships.
- It's easier to take drugs to escape from your problems than to deal with them.



How to be a good role model to your child:

- Do not misuse alcohol or use tobacco or illicit drugs. Even young children imitate and are influenced by adult behaviors.
- If you can't quit, then at least make sure you do not involve your child in your use of alcohol, tobacco, or illicit drugs.
- When possible, point out examples of bad behavior and negative consequences as a result of substance misuse.

The fact is, if you use alcohol, tobacco, or drugs, your children are more likely to use them too.

If you used illicit drugs in the past, this topic may make you uneasy. Should you tell your child that you used drugs? That depends on a variety of factors, such as your relationship and the child's age and maturity. Some children may not want or

need to know about it. Others may benefit from the lessons you learned.

Remember, your child needs your guidance. Don't let your past drug use stop you from warning your child about the dangers of alcohol, tobacco, and illicit drugs.

Some messages to share with your child are:

- Using drugs and alcohol won't solve your problems.
- Using drugs and alcohol won't make you popular.
- Drugs and alcohol won't help you build a strong body or mind. In fact, they can harm your physical and mental growth and prevent you from participating in sports and other activities.
- I stopped doing drugs (or smoking cigarettes or drinking alcohol), and I'm much happier because of it. I find joy in life from my accomplishments, and from doing fun things with family and friends, not from getting stoned.



- I don't want you to make the same mistakes I did.
- Your brain is still developing into your mid-twenties and doing drugs and alcohol may harm your brain in ways that can't be corrected later.

MONITOR YOUR CHILD'S ACTIVITIES.

Many young people say they started smoking marijuana or using drugs out of boredom. Children with lots of unsupervised time on their hands are at greater risk of substance misuse.

- Establish relationships with your child's friends.
- Get to know other parents and reinforce each other's efforts.
- Know where your child is going, with whom, and what the activity will be.
- Ask for phone numbers and addresses of friends' houses and other places your child goes, and let him know you might drop by. Start doing this when he is 8 or 9, and it will seem normal when he is 14.
- Have your child check in at regular times. Many children have cell phones or can be taught to use a phone card. If your child's cell phone has texting capability, use this feature to check in with them periodically. Make sure she has both your cell and work numbers so she can reach you.
- Set up a system (a "code" word or phrase) so your child can let you know if he needs to be picked up from a party or other social event where alcohol and drugs are being used.



TEACH YOUR CHILD TO CHOOSE FRIENDS WISELY.

The power of peer pressure can be seen any time one person stands alone against a group, because we all want to fit in and belong. As an adult, you can probably remember times when everyone in a group seemed to be in agreement on a certain topic—except you. Was it hard to speak up, knowing you'd have the whole group against you?

Maybe everyone wants to go to the all-you-can-eat buffet, but you know you will overeat if you do. You might feel torn between your desire to lose weight and your desire to be part of the group.

Children have this same need to belong, but usually don't have the strength to stand alone against the group. Therefore it's important that your child not become part of a group that will collectively decide to use drugs, tobacco, or alcohol, for he will then be in the uncomfortable position of having to choose between his friends and his better instincts.

Help your child make friends with kids who are involved in fun, healthy, wholesome activities, not kids with lots of time on their hands and no positive activities, hobbies or sports to focus on. The friendships formed in a swim team, newspaper club, theater group, choir, or pottery class are based on mutual aspirations and interests, and the children in those groups are usually too busy pursuing their goals to bother with substance use.

Some specific action steps include:

- Encourage your child to get involved with groups doing the things that interest her. Whether it's dog training, amateur astronomy, soccer, dance, yearbook, or music lessons, help your child pursue her interests with peers who are doing the same.
- Help your child practice resisting peer pressure. Help her feel comfortable saying "No thanks" or even "Bye, I'm out of here."



- Help your child feel comfortable in social situations by teaching her how to ask questions and be a good listener. Let her also know that it's okay to feel awkward at times; we all do.

Loneliness, boredom and isolation are risk factors for mental and substance use disorders. Help your child develop healthy, wholesome relationships with other happy kids and you will make it less likely that she will turn to drugs or alcohol for comfort.



DRUG FACTS YOU NEED TO KNOW

Would you know what to say if your son asked you what roofies are? Or if your daughter told you that one of her friends has started smoking blunts? Here are some basics about commonly misused drugs, their symptoms, and their consequences. For the latest list of drug slang code words, visit <https://ndews.umd.edu/sites/ndews.umd.edu/files/dea-drug-slang-code-words-may2017.pdf>.

Alcohol

Products include	Liquor, beer, and wine (bourbon, champagne, gin, tequila, vodka, whiskey, and wine coolers).
Street Names	Booze, juice, sauce, brew.
Symptoms of use	Slurred speech, confusion, impaired judgment and motor skills, drowsiness, nausea and vomiting, emotional volatility, loss of coordination, visual distortions, impaired memory, sexual dysfunction and depression.
Potential consequences	Impaired judgment can result in inappropriate sexual behavior, sexually transmitted diseases, injuries, and auto crashes. Habitual use can lead to an inability to control drinking, high tolerance level, blackouts and memory loss, interference with personal relationships, cirrhosis of the liver, vitamin deficiencies, damage to the heart and central nervous system, sexual impotence, and weight gain. Excessive consumption can result in death due to alcohol poisoning or asphyxiation. Overdoses can result in death.
How used	Ingested by drinking.
Medical uses	For appetite stimulation and mild sedation.
Legal status	Illegal for purchase or use by those under 21.

Cannabinoids

Products include	Marijuana, hashish, cannabis sativa, and delta-9-tetrahydrocannabinol (Sativex).
Street Names	Marijuana: Weed, pot, grass, reefer, joint, ganga (pronounced GAHN-juh), herb, bud, Mary Jane, green, trees, smoke, sinsemilla, skunk, and blunt. Hashish: Boom, gangster, hash, and hemp.
Symptoms of use	Mood swings, relaxation, distorted sensory perception, euphoria, slow thinking and reflexes, dilated pupils, increased appetite, impaired balance and coordination, dry mouth, increased pulse rate, impaired learning, impaired attention and memory, sleepiness, anxiety, panic attacks, delusions, and hallucinations.
Potential consequences	Addiction; breathing problems, including inflammation of the airways and symptoms of chronic bronchitis, such as daily cough and phlegm; short-term declines in memory, attention, and learning; increased risk of poisoning among children; increased risk for low birth weight in babies when a mother uses during her pregnancy; increased risk for psychosis or schizophrenia.
How used	Ingested, smoked, and vaporized.
Medical uses	Amelioration of nausea and vomiting, stimulation of hunger in chemotherapy and patients living with HIV/AIDS, lowered intraocular eye pressure, treatment of spasticity from multiple sclerosis, as well as general analgesic effects (pain reliever).
Legal status	Marinol, the active ingredient found in the marijuana plant, can be prescribed for the control of nausea and vomiting caused by chemotherapeutic agents used for cancer treatment. Marijuana is also illegal federally.

Club Drugs

Products include	GHB (gammahydroxybutyric acid), MDMA (methylenedioxyamphetamine), and flunitrazepam (Rohypnol).
Street Names	GHB: Liquid ecstasy, liquid X, G, grievous bodily harm, soap, scoop, goop, and Georgia home boy. MDMA: Ecstasy, E, X, XTC, Adam, clarity, Eve, lover’s speed, peace and uppers, Molly. Flunitrazepam: R-2, roofies, roach, forget-me pill, Mexican Valium, Roche, roofinol, rope, rophies and “the date rape drug.”
Symptoms of use	GHB: Drowsiness, nausea, headache, disorientation, loss of coordination and memory loss. MDMA: Mild hallucinogenic effects, dilated pupils, increased tactile sensitivity, empathic feelings, lowered inhibition, anxiety, chills, sweating, teeth clenching and muscle cramping. Flunitrazepam: Sedation, muscle relaxation, confusion, memory loss, dizziness and impaired coordination.
Potential consequences	Impaired judgment and coordination can result in greater risk for injury, self-inflicted injury, violent behavior, paranoia, depression, anxiety, and unpredictable flashbacks. In addition, consequences for MDMA use include sleep disturbances, depression, impaired memory, hypothermia and addiction; Flunitrazepam use can result in addiction; and GHB can result in unconsciousness, seizures and comas.
How used	Ingested and sniffed.
Medical uses	None.
Legal status	Illegal.

Dissociative Drugs

Products include	Ketamine, PCP and analogs, Salvia divinorum, and DXM (dextromethorphan).
Street Names	Ketamine: cat Valium, K, Special K, and vitamin K. PCP and analogs: Angel dust, angel mist, animal tranquilizer, boat, hog, love boat and peace pill. Salvia divinorum: Salvia, Shepherdess's Herb, Maria Pastora, magic mint, and Sally-D. DXM: Robotripping, robo, and triple C.
Symptoms of use	All dissociative drugs: Feelings of being separate from one's body and environment and impaired motor function. Ketamine: Analgesia, impaired memory, delirium, and respiratory depression. PCP and analogs: Analgesia, psychosis, aggression, violence, slurred speech, loss of coordination, and hallucinations. DXM: Euphoria, slurred speech, confusion, dizziness and distorted visual perceptions.
Potential consequences	Anxiety, tremors, numbness, memory loss, nausea, and death.
How used	Injected, ingested, sniffed, chewed, and smoked.
Medical uses	Ketamine: Used as an injectable, short-acting anesthetic in humans and animals. DXM: Market cough suppressant.
Legal status	Ketamine: Legal by prescription. PCP and analogs: Illegal. DXM: Not a controlled substance.

Hallucinogens

Products include	LSD, mescaline, psilocybin, DMT (dimethyltryptamine), MDA (methylenedioxyamphetamine), and STP (dimethoxymethamphetamine).
Street Names	LSD: Acid, blotted, cubes, microdot, yellow sunshine, blue heaven, A, and windowpane. Mescaline: Buttons, cactus, mesc, and peyote. Psilocybin: Magic mushrooms, purple passion, shrooms, little smoke, and mushrooms.
Symptoms of use	All hallucinogens: Altered states of perception and feeling, hallucinations, and nausea. LSD and mescaline: Increased body temperature, heart rate and blood pressure; loss of appetite; sweating; sleeplessness; impulsive behavior; weakness; rapid shifts in emotion; and tremors. Psilocybin: Nervousness, paranoia, and panic.
Potential consequences	"Flashbacks" or replays of the drug experience, and prolonged depression.
How used	Ingested, smoked, and absorbed through mouth tissues.
Medical uses	None.
Legal status	Illegal.

Nonprescription Opioids

Products include	Heroin and opium.
Street Names	Heroin: Smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse, and China white. Opium: Big O, black stuff, block, gum, and hop.
Symptoms of use	Euphoria, drowsiness, impaired coordination, dizziness, confusion, nausea, sedation, feeling of heaviness in the body, and slowed or arrested breathing.
Potential consequences	Constipation, endocarditis, hepatitis, HIV, addiction and fatal overdose.
How used	Ingested, smoked, and injected intravenously.
Medical uses	None.
Legal status	Illegal.

Other Compounds

Products include	Anabolic steroids: Anadrol, Oxandrin, Depo-Testosterone, and Equipoise. Inhalants: Solvents (paint thinners, gasoline, glues, organic solvents, nail polish remover); gases (butane, propane, aerosol propellants, nitrous oxide, hair spray; and nitrites (isoamyl, isobutyl, and cyclohexyl)).
Street Names	Anabolic steroids: Roids, juice, gym candy, and pumpers. Inhalants: Laughing gas, poppers, snappers, glue, bang, huff, kick, sniff, Texas shoeshine, and whippets.
Symptoms of use	Anabolic steroids: No immediate intoxication effects. Inhalants: While symptoms vary by chemical, potential symptoms include loss of inhibition, stimulation, headache, nausea or vomiting, slurred speech, loss of motor coordination, and wheezing.
Potential consequences	Anabolic steroids: Hypertension; blood clotting and cholesterol changes; liver cysts; hostility and aggression; acne; premature growth stoppage in adolescents; prostate cancer, reduced sperm production, shrunken testicles and breast enlargement in males; and menstrual irregularities, as well as development of beard and other masculine characteristics in females. Inhalants: Cramps, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, unconsciousness, and sudden death.
How used	Anabolic steroids: Injected, ingested and applied to skin. Inhalants: Inhaled through nose or mouth.
Medical uses	Anabolic steroids: used to help people with certain kinds of anemia and men who don't produce enough testosterone. Nitrous oxide (inhalant): used for anesthesia.
Legal status	Most inhalants are available in retail stores. Anabolic steroids are illegal, except by prescription.

Prescription Medications

Products include

CNS depressants: Barbiturates (Amytal, Nembutal, Seconal and Phenobarbital); benzodiazepines (Ativan, Halcion, Librium, Valium and Xanax); and sleep medications (Ambien, Sonata and Lunesta).

Opioids and morphine derivatives: Codeine (Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, and Tylenol with Codeine); morphine (Roxanol and Duramorph); methadone (Methadose and Dolophine); fentanyl and analogs (Actiq, Duragesic, and Sublimaze); tramadol products; and other opioid pain relievers such as oxycodone HCL, hydrocodone, bitartrate, hydromorphone, oxymorphone, meperidine and propoxyphene (Tylox, OxyContin, Percodan, Percocet, Vicodin, Lortab, Lorcet, Dilaudid, Opana, Numporphan, Numorphone, Demerol, Meperidine Hydrochloride, Darvon and Darvocet).

Stimulants: Amphetamines (Biphetamine, Dexedrine and Adderall); and methylphenidate (Concerta and Ritalin).

Other: Dextromethorphan (DXM).

Street Names

Barbiturates: Barbs, reds, red birds, phennies, tooies, yellows, and yellow jackets.

Benzodiazepines: Canday, downers, sleeping pills and tranks.

Sleep medications: Forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rophies.

Codeine: Captain cody, cody, schoolboy, and (when mixed with glutethimide) doors and fours, loads, and pancakes and syrup.

Morphine: M, Miss Emma, monkey, white stuff, mojo, mud, Mary, Murphy, and Mister Black.

Methadone: Fizzies, amidone, dollies, and (with MDMA) chocolate chip cookies.

Fentanyl and analogs: Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, and tango and cash.

Street Names

Continued

Other opioid pain relievers: Oxy, O.C., oxycotton, oxycet, hillbilly heroin, percs, vike, Watson-387, juice, smack, D, footballs, dillies, biscuits, blue heaven, blues, Mrs. O, octagons, stop signs, O bomb, demmies, and pain killer.

Amphetamines: Bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, and uppers.

Methylphenidate: JIF, MPH, R-ball, skippy, the smart drug, and vitamin R.

Dextromethorphan (DXM): Robotripping, robo, and triple C.

Symptoms of use

Depressants: Sedation/drowsiness, reduced anxiety, feelings of well-being, lowered inhibitions, slurred speech, poor concentration, confusion, dizziness, and impaired coordination and memory.

(For barbiturates specifically: euphoria, unusual excitement, fever, and irritability.)

Opioids and morphine derivatives: Pain relief, euphoria, drowsiness, dizziness, sedation, weakness, nausea, impaired coordination, confusion, dry mouth, itching, sweating, clammy skin, and constipation.

Stimulants: Feelings of exhilaration; increased energy; and mental alertness.

DXM: Euphoria and slurred speech.

Potential consequences

Depressants: Lowered blood pressure, slowed breathing, withdrawal, addiction, increased risk of respiratory distress, and death when combined with alcohol.

(For barbiturates specifically: Life threatening withdrawal in chronic users.)

Opioids and morphine derivatives: Slowed or arrested breathing, lowered pulse and blood pressure, high potential for addiction, heart or respiratory problems, mood swings, chronic constipation, tremors, toxic psychosis, HIV infection, unconsciousness, coma and death. Risk of death is increased when combined with alcohol or other CNS depressants.

(For oxycodone specifically: Muscle relaxation that is twice as potent as analgesic or morphine, and high abuse potential.)

(For methadone specifically: Significant overdose risk when used improperly.)

Potential consequences

Continued

Stimulants: Increased heart rate, blood pressure and metabolism; chronic sleep problems; anxiety or nervousness; decreased emotional control; severe depression; reduced appetite; weight loss; nutritional deficiency; insomnia; seizures; heart attack; stroke; and death from heart failure or suicide.

(For amphetamines specifically: Delirium, panic, paranoia, hallucinations, impulsive behavior, aggressiveness, and addiction.)

(For methylphenidate specifically: Increase or decrease in blood pressure, digestive problems, loss of appetite, and weight loss.)

DXM: Increased heart rate and blood pressure, dizziness, nausea, vomiting, confusion, paranoia, distorted visual perceptions, and impaired motor function.

How used

Depressants: Injected, ingested and sniffed.

Opioids and morphine derivatives: Injected, ingested, smoked, sniffed, chewed, and via suppositories.

Stimulants: Injected, ingested, smoked and sniffed.

DXM: Ingested.

Medical uses

CNS depressants: Used to treat anxiety and sleep problems.

Opioids: Used to treat pain.

Stimulants: Used to treat ADHD and narcolepsy.

DXM: Used in some cough and cold medicines.

Legal status

Select CNS depressants and opioids are legal by prescription only. DXM is not a controlled substance.

Stimulants

Products include	Cocaine, amphetamine, methamphetamine, Desoxyn, Dexedrine, Ionamin, methcathinone, biphphetamine, and Tenuate.
Street Names	Cocaine: Coke, snow, blow, toot, C, candy, flake, bump, Charlie, crack, rock, and dust. Crack cocaine: Crack, rock, base, sugar block, and Rox/Roxanne. Amphetamines: Bennies, black beauties, crosses, hearts, LA turnaround, speed, truck, drivers, and uppers. Methamphetamines: Meth, ice, crank, chalk, crystal, fire, grass, go fast, and speed.
Symptoms of use	Anxiety, excitability, euphoria, insomnia, sweating, tremors, dry mouth and lips, bad breath, weight loss, talkativeness, increased pulse rate, dilated pupils, paranoia, agitation, and hallucinations.
Potential consequences	High risk for addiction, violent or erratic behavior, hallucinations, high blood pressure, anxiety or nervousness, decreased emotional control, severe depression, cocaine psychosis, eating or sleeping disorders, impaired sexual performance, respiratory problems, collapse of the nasal septum, and death from cardiac arrest, respiratory arrest or suicide.
How used	Sniffed, injected, ingested and smoked.
Medical uses	For narcolepsy, obesity, and hyperkinesis.
Legal status	Cocaine: Rarely used in hospital settings. Amphetamines: Pharmaceutical products are available only through a prescription that cannot be refilled. Methamphetamine: Desoxyn is the only legal meth product and is available only through a prescription that cannot be refilled.

Synthetic Drugs

Products include	Synthetic cannabinoids or marijuana: K2/Spice. Synthetic stimulants: MDPV and mephedrone.
Street Names	K2/Spice: Bliss, black momba, Bombay blue, fake week, genie, Spice, and zohai. MDPV and mephedrone: Meow meow, MCA, drone, plant feeder, bubbles, bliss, blue silk, cloud nine, energy-1, ivory wave, lunar wave, ocean burst, pure ivory, purple wave, red dove, snow leopard, stardust, vanilla sky, white dove, white night, and white lightning.
Symptoms of use	K2/Spice: Euphoria, sociability, and relaxation. MDPV and mephedrone: Increased alertness, sexual arousal, anxiety, agitation, diminished desire for food and sleep, euphoria, sociability, stimulation, and hallucinations.
Potential consequences	K2/Spice: Anxiety, paranoia, headache, vomiting, psychosis, diaphoresis, increased blood pressure and heart rate, and seizures. MDPV and mephedrone: Tachycardia, hypertension, vasoconstriction, diaphoresis, seizures, panic attacks, inability to open mouth, loss of appetite, increase in body temperature and sweating, increased blood pressure and heart rate, dehydration, insomnia, hallucinations, delusions, psychosis, depression, suicidal ideation, abstinence syndrome, and psychosis with high doses or frequent use.
How used	K2/Spice: Smoked and ingested. MDPV and mephedrone: Sniffed, ingested, smoked, injected and via suppositories.
Medical uses	K2/Spice: None. MDPV and mephedrone: Found in retail products including “bath salts,” and has no approved medical use.
Legal status	K2/Spice: Available in convenience stores, at gas stations and on the internet; five synthetic cannabinoids are currently placed into Schedule I of the Controlled Substances Act. MDPV and mephedrone: Found in retail products including “bath salts.”

Tobacco

Products include	Nicotine (cigarettes, cigars, bidis, smokeless tobacco, e-cigarettes, vaporizers, and hookah).
Street Names	Cigarettes: Smokes, cancer sticks, butts, and squares. Chewing tobacco: Dip, chew, snuff, and spit tobacco.
Symptoms of use	Smelly hair, clothes, and breath; yellowing of teeth; coughs; increased asthma attacks; shortness of breath; increased blood pressure and heart rate; and poorer athletic performance.
Potential consequences	Addiction; respiratory problems such as emphysema and chronic bronchitis; heart and cardiovascular disease; stroke; acute myeloid leukemia; adverse pregnancy outcomes; and cancer of the lung, larynx, pharynx, stomach, cervix, esophagus, bladder, pancreas, kidney, and mouth. After only a few weeks, users of spit tobacco can develop cracked lips, white spots, sores, and bleeding in the mouth.
How used	Smoked (traditional, vaping, e-cigarette, or hookah), sniffed, and absorbed through mouth tissues.
Medical uses	None.
Legal status	Illegal for youth under 19 in Alabama, Alaska, and Utah. Illegal for youth under 18 in all remaining States.

For more information, visit **<http://www.samhsa.gov>**.

Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

SAMHSA's Store
877-SAMHSA-7 or 877-726-4727 (English and Español)
800-487-4889 (TTY)
240-221-4292 (FAX)
<http://store.samhsa.gov>

Additional Resources

“Talk. They Hear You.” App

<http://www.samhsa.gov/underage-drinking/mobile-application>

KnowBullying App

<http://store.samhsa.gov/apps/knowbullying/>

Stop Underage Drinking

<https://www.stopalcoholabuse.gov/default.aspx>

Too SMART To START

<http://www.toosmarttostart.samhsa.gov>

Sound of Your Voice

Guide: <http://store.samhsa.gov/product/Talking-With-Your-College-Bound-Young-Adult-About-Alcohol/SMA15-4897>

Video: <https://www.stopalcoholabuse.gov/townhallmeetings/tips-resources/sound-of-your-voice-video-guide.aspx>





HHS Publication No. (SMA) 17-3772
First printed 2002. Revised 2017