

SUBSTANCE USE PREVENTION EDUCATION



RED FLAGS

That Your Loved One May Be Struggling with Addiction



Drastic Changes in Behavior

- ◆ Secretive
- ◆ Moody
- ◆ Agitated
- ◆ Distancing from family
- ◆ Changes in peer group



Problems at Work or School

- ◆ Frequently missing work or school
- ◆ A sudden disinterest in work or school activities
- ◆ A drop in work performance or grades



Lack of Interest in Clothing, Grooming, or Looks



Sudden Requests for Money Without a Reasonable Explanation



Discovering That Money is Missing or Items Have Disappeared From Your Home

What To Do

- ◆ Educate yourself about drugs and alcohol
- ◆ Ask for help; seek counseling and/or use support groups
- ◆ Take care of yourself and your emotional health
- ◆ Be an example of balance and self-care

What Not To Do

- ◆ Ignore the symptoms
- ◆ Keep it a secret
- ◆ Talk yourself/allow others to talk you out of concern
- ◆ Assume it is a one-time thing
- ◆ Think it can't be happening to you
- ◆ Don't act



Stigma - A set of negative and often unfair beliefs that a society or group of people have about something.

Stigma can create a barrier to seeking substance use and/or mental health treatment.



TIPS for TEENS

UNDERAGE DRINKING

THE TRUTH ABOUT UNDERAGE DRINKING



**SLANG¹: BOOZE/BREW/
LIQUOR/SAUCE**

GET THE FACTS

UNDERAGE DRINKING IS DANGEROUS. Drinking alcohol can result in poor decision making which can make you less aware of your actions and unable to recognize potential danger. Drinking may also lead to impaired motor coordination, placing you at a greater risk of being injured from falls or vehicle crashes. While intoxicated, you are more likely to engage in unsafe behavior, including drinking and driving, unprotected sex, and aggressive or violent actions.²

UNDERAGE DRINKING CAN BE FATAL. When a person has an alcohol overdose, their breathing and heart rate slows down to dangerous levels. Symptoms include confusion, being unconscious, vomiting, seizures, and trouble breathing. Overdosing on alcohol can lead to permanent brain damage or death. In addition, driving after drinking alcohol can lead to vehicle accidents and deaths.³

UNDERAGE DRINKING CAN BE ADDICTIVE. When someone is unable to stop or control their alcohol use—even when facing serious health, social, or academic consequences—they have an alcohol use disorder that requires treatment. Talking with a counselor, psychologist, psychiatrist, or other trained professional can help.⁴

? Q&A

Q. IS IT REALLY UNSAFE TO DRINK UNTIL I'M 21?

A. YES. The risks of underage drinking are high. Research suggests that drinking during the teen years could interfere with normal brain development and increase the risk of developing an alcohol use disorder later in life.⁵

Q. WHY DO MY FRIENDS DRINK ALCOHOL IF IT IS UNSAFE?

A. Many teens experience peer pressure to drink alcohol, and some are looking for a way to cope with stress; however, underage drinking will result in more problems—not fewer. In 2019, about 4.2 million young people aged 12 to 20 reported binge drinking (for males, 5 or more drinks, and for females, 4 or more drinks on the same occasion within a few hours) at least once in the past month.⁶

Q. MY PARENTS USED TO DRINK WHEN THEY WERE UNDERAGE. WHY CAN'T I?

A. Minimum drinking age laws exist for a reason—they help keep everyone safer. After states increased the legal drinking age to 21, there were fewer car crashes. Also, drinking during the previous month for 18- to 20-year-olds declined after all states adopted a minimum legal drinking age of 21, from 59 percent in 1985 to 40 percent in 1991.⁷

THE BOTTOM LINE:

Underage drinking is dangerous and can be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE:

Get the latest information on how underage drinking affects the brain and body at teens.drugabuse.gov.

TO LEARN MORE ABOUT UNDERAGE DRINKING PREVENTION, CONTACT:

SAMHSA

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

TTY 1-800-487-4889

www.samhsa.gov | store.samhsa.gov



SAMHSA
Substance Abuse and Mental Health
Services Administration



BEFORE YOU RISK IT!

1

KNOW THE LAW. The minimum drinking age in the United States is 21. Having a national minimum drinking age saves lives and improves health. There is even evidence that the law protects people from other drug dependence and suicide.⁸

2

KNOW THE RISKS. Underage drinking contributes to more than 4,300 deaths among people below the age of 21 in the U.S. each year.⁹ Drinking under age 21 is also strongly linked with death from alcohol poisoning.¹⁰

3

LOOK AROUND YOU. Although alcohol is the most commonly used substance by teens, most teens don't drink. Each year, teens' alcohol use continues to drop—in 2019, rates of past-year alcohol use by students in 10th and 12th grades were at a 5-year low.¹¹



MORE INFORMATION

FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS

"TIPS for TEENS,"

visit store.samhsa.gov or call
1-877-SAMHSA-7 (1-877-726-4727)
(English and Español).

PEP21-03-03-001 | RELEASED 2021

SAMHSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

SAMHSA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.



KNOW THE SIGNS

How can you tell if a friend is using alcohol? Potential side effects and symptoms include:¹²

- **Changes in mood, including anger and irritability**
- **Academic and/or behavioral problems in school**
- **Changing groups of friends**
- **Less interest in activities and/or care in appearance**



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

BE A FRIEND. SAVE A LIFE.

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

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

1-800-662-HELP (1-800-662-4357)

or visit the SAMHSA Behavioral Health Treatment Services Locator at: findtreatment.samhsa.gov

TO LEARN MORE ABOUT UNDERAGE DRINKING PREVENTION, CONTACT:

SAMHSA

1-877-SAMHSA-7 (1-877-726-4727)

(English and Español)

TTY 1-800-487-4889

www.samhsa.gov | store.samhsa.gov

^{1,3,11} National Institute on Drug Abuse (NIDA). (2020). Drug Facts: Alcohol. Retrieved from <https://teens.drugabuse.gov/drug-facts/alcohol>

^{2,5,9} U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). *Report to Congress on the Prevention and Reduction of Underage Drinking*. Retrieved from <https://www.stopalcoholabuse.gov/resources/reporttocongress/rtc2018.aspx>

^{4,12} National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2020). Underage Drinking. Retrieved from <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking>

⁶ Substance Abuse and Mental Health Services Administration. (2020). *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). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

^{7,10} Centers for Disease Control and Prevention (CDC). (2020). *Age 21 Minimum Legal Drinking Age*. Retrieved from <https://www.cdc.gov/alcohol/fact-sheets/minimum-legal-drinking-age.htm>

⁸ Ibid.

TIPS for TEENS

MARIJUANA



THE TRUTH ABOUT MARIJUANA

SLANG: WEED/POT/GRASS/ REEFER/
GANJA/MARY JANE/BLUNT/JOINT/TREES

GET THE FACTS

MARIJUANA AFFECTS YOUR BRAIN. Tetrahydrocannabinol (THC), the chemical responsible for most of marijuana's psychological effects, affects brain cells throughout the brain, including cells in circuits related to learning and memory, coordination, and addiction.¹

MARIJUANA AFFECTS YOUR SELF-CONTROL. Marijuana can seriously affect your sense of time and your coordination, impacting things like driving.

MARIJUANA AFFECTS YOUR LUNGS. Marijuana smoke deposits four times more tar in the lungs and contains 50 percent to 70 percent more cancer-causing substances than tobacco smoke does.²

MARIJUANA USE IS NEGATIVELY LINKED WITH OTHER ASPECTS OF YOUR HEALTH. Chronic marijuana use has been linked with depression, anxiety, and an increased risk of schizophrenia in some cases.³

MARIJUANA IS NOT ALWAYS WHAT IT SEEMS. Marijuana can be laced with substances without your knowledge.⁴ "Blunts"—hollowed-out cigars filled with marijuana—sometimes contain crack cocaine.

MARIJUANA CAN BE ADDICTIVE. Not everyone who uses marijuana becomes addicted, but some users develop signs of dependence.

? Q&A

Q. ISN'T SMOKING MARIJUANA LESS DANGEROUS THAN SMOKING CIGARETTES?

A. NO. Both marijuana and cigarette smoke can be harmful. More research is needed to fully understand the connection between marijuana and long-term effects such as cancer.⁵

Q. CAN PEOPLE BECOME ADDICTED TO MARIJUANA?

A. YES. Marijuana use can lead to a marijuana use disorder, which takes the form of addiction in severe cases.⁶

Q. WHAT ARE THE OTHER RISKS ASSOCIATED WITH MARIJUANA USE?

A. In addition to the physical and mental risks associated with marijuana use, people who use marijuana have also reported less academic and career success, as well as lower life satisfaction and more relationship problems.⁷

THE BOTTOM LINE:

Marijuana affects the development of teen brains. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE:

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

TO LEARN MORE ABOUT MARIJUANA, CONTACT: SAMHSA

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

TTY 1-800-487-4889

www.samhsa.gov
store.samhsa.gov



SAMHSA
Substance Abuse and Mental Health
Services Administration



BEFORE YOU RISK IT!

- 1 KNOW THE LAW.** Marijuana is a Schedule I drug.⁸ According to federal law, it is illegal to buy or sell marijuana.
- 2 GET THE FACTS.** Using marijuana can cause memory problems and mood changes, and long-term use may lower intelligence.^{9,10}
- 3 STAY INFORMED.** Research suggest that teens usually try alcohol, tobacco, and marijuana before other drugs, though most people who use marijuana do not use other drugs.¹¹
- 4 KNOW THE RISKS.** Marijuana affects your coordination and reaction time, raising your risk of injury or death from car crashes and other accidents. Co-use of alcohol or other drugs heightens crash risks.¹²
- 5 LOOK AROUND YOU.** Most teens aren't smoking marijuana. In fact, only 6.5 percent of youth ages 12 to 17 said that they had smoked marijuana in the past month.¹³



MORE INFORMATION

FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS

"TIPS for TEENS,"

visit store.samhsa.gov or call
1-877-SAMHSA-7 (1-877-726-4727)
(English and Español).

PEP NO. 19-05 REVISED 2019

SAMHSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

SAMHSA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.



KNOW THE SIGNS

How can you tell if a friend is using marijuana? Symptoms of marijuana use may include:¹⁴

- **Poor physical coordination**
- **Red eyes**
- **Unusual smell on clothing**
- **Problems with short-term memory**
- **Anxiety**



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

BE A FRIEND. SAVE A LIFE.

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

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

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

^{1,2,3,5,12} National Institute on Drug Abuse. (2018). Research Reports: Marijuana. Retrieved from <https://www.drugabuse.gov/publications/research-reports/marijuana/letter-director>

⁴ Gilbert, C. R., Baram, M., & Cavarocchi, N. C. (2013). Smoking wet: Respiratory failure related to smoking tainted marijuana cigarettes. *Texas Heart Institute Journal*, 40(1): 64-67.

⁶ Medical News Today. (2017). Marijuana 'may be worse than cigarettes for cardiovascular health'. Retrieved from <https://www.medicalnewstoday.com/articles/318854.php>

⁷ National Institute on Drug Abuse. (2018). Marijuana. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/marijuana>

⁸ Drug Enforcement Administration. (2018). Drug Scheduling. Retrieved from <https://www.dea.gov/druginfo/ds.shtml>

⁹ Centers for Disease Control and Prevention. (2017). Marijuana and Public Health. Retrieved from <https://www.cdc.gov/marijuana/health-effects.html>

¹⁰ Meier, M. H., Caspi, A., Ambler, A., Harrington, H., Houts, R., Keefe, R. S. E., McDonald, K., Ward, A., Poulton, R., & Moffitt, T. E. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences of the United States of America*, 109(40), E2657-E2664. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3479587/>

¹¹ National Institute on Drug Abuse. (2015). Marijuana: Facts for Teens. Retrieved from <https://www.drugabuse.gov/publications/marijuana-facts-teens/want-to-know-more-some-faqs-about-marijuana>

¹³ Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health* (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Retrieved from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf>

¹⁴ American Addiction Centers. (2018). What Are the Signs That Someone Is High? Retrieved from <https://americanaddictioncenters.org/marijuana-rehab/how-to-tell-if-someone-is-high/>

TIPS for TEENS

E-CIGARETTES

THE TRUTH ABOUT E-CIGARETTES



**SLANG: E-CIGS/E-HOOKAHS/
VAPE PENS/VAPES/
TANK SYSTEMS/MODS**

GET THE FACTS

E-CIGARETTES ARE A WAY TO INHALE NICOTINE AND MARIJUANA.

The aerosol emitted can also contain other harmful substances, including heavy metals such as lead, volatile organic compounds, and cancer-causing agents.¹

E-CIGARETTES COME IN MANY SHAPES AND SIZES. Some resemble pens, USB sticks, and other everyday items. Larger devices such as tank systems, or “mods,” do not resemble other tobacco products.

E-CIGARETTE USE HARMS THE DEVELOPING BRAIN. E-cigarettes typically deliver nicotine, a harmful drug to the youth brain and body. Teens are particularly vulnerable to the effects of nicotine since the brain is still developing during these years and through young adulthood.² People who use marijuana in an e-cigarette may experience the same side effects as they would if they smoked marijuana—all of which can be heightened if the person uses marijuana with another substance, such as alcohol.³

? Q&A

Q. AREN'T E-CIGARETTES SAFER THAN SMOKING CIGARETTES OR USING SMOKELESS TOBACCO?

A. Regular cigarettes are extraordinarily dangerous, killing half of all people who smoke long-term. However, youth use of tobacco products in any form is unsafe, including e-cigarettes. More research is needed to fully understand their impact on health.

Q. CAN'T E-CIGARETTES HELP ME QUIT SMOKING REGULAR CIGARETTES?

A. E-cigarettes may help non-pregnant adult smokers if used as a complete substitute for all cigarettes. However, there is no conclusive evidence that using e-cigarettes helps someone quit smoking for good.⁴ The U.S. Food and Drug Administration (FDA) has approved seven “quit aids” for quitting smoking, but e-cigarettes are not currently one of them.

Q. AREN'T E-CIGARETTES USED MORE OFTEN BY ADULTS, NOT YOUTH?

A. Youth are more likely than adults to use e-cigarettes. In 2018, more than 3.6 million U.S. middle and high school students used e-cigarettes in the past 30 days, including 4.9 percent of middle school students and 20.8 percent of high school students.⁵

THE BOTTOM LINE:

E-cigarettes are unsafe for young people. Whether a young person uses nicotine or marijuana in an e-cigarette, there can be dangerous health consequences.

LEARN MORE:

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

TO LEARN MORE ABOUT E-CIGARETTES, CONTACT:

SAMHSA

1-877-SAMHSA-7 (1-877-726-4727)

(English and Español)

TTY 1-800-487-4889

www.samhsa.gov

store.samhsa.gov



SAMHSA

Substance Abuse and Mental Health
Services Administration



BEFORE YOU RISK IT!

1

KNOW THE LAW. People ages 18 and older are allowed to buy e-cigarettes in most states—other states have an age requirement of 19 or 21. However, just because e-cigarettes are legal for adults to purchase doesn't mean they are safe, especially for young people.⁶

2

KNOW THE RISKS. Nicotine is highly addictive and can harm the developing adolescent brain. The nicotine in e-cigarettes and other tobacco products can also prime young brains for addiction to other drugs, such as cocaine and methamphetamine.⁷

3

LOOK AROUND YOU. E-cigarettes are the most commonly used tobacco product among youth. However, four out of five U.S. students overestimate peer e-cigarette use. If you've never smoked or used other tobacco products or e-cigarettes, don't start.⁸



MORE INFORMATION

FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS

"TIPS for TEENS,"

visit store.samhsa.gov or call
1-877-SAMHSA-7 (1-877-726-4727)
(English and Español).

PEP NO. 19-12 REVISED 2019

SAMHSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

SAMHSA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

SAMHSA
Substance Abuse and Mental Health
Services Administration



WHAT CAN YOU DO TO HELP SOMEONE WHO IS USING E-CIGARETTES?

BE A FRIEND.

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

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

1-800-662-HELP (1-800-662-4357)

or visit the SAMHSA Behavioral Health Treatment Services Locator at:
findtreatment.samhsa.gov

¹ Centers for Disease Control and Prevention (CDC). (2018). Electronic cigarettes. *Smoking & Tobacco Use*. Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm

² U.S. Department of Health and Human Services (HHS). (2016). *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Full_Report_508.pdf

³ NIDA. (2017). *Marijuana: Facts for Teens*. Retrieved from <https://www.drugabuse.gov/publications/marijuana-facts-teens/want-to-know-more-some-faqs-about-marijuana>

⁴ NIDA. (2018). Electronic cigarettes (e-cigarettes). Retrieved from <https://www.drugabuse.gov/publications/drugfacts/electronic-cigarettes-e-cigarettes>

⁵ Cullen, K. A., Ambrose, B. K., Gentzke, A. S., Apelberg, B. J., Jamal, A., & King, B. A. (2018). Notes from the field: Use of electronic cigarettes and any tobacco product among middle and high school students — United States, 2011–2018. *Morbidity & Mortality Weekly Report*, 67(45):1276–77.

⁶ CDC (2018). STATE System Tobacco 21 fact sheet. Retrieved from <https://chronicdata.cdc.gov/download/873a-iff4/application%2Fpdf>

⁷ HHS. (2016). Fact sheet. *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*. Retrieved from https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Fact_Sheet_508.pdf

⁸ Agaku, I. T., Odani, S., Homa, D., Armour, B., & Glover-Kudon, R. (2018). Discordance between perceived and actual tobacco product use prevalence among US youth: A comparative analysis of electronic and regular cigarettes. *Tobacco Control*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29674512>

TIPS for TEENS

TOBACCO USE

THE TRUTH ABOUT TOBACCO USE

SLANG FOR CIGARETTES:
SMOKES/CIGS/BUTTS

SLANG FOR SMOKELESS TOBACCO:
CHEW/DIP/SPIT TOBACCO/SNUFF

GET THE FACTS

TOBACCO USE DAMAGES YOUR HEALTH. Smoking, which is the most common cause of lung cancer, is also a leading cause of cancer of the mouth, throat, bladder, pancreas, and kidneys.¹

TOBACCO USE AFFECTS YOUR BODY'S DEVELOPMENT. Smoking—including vaping, cigars, and hookah use—is particularly harmful for teens because your body is still growing and changing. Evidence shows that smoking has an impact on nearly every organ in a person's body.²

TOBACCO CONTAINS ADDICTIVE INGREDIENTS. Tobacco is a plant grown for its leaves, which are dried and fermented to put in tobacco products. It contains nicotine, an ingredient that can lead to addiction. The younger you are when you begin to smoke, the more likely you are to become addicted to nicotine.³ According to the 2014 *Surgeon General's Report*, nearly 9 out of 10 adult smokers first tried smoking before age 18.⁴

TOBACCO USE CAN KILL YOU. Cigarette smoking is responsible for about 480,000 deaths per year in the U.S.⁵ Worldwide, tobacco smoking and secondhand smoke combined cause nearly 7 million deaths per year.⁶

? Q&A

Q. ISN'T SMOKING COOL?

A. Advertisements often portray smoking as glamorous and sophisticated, but these ads are created to sell products and use youth-oriented themes.

Q. IS SMOKELESS TOBACCO SAFE?

A. NO. No form of smokeless tobacco is safe. It contains at least 30 chemicals that are known to cause cancer.⁷

Q. DO MOST TEENS SMOKE?

A. NO. Although the majority of teens don't smoke,⁸ it's important to remember that cigarette use among teens is still harmful and should be prevented from becoming more popular.

Q. DOESN'T SMOKING HELP YOU RELAX?

A. NO. Use strategies such as exercise or talking to your friends to help calm your nerves.⁹

THE BOTTOM LINE:

Tobacco use is dangerous and can be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE:

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

TO LEARN MORE ABOUT TOBACCO, CONTACT:

SAMHSA

1-877-SAMHSA-7 (1-877-726-4727)

(English and Español)

TTY 1-800-487-4889

www.samhsa.gov

store.samhsa.gov



SAMHSA
Substance Abuse and Mental Health
Services Administration

BEFORE YOU RISK IT!

- 1 KNOW THE LAW.** It is illegal for anyone under 18 to buy cigarettes, smokeless tobacco, or tobacco-related products. As of September 2018, six states and at least 350 localities have raised the minimum age to 21.
- 2 STAY INFORMED.** Young people often underestimate the addictiveness of nicotine and the effect of tobacco use on their health. This is why quitting can be difficult. A recent report revealed that about 45 percent of high school cigarette smokers tried to stop smoking in the past 12 months.¹⁰
- 3 BE AWARE.** It can be hard to play sports if you use tobacco. Smoking causes diseases that result in shortness of breath and dizziness.¹¹
- 4 THINK OF OTHERS.** More than 41,000 nonsmokers die every year due to secondhand smoke exposure.¹² Secondhand smoke causes nearly 34,000 premature deaths from heart disease and more than 8,000 deaths from stroke each year in the United States among nonsmokers.¹³
- 5 GET THE FACTS.** Each day, about 1,700 people between the ages of 12 and 17 start smoking.¹⁴ Many will suffer long-term health consequences.¹⁵

MORE INFORMATION

FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS

"TIPS for TEENS,"

visit store.samhsa.gov or call
1-877-SAMHSA-7 (1-877-726-4727)
(English and Español).

PEP NO. 19-07 REVISED 2019

SAMHSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

SAMHSA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.



KNOW THE SIGNS

How can you tell if a friend is using tobacco? Symptoms of tobacco use may include:¹⁶

- Coughing
- Bad breath
- Smelly hair and clothes
- Yellow-stained teeth and fingers
- Frequent colds
- Bleeding gums (smokeless tobacco)
- Frequent mouth sores (smokeless tobacco)



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

BE A FRIEND. SAVE A LIFE.

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

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

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

¹ National Cancer Institute. (2017). Harms of Cigarette Smoking and Health Benefits of Quitting. Retrieved from <https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/cessation-fact-sheet>

^{2,4,5,12,13,15} U.S. Department of Health and Human Services. (2014). *The health consequences of smoking: 50 years of progress. A report of the surgeon general.* Retrieved from <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>

³ American Cancer Society. (2015). Why People Start Smoking and Why It's Hard to Stop. Retrieved from <https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/why-people-start-using-tobacco.html>

⁶ World Health Organization. (2011). WHO Report on the Global Tobacco Epidemic. Retrieved from http://www.who.int/tobacco/global_report/2011/en/

⁷ American Cancer Society. (2015). Health Risks of Smokeless Tobacco. Retrieved from <https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/smokeless-tobacco.html>

^{8,14} Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health* (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Retrieved from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017pdf>

⁹ Smokefree.gov. (2017). Stress and Smoking. Retrieved from <https://smokefree.gov/challenges-when-quitting/stress-mood/stress-smoking>

¹⁰ Centers for Disease Control and Prevention. (2016). Youth Risk Behavior Surveillance—United States, 2015. *Morbidity and Mortality Weekly Report*, 66(SS-6):1-174. Retrieved from https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf

¹¹ American Lung Association. (2016). Shortness of Breath Symptoms, Causes and Risk Factors. Retrieved from <http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/shortness-of-breath/shortness-breath-symptoms-risks.html>

¹⁶ Centers for Disease Control and Prevention. (2009). What You(th) Should Know About Tobacco. Retrieved from https://www.cdc.gov/tobacco/basic_information/youth/information-sheet/index.htm

TIPS for TEENS

OPIOIDS

THE TRUTH ABOUT OPIOIDS

**SLANG: O.C./OXY/PERCS/VIKE/M/MONKEY/
WHITE STUFF/LEAN/SCHOOLBOY/SIZZURP/
PURPLE DRANK/LOADS**

GET THE FACTS

OPIOIDS AFFECT YOUR BRAIN. Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others.¹ They affect both the spinal cord and brain to reduce the intensity of pain-signal perception as well as brain areas that control emotion.² They can also affect the brain to cause euphoria or “high.”³

OPIOIDS AFFECT YOUR BODY. Opioids slow down the actions of the body, such as breathing and heartbeat. Even a single dose of an opioid can cause severe respiratory depression (slowing or stopping of breathing), which can be fatal; taking opioids with alcohol or sedatives increases this risk.⁴

OPIOIDS ARE ADDICTIVE. Even though heroin is highly addictive, more people struggle with addiction to prescription pain relievers.⁵ Many young people who inject heroin report misuse of prescription opioids before starting to use heroin.⁶

OPIOIDS CAN KILL YOU. Drug overdose is the leading cause of accidental death in the United States, with 68,690 drug overdose deaths between March 2017 and March 2018.⁷ More than 46,000 of those deaths involved opioids.⁸

OPIOID ADDICTION IS TREATABLE. Methadone, buprenorphine, and naltrexone are medications that are FDA-approved to treat opioid use disorder. For more information, visit <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder>.

? Q&A

Q. MY DOCTOR PRESCRIBED ME OPIOIDS. DOESN'T THAT MEAN THEY'RE SAFE?

A. Prescription opioids—when used long term or incorrectly—can cause the brain to become reliant on the drug and are addictive.⁹

Q. IF I USE OPIOIDS, WILL I BECOME ADDICTED?

A. Prescription opioids can cause physical dependence when used as directed or addiction if misused; illegal opioids such as heroin are also highly addictive. People who regularly use prescription opioids or heroin often develop tolerance, which means that they need higher and/or more frequent doses of the drug to get the desired effects.¹⁰

THE BOTTOM LINE:

Many people are prescribed opioids out of medical necessity, but opioids can still be dangerous and addictive. Even if someone is prescribed one of these medications—such as hydrocodone, oxycodone, and morphine—misuse of these substances is rampant. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE:

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

TO LEARN MORE ABOUT OPIOIDS, CONTACT:

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

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



SAMHSA
Substance Abuse and Mental Health
Services Administration



BEFORE YOU RISK IT!

- 1 KNOW THE LAW.** Heroin is illegal and addictive.¹¹ If you are caught with prescription opioids that are not yours, you can be imprisoned, fined, or both.¹²
- 2 KNOW THE RISKS.** Using opioids repeatedly can lead to higher tolerance.¹³ Other risks include addiction and overdose death.
- 3 LOOK AROUND YOU.** A recent study found that 38.5 percent of the people who misused prescription pain relievers got them from a friend or relative for free; 34.6 percent were prescribed the medication by one doctor.¹⁴



KNOW THE SIGNS

How can you tell if a friend is using opioids?

Side effects of opioid use include:¹⁵

- **Constipation, nausea, vomiting, and dry mouth;**
- **Sleepiness and dizziness;**
- **Confusion;**
- **Decreased breathing; and**
- **Itching and sweating.**

Behavioral signs and symptoms of opioid addiction include:¹⁶

- **A change in peer group;**
- **Carelessness with grooming;**
- **Decline in academic performance;**
- **Missing classes or skipping school;**
- **Loss of interest in favorite activities;**
- **Changes in eating or sleeping habits; and**
- **Deteriorating relationships with family and friends.**



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

BE A FRIEND. SAVE A LIFE.

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

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

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

¹ National Institute on Drug Abuse. (2018). Opioids. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids>

² National Institute on Drug Abuse. (2018). Misuse of Prescription Drugs. Retrieved from <https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/which-classes-prescription-drugs-are-commonly-misused>

³ U.S. Department of Health and Human Services. (2014). The Facts About Buprenorphine. Retrieved from <https://store.samhsa.gov/system/files/sma14-4442.pdf>

⁴ Jones, C. M., Paulozzi, L. J., & Mack, K. A. (2014). Alcohol involvement in opioid pain reliever and benzodiazepine drug abuse-related emergency department visits and drug-related deaths - United States, 2010. *Morbidity and Mortality Weekly Report*, 63(40), 881-885. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6340a1.htm>

⁵ Center for Behavioral Health Statistics and Quality. (2017). Medications for Opioid Use Disorder. Retrieved from <https://store.samhsa.gov/system/files/sma18-5063pt2.pdf>

⁶ National Institute on Drug Abuse. (2018). Prescription opioids and heroin. *Research Report Series*. Retrieved from <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use>

⁷ National Center for Health Statistics (NCHS). (2018). Provisional Drug Overdose Death Counts. Retrieved from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

⁸ National Institute on Drug Abuse. (2018). Opioid Overdose Crisis. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids>

⁹ National Institute on Drug Abuse. (2018). What is heroin? *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/heroin>

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

¹¹ Addiction.com. (2015). Before You Share That Pain Medication. Retrieved from <https://www.addiction.com/12040/before-you-share-that-pain-medication/>

¹² Substance Abuse and Mental Health Services Administration (SAMHSA). (2016). Opioids. Retrieved from <https://www.samhsa.gov/atod/opioids>

¹³ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*. Retrieved from <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>

¹⁴ Centers for Disease Control and Prevention. (2017). Opioid Overdose. Retrieved from <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>

¹⁵ National Institute on Drug Abuse. (2014). *Principles of adolescent substance use disorder treatment: A research-based guide*. Retrieved from <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/frequently-asked-questions/what-are-signs-drug-use-in-adolescents-what-role-can-parents-play-in-getting-treatment>

MORE INFORMATION



FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS "TIPS for TEENS," visit store.samhsa.gov or call 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).
PEP NO. 19-08 REVISED 2019

TIPS_{for} TEENS

HEROIN



THE TRUTH ABOUT HEROIN

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

GET THE FACTS

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

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

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

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

HEROIN CAN KILL YOU. Heroin slows—and sometimes stops—breathing, which can result in death. In 2015, there were 2,343 overdose deaths related to heroin or other illicit opioids among people ages 15 to 24.⁷

HEROIN ADDICTION IS TREATABLE. Medication, in combination with behavioral treatment, can help people stop using heroin and recover from addiction.⁸ Building a support system that helps people stop using heroin and other opioids is also important. Medications such as buprenorphine, methadone, and naloxone greatly increase the chance of recovery and reduce the risk of overdose. Friends and family members should have naloxone nearby if possible in case of overdose.⁹

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

? Q&A

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

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

Q. WHAT DOES HEROIN LOOK LIKE?

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

Q. WILL HEROIN USE ALTER MY BRAIN?

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

THE BOTTOM LINE:

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

LEARN MORE:

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

TO LEARN MORE ABOUT HEROIN, CONTACT:

SAMHSA

1-877-SAMHSA-7 (1-877-726-4727)

(English and Español)

TTY 1-800-487-4889

www.samhsa.gov

store.samhsa.gov



SAMHSA
Substance Abuse and Mental Health
Services Administration



BEFORE YOU RISK IT!

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



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

BE A FRIEND. SAVE A LIFE.

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

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

1-800-662-HELP (1-800-662-4357)

or visit the SAMHSA Behavioral Health Treatment Services Locator at

findtreatment.samhsa.gov

^{12,4,11,16,20} National Institute on Drug Abuse. (2014). *Research report series: Heroin*. (NIH Publication Number 14-0165). Retrieved from <http://www.drugabuse.gov/sites/default/files/rrheroin-14.pdf>

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

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

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

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

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

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

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

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



KNOW THE SIGNS

HOW CAN YOU TELL IF A FRIEND IS USING HEROIN?

Signs and symptoms of heroin use are:^{18,19,20}

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

Signs of a heroin overdose include:

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

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

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

MORE INFORMATION



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

TIPS for TEENS

SEDATIVES

THE TRUTH ABOUT SEDATIVES

**SLANG: BENZOS/PHENNIES/
RED BIRDS/REDS/YELLOW
JACKETS/ YELLOWS/DOWNERS/
SLEEPING PILLS/TRANKS¹**

GET THE FACTS

SEDATIVES CAN BE ADDICTIVE. Although sedatives are often used to treat insomnia, they can be harmful when taken in ways other than as prescribed by a doctor, such as to self-medicate for depression or anxiety. Long-term use may result in needing larger doses to achieve the desired sedation and calming effects, which can lead to addiction.² In some cases it is possible to misjudge how much more is needed, leading to overdose.

SEDATIVES CAN HARM YOUR BODY. It's possible to overdose on sedatives. When someone overdoses on sedatives, their breathing often slows or stops, which decreases the amount of oxygen that reaches the brain. This can cause short- and long-term effects on the nervous system, including coma, permanent brain damage, and even death.³

SEDATIVES CAN BE DEADLY. When mixed with alcohol, sedatives slow heart rate and breathing even more, which can lead to death.⁴ Alcohol and sedatives work synergistically, meaning their efforts are much more potent than when they are used separately.

? Q&A

Q. IF I HAVE BEEN TAKING SEDATIVES EVERY DAY FOR A FEW WEEKS OR LONGER, IS IT SAFE TO STOP TAKING SEDATIVES WHENEVER I WANT?

A. NO. Talk to your doctor. Withdrawal symptoms can be life-threatening and include seizures, increased heart rate, blood pressure, and temperature, as well as visual hallucinations.⁵

Q. AREN'T SEDATIVES LESS DANGEROUS THAN OTHER DRUGS?

A. NO. In fact, sedative overdoses have increased. A recent study showed that the most commonly prescribed sedatives called benzodiazepines were responsible for nearly 30 percent of deaths from medications.⁶

Q. ARE SEDATIVES LESS HARMFUL THAN DRINKING?

A. NO. The effects of sedatives can be harmful and are similar to alcohol intoxication. Symptoms include impaired attention and judgment, inappropriate behavior, decreased reflexes, and lack of balance when walking.⁷

THE BOTTOM LINE:

Even when used as directed, sedatives carry risk. But when misused, sedatives are more dangerous and can even be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE:

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

TO LEARN MORE ABOUT SEDATIVES, CONTACT:

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

TTY 1-800-487-4889

www.samhsa.gov
store.samhsa.gov



SAMHSA
Substance Abuse and Mental Health
Services Administration



BEFORE YOU RISK IT!

1

KNOW THE LAW. It is illegal to use sedatives without a valid prescription, or to give or sell them to others.⁸

2

KNOW THE RISKS. Even if you have a prescription for sedatives, it is unsafe to use them with other depressants, especially alcohol. Even taking them with some over-the-counter cold and allergy medications could heighten their effects and have deadly consequences.⁹

3

LOOK AROUND YOU. Even if you think your peers are effectively using sedatives to cope with depression or anxiety, the truth is that a very small number of teens are misusing the substances in this way. In 2018, approximately 0.3 percent of youth ages 12 to 17 misused prescription sedatives in the past year.¹⁰



MORE INFORMATION

FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS

"TIPS for TEENS,"
visit store.samhsa.gov or call
1-877-SAMHSA-7 (1-877-726-4727)
(English and Español).

PEP NO. 20-03-03-003 REVISED 2020



KNOW THE SIGNS

How can you tell if a friend is using sedatives? Potential side effects and symptoms include:¹¹

- **Drowsiness**
- **Slurred speech**
- **Poor concentration**
- **Confusion**
- **Dizziness**
- **Problems with movement and memory**
- **Slowed breathing**



WHAT CAN YOU DO TO HELP SOMEONE WHO IS MISUSING SEDATIVES?

BE A FRIEND. SAVE A LIFE.

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

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

1-800-662-HELP (1-800-662-4357)

or visit the SAMHSA Treatment Services Locator at findtreatment.gov

¹ National Institute on Drug Abuse (NIDA). (2019). Central Nervous System Depressants. *Commonly Abused Drug Charts*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts#CNSdepressants>

^{2,3} NIDA. (2018). Prescription CNS Depressants. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/prescription-cns-depressants>

⁴ NIDA. (2019). Central Nervous System Depressants. *Commonly Abused Drug Charts*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

⁵ NIDA. (2018). Prescription CNS Depressants. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/prescription-cns-depressants>

^{6,7} Weaver, M. F. (2015). Prescription sedative misuse and abuse. *The Yale Journal of Biology and Medicine*, 88(3), 247-256.

⁸ U.S. Department of Justice. (2013). Prescription Drugs Fast Facts. Retrieved from <https://www.justice.gov/archive/ndic/pubs5/5140/5140p.pdf>

⁹ NIDA. (2019). Central Nervous System Depressants. *Commonly Abused Drug Charts*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

¹⁰ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health: Detailed tables*. Retrieved from <https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>

¹¹ NIDA. (2019). Central Nervous System Depressants. *Commonly Abused Drug Charts*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

TIPS for TEENS

PRESCRIPTION STIMULANTS



THE TRUTH ABOUT PRESCRIPTION STIMULANTS

SLANG: BENNIES/DEXIES/PEP PILLS/SPEED/BLACK BEAUTIES/UPPERS/RED DEXIES/RED PEP/BLUE PILL/WAKE-UPS/LID POPPERS/TRUCK DRIVERS/RIDS/RITTIES/R POP/VITAMIN R/R-BALL/STUDY BUDDIES/SMARTIES¹

GET THE FACTS

STIMULANTS CAN HAVE NEGATIVE EFFECTS. Prescription stimulants are used to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy (an illness in which someone cannot stay awake); they are prescribed to increase alertness, concentration, and attention. However, misusing them can lead to problems relating to the heart, nerves, and stomach, possibly causing a heart attack, stroke, or seizures.²

STIMULANTS CAN AFFECT YOUR BRAIN. Stimulants increase the activity of the brain chemicals dopamine and norepinephrine. Rewarding experiences trigger dopamine release, which can lead to repeated use and addictive behavior. Norepinephrine affects blood vessels, blood pressure, heart rate, blood sugar, and breathing. Misuse of prescription stimulants—even for a short period of time—may lead to hallucinations, paranoia, or anger.³

STIMULANTS CAN BE ADDICTIVE. In 2018, approximately 1 million people aged 12 or older misused prescription stimulants for the first time in the past year. An estimated 561,000 people aged 12 or older had a stimulant use disorder (meaning that a person has problems with their health, school, or relationships because of their use of stimulants).⁴

? Q&A

Q. WILL PRESCRIPTION STIMULANTS MAKE ME SMARTER?

A. NO. Prescription stimulants don't improve school performance for people who aren't diagnosed with ADHD.⁵ Stimulants can affect sleep, which is vital for memory and learning.

Q. A LOT OF PEOPLE HAVE PRESCRIPTIONS FOR STIMULANTS, SO THEY MUST BE SAFE FOR ANYONE TO USE, RIGHT?

A. NO. Research shows that overuse can result in side effects of prescription stimulants, including dangerous heart-related symptoms with risk of heart attack or stroke.⁶

Q. IF I HAVE A STIMULANT PRESCRIPTION FOR ADHD BUT FEEL LIKE I NEED TO TAKE MORE THAN WHAT WAS PRESCRIBED BY MY DOCTOR, IS IT SAFE TO DO SO?

A. NO. Taking more medication than prescribed can lead to increased risk of psychosis (loss of touch with reality), risk of heart attack and stroke, and risk of addiction.

THE BOTTOM LINE:

All stimulants, including prescription stimulants, are dangerous and can be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE:

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

TO LEARN MORE ABOUT PRESCRIPTION STIMULANTS, CONTACT:

SAMHSA

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

TTY 1-800-487-4889

www.samhsa.gov | store.samhsa.gov



SAMHSA
Substance Abuse and Mental Health
Services Administration



BEFORE YOU RISK IT!

1

KNOW THE LAW. Taking prescription stimulants without a valid prescription or use of stimulants other than as prescribed is considered misuse and is illegal.⁷

2

KNOW THE RISKS. When prescription stimulants are taken in ways not prescribed, they increase a person's risk of dangerous health issues, including heart attack, stroke, or death—especially when taken through the nose or injected into veins.⁸

3

LOOK AROUND YOU. Even if you think your peers are using stimulants not prescribed to them, the truth is that a very small number of teens are taking this risk. In 2018, only 1.5 percent of young people between ages 12 and 17 had misused stimulants in the past year.⁹



MORE INFORMATION

FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS

"TIPS for TEENS,"

visit store.samhsa.gov or call

1-877-SAMHSA-7 (1-877-726-4727)

(English and Español).

PEP NO. 20-03-03-004 REVISED 2020

SAMHSA

Substance Abuse and Mental Health Services Administration



KNOW THE SIGNS

How can you tell if a friend is using stimulants? Potential side effects and symptoms include:¹⁰

- Increased blood pressure and heart rate
- Increased breathing
- Dangerously high body temperature with sweating
- Irregular heartbeat
- Heart failure
- Seizures
- Irritability
- Rapid speech, difficulty concentrating



WHAT CAN YOU DO TO HELP SOMEONE WHO IS MISUSING STIMULANTS?

BE A FRIEND. SAVE A LIFE.

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

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

1-800-662-HELP (1-800-662-4357)

or visit the SAMHSA Treatment Services Locator at findtreatment.gov

¹ National Institute on Drug Abuse (NIDA). (2019). Prescription Stimulants. *Commonly Abused Drug Charts*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

^{2,3} NIDA. (2018). Prescription Stimulants. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/prescription-stimulants>

⁴ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Retrieved from <https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report>

⁵ Weyandt, L. L., White, T. L., et al. (2018). Neurocognitive, autonomic, and mood effects of Adderall: A pilot study of healthy college students. *Pharmacy*, 6(3), 58. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29954141>

^{6,7} Weyandt, L. L., Oster, D. R., Marraccini, M. E., Gudmundsdottir, B. G., Munro, B. A., Rathkey, E. S., & McCallum, A. (2016). Prescription stimulant medication misuse: Where are we and where do we go from here? *Experimental and Clinical Psychopharmacology*, 24(5), 400-414. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5113141/>

⁸ Faraone, S. (2019). Prescription stimulant misuse, abuse prevalent among adults with ADHD. *Healio*. Retrieved from <https://www.healio.com/psychiatry/add-adhd/news/online/%7Ba563cc8c-6633-43c1-be9e-2677e2f4951f%7D/prescription-stimulant-misuse-abuse-prevalent-among-adults-with-adhd>

⁹ SAMHSA. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Retrieved from <https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report>

¹⁰ NIDA. (2018). Prescription Stimulants. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/prescription-stimulants>

TIPS for TEENS

METHAMPHETAMINE



THE TRUTH ABOUT METHAMPHETAMINE (METH)¹

**SLANG: METH/SPEED/CRYSTAL/CRANK/
CHALK/TINA/TWEAK/GO-FAST/ICE/
GLASS/UPPERS**

GET THE FACTS

METHAMPHETAMINE AFFECTS YOUR BRAIN. Meth causes changes in the brain circuits that control reward, stress, decision-making, and impulse control, making it more and more difficult to stop using even when it is having negative effects on your life and health. Frequent use also can lead to tolerance and withdrawal, so you need more of the drug just to feel normal. Additional effects of using meth can include anxiety and depression, chronic fatigue, paranoid or delusional thinking, and serious psychological illness.^{2,3}

METHAMPHETAMINE AFFECTS YOUR BODY. Using meth increases heart rate, blood pressure, and risk of stroke. Other negative consequences of long-term meth use are extreme weight loss, severe dental problems ("meth mouth"), and skin sores caused by scratching.⁴ Meth use affects the levels of dopamine in your brain. Dopamine is a neurotransmitter that affects, among other things, movement, motivation, emotions, and feelings of pleasure.⁵ Because meth causes a flood of dopamine to the brain, the natural supply gets depleted. As a result, activities that would normally increase dopamine and, therefore, pleasure (such as listening to music or eating a delicious meal) may no longer do so, which can lead to depression.⁶

METHAMPHETAMINE AFFECTS YOUR SELF-CONTROL. Meth is an addictive drug that can cause aggression, violent behavior, and psychosis (loss of contact with reality).^{7,8}

METHAMPHETAMINE IS NOT ALWAYS WHAT IT SEEMS. As much as 60 percent of what a person injects, snorts, or smokes is not meth. Powder sold as meth may contain many other substances, including lead acetate or mercury, both of which are toxins that can lead to poisoning.^{9,10}

METHAMPHETAMINE CAN KILL YOU. High doses can cause the body to overheat to dangerous levels. Death can result from stroke, heart attack, or multiple organ problems caused by overheating.¹¹

METHAMPHETAMINE ADDICTION IS TREATABLE. Behavioral treatments can help someone stop using methamphetamine and recover from addiction.¹²

? Q&A

Q. WHAT DOES METH LOOK LIKE?

A. Methamphetamine is a white, odorless, bitter-tasting, crystalline powder that dissolves easily in water or alcohol.¹³ It can be made from ingredients that are used in products such as batteries, drain cleaner, fertilizer, nail polish remover, and paint thinner.¹⁴

Q. WHAT IS THE "CRASH" EFFECT OF USING METH?

A. Using meth causes the brain to release a chemical called dopamine, which gives the user a feeling of pleasure. However, once the drug is no longer in the user's system, this pleasurable sensation can be followed by unpleasant feelings of drug withdrawal, sometimes called a "crash."¹⁵ These feelings can include depression, anxiety, fatigue, and intense craving for more of the drug.¹⁶ The "crash" often leads a person to use more meth to avoid these uncomfortable physical and psychological effects.¹⁷

THE BOTTOM LINE:

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

LEARN MORE:

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

TO LEARN MORE ABOUT METHAMPHETAMINE, CONTACT:

SAMHSA

1-877-SAMHSA-7 (1-877-726-4727)

(English and Español)

TTY 1-800-487-4889

www.samhsa.gov

store.samhsa.gov



SAMHSA
Substance Abuse and Mental Health
Services Administration



BEFORE YOU RISK IT!

1

KNOW THE LAW. Methamphetamine is illegal in all states.¹⁸

2

GET THE FACTS. The ignitable, corrosive, and toxic nature of the chemicals used to produce meth can cause fires, produce toxic vapors, and damage the environment.¹⁹

3

KNOW THE RISKS. There are a lot of risks associated with using methamphetamine, including:^{20,21}

- Meth use can cause a “crash” after the effects wear off.
- Meth use can cause long-lasting damage to the brain.
- Meth users who inject the drugs and share needles are at risk for acquiring HIV and hepatitis.

4

LOOK AROUND YOU. Not everyone is using methamphetamine. In 2015, less than 1 percent of adolescents ages 12 to 17 reported currently using methamphetamine.²²



KNOW THE SIGNS

How can you tell if a friend is using meth? It may not be easy to tell, but symptoms of methamphetamine use may include:^{23,24}

- **Inability to sleep or unusual sleep patterns**
- **Psychotic behaviors such as paranoia and hallucinations**
- **Mood swings or increased aggression**
- **Nervous obsessive activities, such as scratching**
- **Irritability, anxiety, or confusion**
- **Extreme anorexia**
- **Changes in physical appearance, including deteriorating skin and teeth**
- **Presence of injecting paraphernalia, such as syringes, burnt spoons, or surgical tubing**

MORE INFORMATION

FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS “TIPS for TEENS,” visit store.samhsa.gov or call 1-877-SAMHSA-7 (1-877-726-4727)

(English and Español).

PEP NO. 18-03 REVISED 2018

SAMHSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

SAMHSA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.



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

BE A FRIEND. SAVE A LIFE.

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

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

1-800-662-HELP (1-800-662-4357)

or visit the SAMHSA Behavioral Health Treatment Services Locator at findtreatment.samhsa.gov

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

^{24,16,20} National Institute on Drug Abuse. (2013). *Research report series: Methamphetamine*. (NIH Publication Number 13-4210). Retrieved from <http://www.drugabuse.gov/sites/default/files/methrrs.pdf>

^{3,19} Substance Abuse and Mental Health Services Administration. (2006). Opioids and club drugs slides. *Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders: Counselor's Family Education Manual*. Retrieved from <http://store.samhsa.gov/product/Matrix-Intensive-Outpatient-Treatment-for-People-with-Stimulant-Use-Disorders-Counselor-s-Family-Education-Manual-w-CD/SMA13-4153>

⁵ National Institute on Drug Abuse (NIDA). (2009). Word of the day: Dopamine. *NIDA for Teens*. Retrieved from <https://teens.drugabuse.gov/blog/post/word-day-dopamine>

^{6,18,21,24} National Institute on Drug Abuse. (2014). Drug facts: Methamphetamine (meth). *NIDA for Teens*. Retrieved from <http://teens.drugabuse.gov/drug-facts/methamphetamine-meth>

⁷ National Institute on Drug Abuse. (n.d.). *Commonly abused drug charts*. Retrieved from <http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/health-effects#meth>

⁸ The Meth Project Foundation. (n.d.). What is meth-induced psychosis? *The Meth Project*. Retrieved from <http://www.methproject.org/answers/what-is-meth-induced-psychosis.html#Psychotic-Behavior>

⁹ Fries, A., Anthony, R. W., Cseko, A., Gaither, C. C., & Shulman, E. (2008). *The price and purity of illicit drugs: 1981-2007*. Alexandria, VA: Institute for Defense Analyses. Retrieved from <https://www.documentcloud.org/documents/275358-the-price-and-purity-of-illicit-drugs-1981-2007.html>

¹⁰ Poulsen, E. J., Mannis, M. J., & Chang, S. D. (1996). Keratitis in methamphetamine abusers. *Cornea* 15, 77-82.

¹² National Institute on Drug Abuse. (2013). What treatments are effective for people who abuse methamphetamine? *Research report series: Methamphetamine*. Retrieved from <https://www.drugabuse.gov/publications/research-reports/methamphetamine/what-treatments-are-effective-methamphetamine-abusers>

¹³ National Institute on Drug Abuse. (2017). *Drug facts: Methamphetamine*. Retrieved from <http://www.drugabuse.gov/publications/drugfacts/methamphetamine>

¹⁴ The Meth Project Foundation. (n.d.). What's in meth. *The Meth Project*. Retrieved from <http://www.methproject.org/answers/whats-meth-made-of.html#Whats-in-Meth>

^{15,17} National Institute on Drug Abuse. (2006). The brain's response to methamphetamines. *NIDA for Teens*. Retrieved from <https://teens.drugabuse.gov/teachers/mind-over-matter/methamphetamine>

²² Center for Behavioral Health Statistics and Quality. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*. (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm>

²³ The Meth Project Foundation. (n.d.). How can I tell if someone is using meth? *The Meth Project*. Retrieved from <http://www.methproject.org/answers/how-can-i-tell-if-someone-is-using-meth.html#Signs-of-Use>

TIPS_{for} TEENS

COCAINE

THE TRUTH ABOUT COCAINE

SLANG: COKE/FLAKE/C/COCA/BUMP/TOOT/SNOW/BLOW/ROCK (CRACK)

GET THE FACTS

COCAINE AFFECTS YOUR BRAIN. Cocaine causes a brief high that makes the user feel more energetic, talkative, and alert; this can be followed by feelings of restlessness, irritability, and panic.¹ Cocaine is highly addictive and can increase the risk of negative psychological states, including paranoia, anxiety, and psychosis.^{2,3}

COCAINE AFFECTS YOUR BODY. People who use cocaine often don't eat or sleep regularly. They can experience increased heart rate, muscle spasms, and convulsions. Snorting cocaine also can permanently damage nasal tissue.⁴

COCAINE AFFECTS YOUR EMOTIONS. Using cocaine can change your mood and make you feel paranoid, angry, and anxious.⁵

COCAINE IS ADDICTIVE. Repeated cocaine use changes the brain circuits that process feelings of pleasure, which can cause a person to lose interest in other areas of their life, like school, friends, and sports.⁶ It also damages brain circuits that control stress, decision-making, and impulse control, making it more difficult to stop using, even when it has negative effects on your life and health. Frequent use also can lead to tolerance and withdrawal, so you need more of the drug just to feel normal.⁷

COCAINE CAN KILL YOU. Cocaine use can cause seizures, strokes, and comas. Cocaine can change the way the heart beats and lead to a heart attack. People who share needles can contract hepatitis, HIV, and other diseases.⁸ It also is particularly dangerous to consume cocaine and alcohol at the same time; they combine to produce a third chemical, cocaethylene, that is far more toxic than either cocaine or alcohol alone.⁹

COCAINE ADDICTION IS TREATABLE. Behavioral drug treatments can help someone stop using cocaine and recover from addiction.¹⁰

? Q&A

Q. IS COCAINE USE A PROBLEM?

A. YES. There were 1.9 million current (past-month) cocaine users ages 12 or older in 2015.¹¹ About 900,000 users ages 12 or older met the criteria for a diagnosable disorder with significant negative effects because of their cocaine use in the past year.¹² In 2014, overdoses and deaths caused by cocaine use increased by 42 percent.¹³

Q. WHAT IS THE DIFFERENCE BETWEEN COCAINE AND CRACK?

A. COCAINE IS A WHITE POWDER that can be snorted or dissolved in water and injected. Crack, an altered form of cocaine, is a rock crystal that is usually smoked.¹⁴

Q. WHAT IS THE MOST DANGEROUS WAY TO USE COCAINE?

A. ANY METHOD OF COCAINE USE CARRIES A RISK of addiction and/or overdose.¹⁵ Snorting cocaine can result in frequent nosebleeds or loss of sense of smell. Injecting cocaine can cause infected sores at the injection sites or exposure to serious diseases such as HIV and hepatitis C by sharing needles. Using cocaine and alcohol at the same time is particularly dangerous. However, all methods of cocaine use can lead to severe cardiovascular, respiratory, and neurological effects.

THE BOTTOM LINE:

Cocaine is illegal, addictive, and dangerous.^{16,17} Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE:

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

TO LEARN MORE ABOUT COCAINE, CONTACT:

SAMHSA

1-877-SAMHSA-7 (1-877-726-4727)

(English and Español)

TTY 1-800-487-4889

www.samhsa.gov

store.samhsa.gov



SAMHSA
Substance Abuse and Mental Health
Services Administration



BEFORE YOU RISK IT!

1

KNOW THE LAW. Cocaine—in any form—is illegal.¹⁸

2

STAY INFORMED. Even first-time cocaine use can be fatal.¹⁹

3

KNOW THE RISKS. Combining cocaine with other drugs or alcohol is extremely dangerous. The effects of one drug can magnify the effects of another, and mixing substances can be deadly.²⁰

4

STAY IN CONTROL. Cocaine impairs your judgment, which may lead to risky sexual behaviors. This can increase your risk for HIV/AIDS, other diseases, rape, and unplanned pregnancy.²¹

5

LOOK AROUND YOU. The majority of teens aren't using cocaine. In 2015, less than 1 percent of 12- to 17-year-olds reported ever using cocaine in their lifetime.²²



KNOW THE SIGNS

How can you tell if a friend is using cocaine?

It may not be easy to tell, but symptoms of cocaine use include:^{23,24,25}

- Dilated pupils
- Restlessness and/or high energy
- Inability to sleep
- A runny nose and nosebleeds
- A hoarse voice
- Weight loss
- An increase in anxiety, depression, panic attacks, paranoia, or violent behavior
- Presence of inhaling paraphernalia, such as mirrors containing a white powder residue, razor blades, straws, small spoons, and rolled dollar bills



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

BE A FRIEND. SAVE A LIFE.

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

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

1-800-662-HELP (1-800-662-4357)

or visit the SAMHSA Behavioral Health

Treatment Services Locator at

findtreatment.samhsa.gov

^{1,4,8,10,16,21,24} National Institute on Drug Abuse. (2016). *Research report series: Cocaine*. Retrieved from <https://www.drugabuse.gov/publications/research-reports/cocaine/what-cocaine>

^{2,7,18} U.S. Department of Justice and Drug Enforcement Administration. (2015). *Drugs of abuse: A DEA resource guide*. Retrieved from http://www.justice.gov/dea/pr/multimedia-library/publications/drug_of_abuse.pdf#page=45

^{3,7,23} National Institute on Drug Abuse. (n.d.). Drug facts: Cocaine. *NIDA for Teens*. Retrieved from <http://teens.drugabuse.gov/drug-facts/cocaine>

⁵ National Institute on Drug Abuse. (n.d.). Signs of cocaine abuse and addiction. *Easy-to-Read Drug Facts*. Retrieved from <https://easyread.drugabuse.gov/content/signs-cocaine-use-and-addiction>

⁶ Partnership for Drug-Free Kids. (n.d.). Look for warning signs. *Partnership for Drug-Free Kids*. Retrieved from <http://www.drugfree.org/think-child-using/look-for-signs-and-symptoms>

⁹ Pennings, E. J., Leccese, A. P., & Wolff, F. A. (2002). Effects of concurrent use of alcohol and cocaine. *Addiction*, 97, 773-783. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/12133112>.

^{11,22} Center for Behavioral Health Statistics and Quality. (2016). *Results from the 2015 National Survey on Drug Use and Health: Detailed tables*. Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015.pdf>

¹² Center for Behavioral Health Statistics and Quality. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*. (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-FFRI-2015/NSDUH-FFRI-2015/NSDUH-FFRI-2015.htm>

¹³ National Institute on Drug Abuse. (2015). *Overdose death rates*. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates> and https://www.drugabuse.gov/sites/default/files/overdose_data1999-2014.xls

^{14,19,20} National Institute on Drug Abuse. (2016). *Drug facts: Cocaine*. Retrieved from <http://www.drugabuse.gov/publications/drugfacts/cocaine>

¹⁵ Center for Substance Abuse Treatment. (2006). Session 4: Methamphetamine and cocaine. *Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders: Counselor's Family Education Manual*. Retrieved from <http://store.samhsa.gov/product/Matrix-Intensive-Outpatient-Treatment-for-People-with-Stimulant-Use-Disorders-Counselor-s-Family-Education-Manual-w-CD/SMA13-4153>

²⁵ U.S. Drug Enforcement Agency. (2017). How to identify drug paraphernalia. *Get Smart About Drugs*. Retrieved from <https://www.getsmartaboutdrugs.gov/content/how-identify-drug-paraphernalia>

MORE INFORMATION



FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS "TIPS for TEENS," visit store.samhsa.gov or call 1-877-SAMHSA-7 (1-877-726-4727) (English and Español). PEP NO. 18-01 REVISED 2018

TIPS for TEENS

INHALANTS

THE TRUTH ABOUT INHALANTS

SLANG: GLUEY/HUFF/WHIPPETS/
LAUGHING GAS/SNAPPERS/
POPPERS/RUSH/BOLD^{6,7}

GET THE FACTS

INHALANTS AFFECT YOUR BRAIN. Inhalants are gases or fumes from everyday products that are inhaled or sniffed to cause an immediate high. Inhalants cut off oxygen to the brain and can damage your ability to think clearly, cause you to become clumsy, and harm your eyesight. Some of this damage can be permanent.⁸

INHALANTS AFFECT YOUR HEART. Inhalants starve the body of oxygen and force the heart to beat rapidly and irregularly. Your heart may even stop pumping blood.⁹

INHALANTS AFFECT OTHER PARTS OF YOUR BODY. People who use inhalants often experience nausea and vomiting. Continued use of inhalants can lead to loss of hearing; damage to the sense of smell; loss of muscle control; and increased risk of cancer, as well as liver, lung, and kidney problems.^{10,11}

INHALANTS CAN CAUSE SUDDEN DEATH. Inhalants can kill you instantly. Immediate heart failure and death, known as "sudden sniffing death," happens when the heart stops pumping blood. Inhalant users also can die by suffocating, choking on their vomit, or experiencing a seizure.¹² Using inhalants from an attached paper or plastic bag or in a closed area greatly increases the chances of suffocation and death.

? Q&A

Q. SINCE INHALANTS ARE FOUND IN HOUSEHOLD PRODUCTS, AREN'T THEY SAFE?

A. NO. Even though household products such as spray paint, glue, and gasoline have legal and useful purposes, they are harmful and dangerous when used as inhalants. These products are not intended to be inhaled.¹

Q. DOESN'T IT TAKE MANY "HUFFS" BEFORE YOU'RE IN DANGER?

A. NO. The first "huff" can kill you.² Or the 10th. Or the 100th. Every huff can be dangerous. Even if you have tried inhalants before without experiencing a problem, there's no way of knowing how your body will react the next time.³

Q. CAN INHALANTS MAKE ME LOSE CONTROL?

A. YES. Inhalants affect your brain and can cause you to feel less inhibited and less in control. You can become reckless, uncoordinated, and aggressive.^{4,5}

THE BOTTOM LINE:

Inhalants are dangerous and can be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE:

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

TO LEARN MORE ABOUT INHALANTS, CONTACT: SAMHSA

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

TTY 1-800-487-4889

www.samhsa.gov
store.samhsa.gov



SAMHSA
Substance Abuse and Mental Health
Services Administration



BEFORE YOU RISK IT!

1

GET THE FACTS. Inhalants can kill you the very first time you use them.¹³

2

STAY INFORMED. Gases and fumes from chemicals in everyday products are dangerous when inhaled on purpose. Any method used to inhale these substances can kill you.^{14,15}

3

BE AWARE. Inhalants can be addictive. The effects last only a few minutes, creating an urge to sniff or inhale a substance over and over again. Inhalant users also can suffer from withdrawal.^{16,17}

4

KNOW THE RISKS. Long-term inhalant users may permanently lose the ability to perform everyday functions such as walking and talking.¹⁸

5

LOOK AROUND YOU. The majority of teens aren't using inhalants. According to a 2015 national survey, less than 1 percent of teens (ages 12 to 17) were current users of inhalants.¹⁹



MORE INFORMATION

FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS

"TIPS for TEENS,"

visit store.samhsa.gov or call

1-877-SAMHSA-7 (1-877-726-4727)

(English and Español).

PEP NO. 18-04 REVISED 2018

SAMHSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

SAMHSA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

SAMHSA

Substance Abuse and Mental Health
Services Administration



KNOW THE SIGNS

How can you tell if a friend is using inhalants? Sometimes it's tough to tell. Symptoms of inhalant use may include:^{20,21}

- **Slurred speech**
- **Drunk, dizzy, or dazed appearance**
- **Unusual breath odor**
- **Chemical smell on clothing**
- **Paint stains on body or face**
- **Red eyes**
- **Runny nose**



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

BE A FRIEND. SAVE A LIFE.

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

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

1-800-662-HELP (1-800-662-4357)

or visit the SAMHSA Behavioral Health Treatment Services Locator at findtreatment.samhsa.gov

^{1,7,6,18} National Institute on Drug Abuse (NIDA). (n.d.). Drug facts: Inhalants. *NIDA for Teens*. Retrieved from <https://teens.drugabuse.gov/drug-facts/inhalants>

^{2,8,13} NIDA. (2017). Drug facts: Inhalants. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/inhalants>

^{3,4,9,10,11,12,15,17,20} NIDA. (2012). Research report series: Inhalants. (NIH Publication Number 12-3818). Retrieved from <https://www.drugabuse.gov/publications/research-reports/inhalants>

⁵ Howard, M. O., Perron, B. E., Vaughn, M. G., Bender, K. A., & Garland, E. (2010). Inhalant use, inhalant-use disorders, and antisocial behavior: Findings from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). *Journal of Studies on Alcohol and Drugs*, *71*, 201–209. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20230717>

^{6,14,21} U.S. Department of Justice & Drug Enforcement Administration. (2011). Drugs of abuse: A DEA resource guide. Retrieved from https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf#page=78

¹⁹ Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health. (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm>

TIPS for TEENS

HALLUCINOGENS



THE TRUTH ABOUT HALLUCINOGENS

SLANG: LSD: acid, yellow sunshine, tab, blotter, yellow submarine, tripping; MUSHROOMS/PSILOCYBIN: little smoke, magic mushrooms; PEYOTE: cactus, buttons; PCP: angel dust, peace pill, dippers, greens¹

GET THE FACTS

HALLUCINOGENS HAVE A RANGE OF NEGATIVE EFFECTS. Hallucinogens are a group of drugs that include those listed above, as well as ayahuasca, ketamine, and salvia. They may alter a person's awareness of his or her surroundings, thoughts, and feelings, or they might cause someone to see or feel things that aren't real.²

HALLUCINOGENS CAN AFFECT YOUR BRAIN LONG-TERM. Hallucinogens can affect the brain chemical serotonin—which regulates things such as sleep, muscle control, and mood—and the chemical glutamate—which regulates pain perception, learning, and memory, among other areas.³ Because of its impact on the brain, hallucinogens can cause lasting consequences for a user, such as psychosis or mental disorders.⁴

HALLUCINOGENS CAN BE UNPREDICTABLE. A person can feel the effects of using hallucinogens as soon as 20 minutes after using them, but the effects can last as long as 12 hours.⁵

HALLUCINOGENS CAN BE ADDICTIVE. People can develop an addiction to or tolerance of hallucinogens. If a person uses LSD on a regular basis, for example, they would need to take higher doses over time to feel its effects, which can lead to dangerous outcomes, such as risky behavior potentially resulting in injury and death due to an altered perception of reality.⁶

? Q&A

Q. IF DEXTROMETHORPHAN (DXM) IS USED IN THE COUGH MEDICINES I CAN BUY AT A PHARMACY, DOESN'T THAT MEAN IT'S SAFE TO USE ON ITS OWN TOO?

A. NO. When a substance such as DXM is used in an over-the-counter medicine, the medicine is only safe when taken according to the directions. DXM toxic effects include hallucinations, distorted perceptions, impaired muscle movement, impaired memory, and possibly seizures with some cough medications.⁷ Also, your heart and lung functions can slow or even stop, potentially causing an overdose death. Misusing these medications with alcohol is even more dangerous as they work more strongly together.⁸

Q. IF SALVIA ISN'T ILLEGAL, DOESN'T THAT MEAN I'M ALLOWED TO USE IT?

A. NO. Even though there aren't federal laws prohibiting the use of salvia, it is illegal in 29 states and several countries. Research shows that the effects of salvia can include hallucinations, vision changes, and being unable to tell what's real and what isn't.⁹

Q. PEYOTE COMES FROM A CACTUS. IF IT'S FROM A PLANT, IT MUST BE SAFE, RIGHT?

A. NO. Peyote has side effects including hallucinations, altered body image, severe vomiting, headaches, muscle weakness, and impaired motor coordination.¹⁰

THE BOTTOM LINE:

Hallucinogens are dangerous and can be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE:

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

TO LEARN MORE ABOUT HALLUCINOGENS, CONTACT:

SAMHSA

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

TTY 1-800-487-4889

www.samhsa.gov | store.samhsa.gov



SAMHSA
Substance Abuse and Mental Health
Services Administration



BEFORE YOU RISK IT!

1

KNOW THE LAW. Hallucinogens are illegal for use by people of any age, and law enforcement officials are trained to recognize when someone may have used hallucinogens.¹¹

2

KNOW THE RISKS. While there are different risks depending on the hallucinogen used, they all have dangerous potential outcomes. If a person takes a high dose of PCP, they could have a seizure, go into a coma, or even die.

3

LOOK AROUND YOU. Even if you think your peers are using hallucinogens, the truth is that a very small number of teens use hallucinogens. The latest research shows that 1.5 percent of young people between ages 12 and 17 had used hallucinogens in the past year in 2018.¹²



MORE INFORMATION

FOR MORE INFORMATION OR FOR
RESOURCES USED IN THIS

"TIPS for TEENS,"

visit store.samhsa.gov or call
1-877-SAMHSA-7 (1-877-726-4727)
(English and Español).

PEP NO. 20-03-03-001 REVISED 2020

SAMHSA
Substance Abuse and Mental Health
Services Administration



KNOW THE SIGNS

How can you tell if a friend is using hallucinogens? Potential side effects and symptoms include:¹³

- **Hallucinations**
- **Nausea/vomiting**
- **Loss of appetite**
- **Mixed senses (e.g., "seeing" sounds or "hearing" colors)**
- **Excessive sweating**
- **Paranoia**
- **Weight loss**
- **Memory loss**
- **Anxiety**
- **Depression and suicidal thoughts**
- **Persistent psychosis/hallucinations**
- **Speech problems**
- **Social withdrawal and disorganization**



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

BE A FRIEND. SAVE A LIFE.

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

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

1-800-662-HELP (1-800-662-4357)

or visit the SAMHSA Treatment Services Locator at:
findtreatment.gov

^{1,2,3} National Institute on Drug Abuse (NIDA). (2016). Hallucinogens. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/hallucinogens>

⁴ Office of National Drug Control Policy. (n.d.). Drug facts: Hallucinogens. *Above the Influence*. Retrieved from <https://abovetheinfluence.com/drugs/hallucinogens/#facts>

^{5,6} NIDA. (2016). Hallucinogens. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/hallucinogens>

⁷ National Institutes of Health (NIH), U.S. National Library of Medicine, National Center for Biotechnology Information. Compound Summary: Dexamethasone. *PubChem Database*. Retrieved from <https://pubchem.ncbi.nlm.nih.gov/compound/5743>

⁸ NIDA. (2017). Cough and cold medicine (DXM and codeine syrup). *NIDA for Teens*. Retrieved from <https://teens.drugabuse.gov/drug-facts/cough-and-cold-medicine-dxm-and-codeine-syrup>

⁹ NIDA. (2017). Salvia. *NIDA for Teens*. Retrieved from <https://teens.drugabuse.gov/drug-facts/salvia>

^{10,11} U.S. Department of Justice, Drug Enforcement Administration. (2017). *Drugs of abuse: A DEA resource guide*. Retrieved from https://www.dea.gov/sites/default/files/sites/getsmartaboutdrugs.com/files/publications/DoA_2017Ed_Updated_6.16.17.pdf#page=70

¹² Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Retrieved from <https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report>

¹³ NIDA. (2016). Hallucinogens. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/hallucinogens>

**ONE
PILL CAN
KILL**

Department of Justice | Drug Enforcement Administration
FAKE PILLS FACT SHEET

FAKE PRESCRIPTION PILLS • WIDELY AVAILABLE • INCREASINGLY LETHAL

DEA LAB TESTING REVEALS THAT
7 OUT OF EVERY 10 PILLS
WITH FENTANYL CONTAIN A POTENTIALLY
LETHAL DOSE



Fake pills often contain fentanyl and are more lethal than ever before.

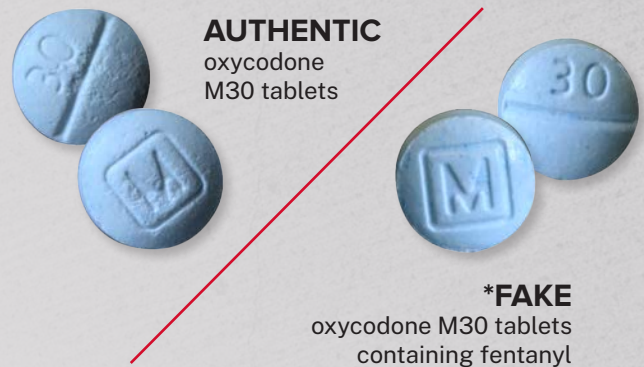
DEA officials report a dramatic rise in the number of fake pills containing at least 2 mg of fentanyl, which is considered a potentially lethal dose.

Drug traffickers are using fake pills to exploit the opioid crisis and prescription drug misuse. In 2022, an estimated 110,757 people died by drug poisoning in the United States.

Fentanyl, the synthetic opioid most commonly found in fake pills, is the primary driver in this alarming increase in poisoning deaths.

Criminal drug networks are flooding the U.S. with deadly fake pills.

- Criminal drug networks are mass-producing fake pills and falsely marketing them as legitimate prescription pills to deceive the American public.
- Fake pills are easy to purchase, widely available, often contain fentanyl or methamphetamine, and can be deadly.
- Fake prescription pills are easily accessible and often sold on social media and e-commerce platforms, making them available to anyone with a smartphone.
- Many fake pills are made to look like prescription opioids such as oxycodone (Oxycontin®, Percocet®), hydrocodone (Vicodin®), and alprazolam (Xanax®); or stimulants like amphetamines (Adderall®).



For more information about fake pills, go to [DEA.gov/OnePill](https://www.dea.gov/OnePill)

Data as of September 2023

*Photos of fake pills do not represent all available fake pills.



Fake pills are widely available across every state in the Country.

- DEA and its law enforcement partners are seizing deadly fake pills at record rates.
- Fake pills have been seized in all 50 states and the District of Columbia.
- Drug trafficking is also inextricably linked with violence.
- In 2022, DEA seized more than 59.6 million fentanyl pills and more than 13,000 pounds of fentanyl powder.
- Visit www.DEA.gov for the latest DEA fentanyl seizures.



Learn More



The **only safe medications** are ones that come from **licensed and accredited medical professionals.**

DEA warns that pills purchased outside of a licensed pharmacy are illegal, dangerous, and potentially lethal.

For more information about fake pills, go to DEA.gov/OnePill

Data as of September 2023



The Drug Enforcement Administration ensures the safety and health of the American public by fighting against violent criminal drug networks and foreign cartels trafficking in illicit drugs. To accomplish that mission, the Drug Enforcement Administration employs approximately 10,000 men and women throughout the world—Special Agents, diversion investigators, intelligence analysts, and chemists—across more than 250 domestic offices in 23 U.S. divisions and more than 90 foreign offices in nearly 70 countries.



Kratom

WHAT IS KRATOM?

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), and can lead to psychotic symptoms, and psychological and physiological dependence. Kratom leaves contain two major psychoactive ingredients (mitragynine and 7-hydroxymitragynine). These leaves are crushed and then smoked, brewed with tea, or placed into gel capsules. Kratom has a long history of use in Southeast Asia, where it is commonly known as thang, kakuam, thom, ketum, and biak. In the U.S., the use of kratom has increased markedly in recent years.

How is it used?

Mostly used by oral ingestion in the form of a tablet, capsule, or extract. Kratom leaves may also be dried or powdered and ingested as a tea, or the kratom leaf may be chewed.

What are the effects?

At low doses, kratom produces stimulant effects with people reporting increased alertness, physical energy, and talkativeness. At high doses, people experience sedative effects. Kratom consumption can lead to addiction.

Several cases of psychosis resulting from use of kratom have been reported, where individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion.

What does it do to the body?

Kratom's effects on the body include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite. Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations.

What is its legal status?

Kratom is not controlled under the Controlled Substances Act; however, there may be some state regulations or prohibitions against the possession and use of kratom. FDA has not approved kratom for any medical use. In addition, DEA has listed kratom as a Drug and Chemical of Concern.



Kratom tree



Leaf of kratom tree



Kratom capsules

St Luke's Penn Foundation

MENTAL HEALTH SERVICES

Hope, Recovery and Wellness TOGETHER

Good Samaritan Law

The “Good Samaritan” law provides limited immunity from charge and prosecution for certain drug crimes if an individual calls 911 in the event of an overdose. To be protected under the law, individuals who report an overdose must give their names, stay with the person who overdosed until help arrives, and should cooperate with law enforcement personnel.

Drug crimes that are covered under this law are crimes related to possession of drug paraphernalia and small amounts of drugs. Individuals in possession of a quantity of drugs that would constitute as “intent to sell” ARE NOT protected under the Good Samaritan statute.

The person who overdosed is also protected under the law if the person who made the call is protected.

St Luke's Penn Foundation

MENTAL HEALTH SERVICES

Hope, Recovery and Wellness **TOGETHER**

Naloxone (Narcan): The Opiate Overdose Antidote

Naloxone (also known as Narcan®) is a medication called an “opioid antagonist” used to counter the effects of opioid overdose.



NARCAN® (naloxone HCl)
NASAL SPRAY

Specifically, Naloxone is used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally.

Naloxone is a non-addictive prescription medication. It only works if a person has opioids in his/her system; the medication had no effect if opioids are absent.

Although traditionally administered by emergency response personnel, Naloxone can be administered by minimally-trained laypeople.

Naloxone may be injected in the muscle, vein, or under the skin or sprayed in the nose. Naloxone that is injected comes in a lower concentration (0.4 mg/1mL) than Naloxone that is sprayed up the nose (2 mg/2mL). It is a temporary drug that wears off in 20-90 minutes (harmreduction.org)

Naloxone is available without a prescription through the state of Pennsylvania's Standing Order.

Scan for resources!



IN ADDICTION
MY SOUL IS LOST
I REFUSE TO BELIEVE
THAT I CAN BREAK OUT OF THIS PRISON
NOW I KNOW, FROM THE DEPTHS OF MY BEING
THAT RECOVERY IS UNATTAINABLE
IT IS AN ABSOLUTE LIE
THAT I AM WORTHY OF LOVE AND UNDERSTANDING
I WILL WHOLEHEARTEDLY CONFESS
THAT MY SOLUTION IS IN MY NEXT HIGH
IT IS HOPELESS TO THINK
I CAN GET BETTER
IN CASE YOU BELIEVE OTHERWISE
I RESPECTFULLY DISAGREE
I AM TOO FAR GONE AND
I DON'T THINK THAT
I AM STRONG ENOUGH TO FIGHT THIS
YOU MUST NOT REALLY KNOW ME BECAUSE
I GIVE UP TOO EASILY
IF YOU SAY THAT
I CAN DO THIS
I DON'T BELIEVE YOU

-EMILY SIGERSON

FOR A MESSAGE OF RECOVERY, READ THIS POEM IN REVERSE, LINE BY LINE.

St Luke's Penn Foundation
MENTAL HEALTH SERVICES

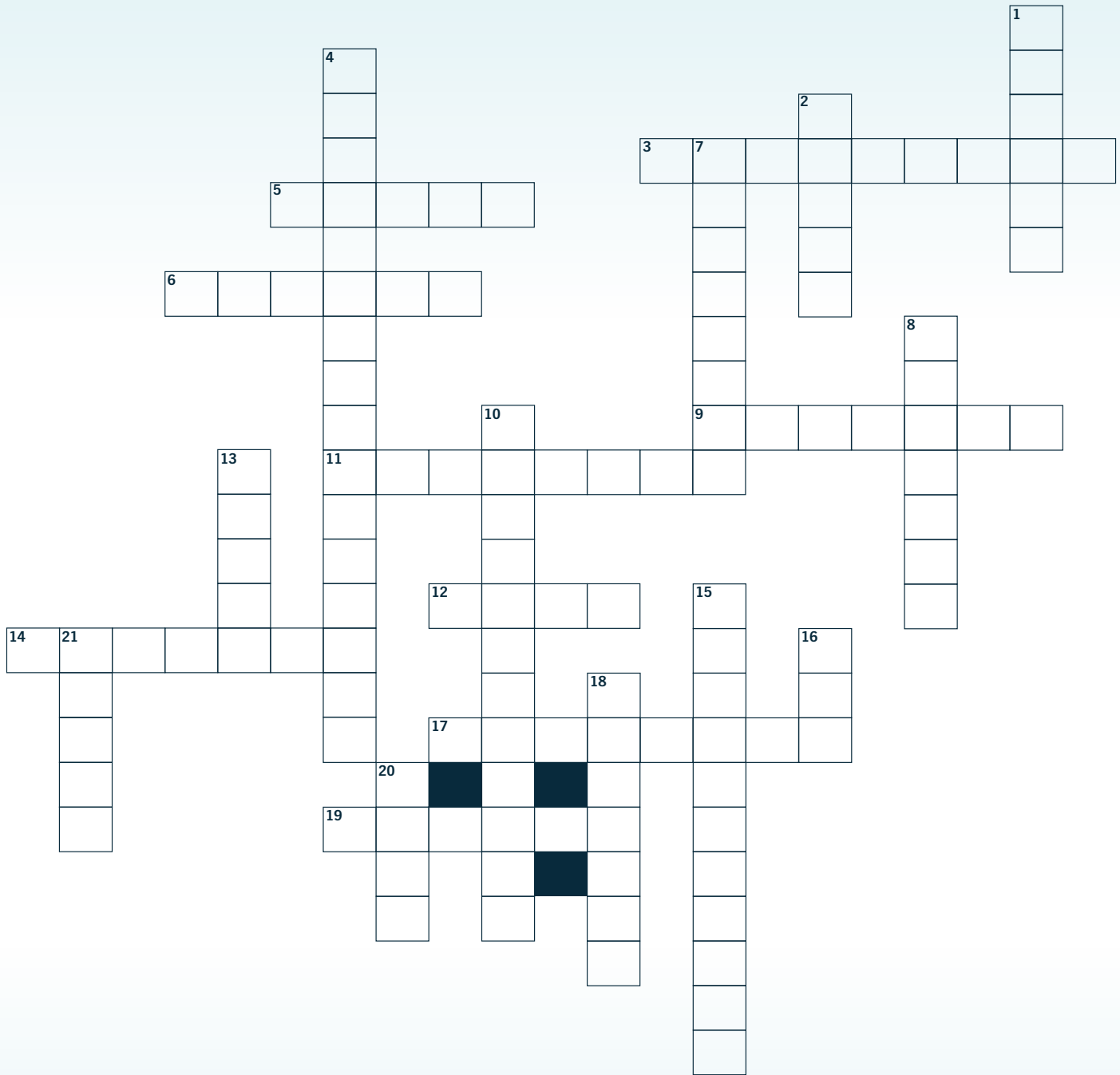
StLuke's Penn Foundation

MENTAL HEALTH SERVICES

Important Phone Numbers

Penn Foundation 215.257.6551	Substance Abuse and Mental Health Services Administration (SAMHSA) 1.800.662.4357
Bucks County Drug and Alcohol Commission 215.444.2700	Montgomery County Office of Drug and Alcohol 610.278.3642

NOTES



ACROSS

- 3. Prevention efforts across the ___ of care
- 5. Building drug-free communities
- 6. March is ___ Awareness Month
- 9. Screen4___ tool
- 11. 988 is the Suicide & Crisis ___
- 12. ___. They Hear You.®
- 14. National Collegiate ___ Awareness Week in October
- 17. September is National ___ Month
- 19. April 1–7 is National ___ Health Week

DOWN

- 1. Substance ___ prevention
- 2. #MyPrevention ___
- 4. The emotions and biology related to a person’s mental well-being (2 words)
- 7. August 31 is International ___ Awareness Day
- 8. National Prevention Week starts on the ___
- 10. Awareness Month in May (2 words)

- 13. National Survey on Drug Use and Health
- 15. National Prevention Week is a ___
- 16. National Prevention Week occurs in ___
- 18. Listen to the new Communities Talk About Prevention ___
- 20. National Minority Mental Health Awareness Month
- 21. June is ___ Pride Month

Answer Key

1 m
 i
 s
 u
 s
 e
 2 s
 t
 r
 e
 s
 s
 3 c
 o
 n
 t
 i
 n
 u
 o
 u
 s
 4 b
 e
 h
 a
 v
 i
 o
 r
 s
 5 c
 a
 d
 d
 i
 t
 i
 o
 n
 s
 6 v
 a
 p
 i
 n
 g
 7 o
 v
 e
 r
 8 t
 r
 e
 a
 t
 m
 e
 n
 t
 9 s
 u
 c
 c
 e
 s
 s
 10 m
 e
 n
 t
 a
 l
 11 l
 i
 f
 e
 l
 i
 n
 e
 12 t
 a
 l
 k
 13 n
 e
 e
 d
 s
 14 a
 l
 c
 o
 h
 o
 l
 i
 c
 15 c
 e
 l
 i
 n
 e
 16 m
 a
 y
 17 r
 e
 c
 o
 v
 e
 r
 y
 18 p
 r
 e
 v
 e
 n
 t
 i
 o
 n
 19 p
 u
 b
 l
 i
 c
 20 j
 u
 d
 g
 e
 m
 e
 n
 t
 21 i
 l
 l
 e
 g
 a
 l

For more information, contact:

Ryan Schweiger, CPS, CRS, CPRP

Behavioral Health Community Liaison Specialist

Office: 267.404.5953 | Cell: 267.718.1464

Ryan.Schweiger@sluhn.org