

Pittsford
Schools

Parent
RESOURCE
Guide

NINTH EDITION • SEPTEMBER 2017

Goals of this guide

The Pittsford Central School District is pleased to provide the ninth edition of this **Parent Resource Guide** to you. The goals of this guide are to give you, as parents of Pittsford children, teens and young adults, prevention strategies to help your children avoid the start of alcohol or other drug use — and, if necessary, strategies for intervention if you discover your child is using alcohol or other drugs.

Public perception plays an important role in the use of substances, especially among youth. With this guide, we hope to encourage action, correct misperceptions, and increase awareness in our community related to issues of alcohol and other drug abuse.

As you review the guide and have any questions or concerns, please contact PCSD Prevention Coordinator, Ann Kane at ann_kane@pittsford.monroe.edu or (585) 267-3677.

Table of contents

Introduction	
Is there a substance abuse problem in Pittsford?	3
Some myths and realities	4
Prevention: parents are the key	
Prevention strategies for parents of younger kids	5
Prevention strategies for parents of adolescents	7
Prevention strategies: spring break/summer break	11
Prevention strategies for parents of college-age kids	12
40 developmental assets	15
Parents' dilemmas	17
Intervention: if you suspect your child is using alcohol or other drugs	
Excuses, lies and alibis	19
Is your child using alcohol or other drugs? Evidence of use	21
Parent observation checklist	23
Confronting your child/getting help	25
Intervention strategies for parents	26
Kids at higher risk	29
Facts you should know	
Pittsford school policies/New York State laws	31
Civil and criminal liability	32
Local facts: alcohol and other drug abuse in Pittsford	33
Physical, social and behavioral effects	35
Alcohol overdose	39
Stages of substance abuse	41
Adolescent substance abuse treatment	42
Why some kids use and others don't	44
Terminology/slang used locally	45
Teen party guidelines	
Giving parties/attending parties	50
After-prom parties	51
Limousine rentals	51
Ways kids communicate	52
Resources: finding help and getting information	55

Is there a substance abuse problem in Pittsford?

We live in an exceptional community. Our schools receive national recognition for their high educational standards. We are enriched with prosperity and good neighbors. But despite our good fortune, we continue to be challenged with substance-abuse issues in our community and this forces our children to make tough decisions. We are certainly not alone—all communities in our nation are facing this same challenge, to one degree or another.

Our kids are telling us:

"Kids start using young, like middle school, and teens are not only using pot or alcohol."

– Pittsford high school senior

"Drinking and driving or driving high are more common than people think."

– Pittsford high school sophomore

"Peer normalization is much more prevalent than peer pressure."

– Pittsford high school senior

"Experimenting isn't provoked by peer pressure; people choose to do things because others get away with it."

– Pittsford high school sophomore

The Pittsford Alliance for Substance-Free Youth applauds our community, including parents, schools, merchants and business owners, civic, community and religious organizations and law enforcement agencies, for recognizing this problem and working to resolve it. It's time for us to rid our town of drugs, and to educate ourselves so that we can guide our children to make healthy choices.

Fast Fact:

Every year that substance use is delayed during brain development, the risk of addiction decreases.

– www.centeronaddiction.org

Some myths and realities

myth *Pittsford doesn't have a drug problem. This isn't the city.*

reality Rochester Police stated, "There are fewer drugs being used in Greece or Pittsford or other communities [than in the city]. But what's different is the **nature** of the drug market. In the suburbs, it's off the radar screen. What people notice are six kids on a street corner."

myth *Kids will experiment, but my child is smart enough to know when to stop.*

reality How do you know? Why take a chance? Some teens don't become dependent or addicted, but other teens, after trying, DO become dependent for various reasons, and if no intervention takes place, there can be serious consequences. Although experimentation may occur, we should not accept it or expect it. Besides, it's ILLEGAL.

myth *My child participates in sports and school activities. I don't need to worry about drinking or drugs.*

reality Some kids who are involved in sports do drink alcohol and use drugs. Student surveys tell us no one is exempt.

myth *The only kids involved with drinking or drug abuse come from troubled environments.*

reality Substance abuse can happen in any family. Given the opportunity, some of our kids will make the choice to use alcohol or other drugs, no matter how they've been raised. There are many reasons for doing it: maybe they're curious, or their friends are doing it, or maybe they're trying to make themselves feel better.

myth *If I catch my kid using drugs or alcohol, we can deal with it within our family. We'll ground our child or figure out some other kind of punishment. We'll work through it. But we don't need professional help. The problem isn't THAT bad.*

reality If you discover your child is using alcohol or other drugs, consider getting help. The earlier you intervene with evaluation and counseling, the less likely your child will become dependent or addicted, or injure him- or herself or others. This is not the time to punish, to deny or to ignore, or to diminish the seriousness of the problem. As a parent, you don't have to go it alone. Please refer to the **Resources** section of this guide for help.

myth *If I call my child's school for help, it will go on his or her record.*

reality Absolutely not. Calling school is a good step in getting help for your child. The information you share with your child's counselor or other professional will be kept strictly confidential.

Prevention: parents are the key

Prevention strategies for parents of younger kids

You are your children's most influential role model and teacher, especially when they're young. What you say (and most importantly, what you do) will help them form their own lifelong attitudes about alcohol and other drug use.

Communicate

- **It's never too early to begin talking about the consequences of drug or alcohol use.** Current research tells us that children start to use alcohol and/or drugs at a very early age. Age-appropriate discussions about making healthy choices should begin when your child is young, so you can establish ongoing, open communication. Waiting to talk to kids until they're older about drugs and alcohol allows peers to have more influence on their choices.
- **Keep discussions in the present** and on a level your kids can understand. For example: "You can't play soccer (or put a puzzle together, or draw, or do another activity they enjoy) when you take drugs because it makes you think fuzzy." Or, "Smoking cigarettes gives you smelly breath." Or, "Drinking too much alcohol can make you throw up!"

Set family rules

- **Develop family rules** and consequences for breaking those rules. Children thrive when they know boundaries. **When your kids break the rules, impose consequences.** Do this early in your child's life—trying to establish boundaries later is especially difficult. A lack of expectations and structure allows outside exposure (peers, the media) to have more influence.
- **Establish early on that your first responsibility and role is "parent,"** and not "best buddy." You can be close and loving, but ultimately you are in charge. Otherwise, you are sending a very confusing message to your child that will most likely backfire.

Be a good role model

- **Set a good example.** Monitor substance use of family members (and extended family). If an immediate family member or relative is using poor judgment or is setting a bad example, don't be afraid to address this issue with your child.

Control media influence

- **Talk with your children about what they see on TV, movies and in video games.** Make sure they understand what is real and what is make-believe.
- **Monitor computer activity,** smartphone, and social networking sites. Keep tabs on their usage.

Your child's friends and their parents

- **Help your child develop healthy friendships.**
- **Get to know your children's friends and their parents.** Talk with them, learn from each other, and support one another. Together you are a network of prevention and safety.
- **Recognize that some parents' values** may differ from yours. If your child wants to visit a friend's house, make sure their home is well-supervised and the right messages are being conveyed. Depending on your level of comfort, either use those differing

...movies aimed at younger audiences were LESS likely to carry a negative message about tobacco use.

<http://www.oasas.ny.gov>

Prevention: parents are the key

values as a point of discussion with your child, or consider whether you would rather have your child and his or her friend just get together at your home.

Learn about current trends

- **Educate yourself** about what's happening with the latest drugs/alcohol/clothing styles/personal choices. Knowledge is power. Let your children know what you will allow and what you will not accept.

Celebrate your child

- **Celebrate your child's decision-making skills.**
- **Make it clear that you value your child's uniqueness** and special strengths. By recognizing your child for his or her many positive qualities, you are making your child feel stronger and more resilient, with less need to follow the crowd to feel good. That feeling of self-confidence and independent thinking could be invaluable if at some point a friend encourages your child to sample alcohol, or to try inhaling a household chemical, or to take some prescription medication.

Share your family values

- **Children benefit from developing a sense of empathy and community**—encourage your child to become involved in community groups and/or nonprofit organizations where they can see how their contributions help others. Service to others is a wonderful way for your children to develop these qualities.
- **Spend family time together**, by volunteering, doing outdoor activities, taking part in your faith community, or simply having fun together. Taking part in these kinds of activities will help you relate to each other in a different, more connected way.
- **Teach your child to work toward goals.** Delayed gratification in the form of saving or working for something special by doing chores for your family or for neighbors sends your child an important message on several levels. On the other hand, constant instant gratification when your child is younger could translate to the need for instant gratification later in the form of alcohol and other drug abuse.

Be there for your child

- **The more time you spend with your child**, even if you're just doing ordinary things together, the more opportunity you have for teachable moments, to talk about the dangers of alcohol and other drugs, about issues with friends, about something you saw on TV, or just about life.

When parents are involved...

- **Children become more responsible**, feel more appreciated, readily follow parents' guidelines, and respond more positively to expectations.
- **Children become empowered** to think for themselves, to make decisions based on the values you have taught them, and to not feel pressure to follow their peers.

Help your child early on to explore new and healthy ways to express their feelings.

– www.drugfree.org

Give your kids the power to escape from situations that make them feel bad.

– www.drugfree.org

Information taken from the following sources:
Partnership for Drug Free Kids www.drugfree.org
Substance Abuse & Mental Health Services Association (SAMHSA) www.samhsa.gov

Prevention: parents are the key

Prevention strategies for parents of adolescents

Peer pressure can be a major factor that affects whether or not your teen becomes involved with alcohol and other drug use. Peers can positively or negatively influence other teens, but in reality, it's your teen's own decision to choose whether or not to take that first step and experiment. As your children enter their teen years, they need you more than ever to guide them toward choosing positive friends and to participate in healthy activities. Here are some tips to help your teen make good choices.

☑ Communicate

- **Be a good listener.** Ask questions—and encourage them to talk. Showing your willingness to listen, without being judgmental, will make your teen feel more comfortable about opening up to you. Don't lecture.
- **Use TV reports,** anti-drug commercials, news or school discussions about drugs to help you introduce the subject in a natural, unforced way.
- **Be absolutely clear** with your kids that you don't want them using drugs. **Ever.** Don't leave room for interpretation. And talk **often** about the dangers and results of alcohol and other drug abuse. Once or twice a year won't do it.
- **If your teen makes statements** that challenge or shock you, turn them into a calm discussion of why he or she thinks people use drugs, or whether the effect is worth the risk. Don't react in a way that will cut off further discussion and don't echo his or her tone. Stay dispassionate and even-tempered.
- **Give honest answers.** Don't make up what you don't know — offer to find out. If asked whether you've ever taken drugs, be honest. But let your teen know what's important: that you don't want him or her using drugs even though you may have made mistakes yourself.
- **Talk with your spouse (or ex-spouse)** about your teen's activities. When families talk with each other and work together, kids are far less likely to get lost in the shuffle. The only way the "divide and conquer" strategy works is if families let their children get away with it.
- **Talk with** parents of your teen's friends. Letting your kids know you talk to each other presents a united front. "Parent power" is stronger than peer influence. Let other parents know that you want them to tell you if your child is involved in risky behavior, and offer to do the same for their child.
- **Don't confuse privacy with secrecy.** It is **not** OK for kids to be incommunicado with parents for extended periods. Privacy is OK — secrecy is not.

☑ Know the facts

- **Find out about alcohol and other drug use,** especially local trends. Avoid hearsay or bias. If you have questions, contact the Pittsford Schools Prevention Coordinator or Pittsford Youth Services, or a drug and alcohol counselor. Don't be naïve in thinking there are no alcohol or other drug problems in Pittsford.

☑ Set and maintain rules

- **Work together to create clear, fair and reasonable rules,** but don't bargain. You are in charge. Discuss in advance the consequences of breaking the rules you've set. Don't

"Talk to your children on a daily basis. Find out what is going on in their lives, and most importantly, listen to them."

— a parent
www.drugfree.org

Talk to your kids about the drug-related messages they receive through advertisements, the news media, and entertainment sources.

—www.drugfree.org

As parents, we need to communicate to each other, to law enforcement, to our school officials...we can make a real difference by networking and presenting a united front.

— a Monroe County
Sheriff's Deputy

Prevention: parents are the key

"Parents, don't go overboard. Let your kids make their mistakes and you know what, if we trust you and we run into trouble—we will come to you!"

— a teen
www.drugfree.org

Fast Fact:

Most youths (89.4%) reported that their parents would strongly disapprove of their trying marijuana once or twice. Among these youths, only 5.4% had used marijuana in the past month. However, among youths who perceived that their parents would only somewhat disapprove or neither approve nor disapprove of their trying marijuana, 28.7% used marijuana.

www.samhsa.gov

let the rule-breaker off the hook. Your teen may get upset, but don't be swayed by the anger. Short-term gain for long-term pain is not a wise or reasonable trade-off.

- **Don't impose unrealistic punishments** that will later be dismissed or forgotten. This kind of inconsistency helps to establish that you are really **not** in charge. (If you are divorced, try to co-parent with your ex-spouse, no matter how difficult this might be.)
- **Set weekday and weekend curfews** and maintain them.
- **Set and enforce a "check-in" policy** when your teen is out with friends.
- **Hold your teen accountable.** Don't excuse irresponsible behavior, make excuses or resolve a problem he or she caused, even though the consequences might be uncomfortable for you or your child.

☑ Home alone?

- **Try to be home after school.** *The "danger time" for drug use during the school year is between 4 and 6 p.m., when there's no one around.* If possible, arrange flexible time at work or have your child report to a responsible adult. (The pro-drug code "4:20" hails from this vulnerable time of the day.)
- **Think twice about leaving kids home alone. Ever.**
- **If you must go out of town** and leave your teen at home, make arrangements for a RESPONSIBLE adult to stay with him or her, or have your child stay with another family with whom you are comfortable and trust.
- **Be home when your teen is going out.** And be awake when he or she comes home so you can say goodnight (and to also check on his or her condition).

☑ School issues

- **Make it clear that you welcome input** from your teen's school if his or her teachers or counselor have any concerns. Provide phone numbers and email addresses where you can be reached.
- **Seriously consider if it's really necessary** to let your high school-age teen go off-campus for lunch. If you do decide to allow this privilege, talk to your teen about making positive choices, and make it clear that the privilege can be easily and quickly taken away if it is abused.
- **Also consider how important it is** for your teen to drive to and from school. Having access to a car during lunch period certainly expands dining choices, but driving off-campus during lunch can also increase the chance of getting in trouble. And cars are great places to use and store illegal substances.

☑ Teach resistance skills

- **Role-play with your teen** and practice ways to refuse alcohol or other drugs in various scenarios. Acknowledge how tough these moments can be.
- **Give your teen some "lines" to use** to get out of uncomfortable situations, including using you as a reason for not making bad choices. "Yeah, if I did that my parents would kill me," or "My parents are crazy. They always find out! It's not worth getting caught."
- **If your child baby-sits,** make it clear to him or her that if the child's parent(s) come home and seem drunk, your child should call you for a ride home—there is no obligation to get in a car with the parent (or anyone) under the influence.

Prevention: parents are the key

Be a role model

- **Be a living, day-to-day example** of your value system. Show the compassion, honesty, generosity and openness you want your child to have.
- **It is NOT OK to drink or use drugs with your teen**, or to allow your teen and his or her friends to drink or use drugs in your home. Taking your teen's friends' keys away so they can't drive home drunk after drinking at your house sends a mixed (and wrong) message. They should not be drinking in your home in the first place. You can be held liable after they have left your home if there is an accident.
- **Examine your own use** of alcohol, tobacco, and even over-the-counter drugs. Telling your kids they can have fun without alcohol or other drugs while they see you always socializing with your friends with alcohol or an e-cigarette in hand sends a mixed message.
- **If you have a liquor cabinet in your home or store beer in your garage**, monitor the supply **very** carefully.
- **Make sure other family members and adult friends** who are close to your teen have the same values as you do when it comes to alcohol and other drug use.

Parties and social events

- **If your child has been invited to a party**, call the host's parents ahead of time to make sure there will be **ACTIVE** adult supervision for the **entire** party and that alcohol will not be available. On the night of the party, make it a point to stop in and say hello when you drop off your teen.
- **Make it easy to leave a party** if alcohol or other drugs are being used. Discuss in advance how you or another designated adult will come to pick up your teen as soon as he or she feels uncomfortable. Agree on a code phrase your teen can use to indicate he or she wants to be picked up. Later, be prepared to talk about what happened.

Celebrate your child

- **Celebrate and respect your teen's individuality and uniqueness.** Respect that he or she may have different interests or goals than yours. Be supportive of your teen's choice of activities if they are healthy and positive, even if they do not fit your vision of what you want him or her to do.
- **Expressions of appreciation and thanks** go a long way toward building self-esteem.
- **Accentuate the positive.** Emphasize the things your teen does right. Restrain the urge to be critical. Affection and respect will reinforce good (and change bad) behavior far more successfully than yelling at or embarrassing your child.

- **Tell your teen you love him or her.** A lot. And often.

Your teen's friends

- **Do you approve of your teen's friends?** Friends at this age can be extremely influential. Don't be afraid to question your teen about his or her friends. If you feel uncomfortable about them, let your teen know, and consider curtailing their activities together.
- **Invite your teen's friends to your home** on a regular basis. Get to know them. Offer frequently to drive them where they want to go.

"[Parents]: Set an example with your drinking habits to your children."

– a teen
www.drugfree.org

"Parents can make a difference. Your kid may be mad now, but they will thank you later."

– a teen
www.drugfree.org

"Be sure you know where your kids are going. Talk to your kids about how to deal with others' drinking. Make sure your kids can trust you to be helpful and not to judge because it's more important that they are safe."

– a Pittsford teen

Prevention: parents are the key

Sign your kids up with community groups or programs that emphasize the positive impact of a healthy lifestyle.

www.drugfree.org

- **If your child is visiting a friend's house**, make sure there will be adequate and continuous adult supervision. Some parents say they will be home but may leave to run errands, or they may stay in another part of the house and may not be aware of their teen's activities. Don't be afraid to make a surprise visit or call their home if you have doubts.
- **Predetermined departure and return times** should be in place. Spur-of-the-moment sleepovers or last-minute excuses for altering these times can be reason for suspicion.

☑ Sleepovers

- **Think about whether sleepovers are really necessary.** Offer to drive your teen's friends home at the curfew time you've established. If your teen and his or her friends have a sleepover at your house, and you are asleep, you can't supervise their activities.
- **If your teen has been invited to a sleepover** at a friend's house, check to make sure they are where they say they'll be. The old "bait and switch" technique of telling each set of parents that they will be at the other's house has worked more than once to hide plans to go to an unsupervised party or to participate in another risky activity.

☑ Be there

- **Make time for your teen.** Pay attention to him or her. Find things to do together. Listen to your teen. Ordinary day-to-day activities, when done together, provide opportunities to keep lines of communication open.
- **Eat together as often as you can.** Meals are a great opportunity to talk about the day's events, unwind, reinforce, and bond. Studies show that kids whose families eat together at least five times a week are less likely to be involved with substance use.

☑ Teach your kids to make the right choices

- **Encourage independent thinking and individualism.** Let your teen know that it's OK to make his or her own decisions and not to feel pressure to "follow the crowd." Reinforce values you taught your teen when he or she was younger.

☑ Keep your kids involved

- **While it is not a good idea to "over-schedule" your teen**, he or she should be involved in some positive activities. Volunteering, school clubs, faith community-based activities, scouts, individual or team sports/athletics, playing an instrument or being involved in the arts are just a few of many healthy things available for teens to do.

☑ Be aware

- **Trust your child**, but always keep your eyes and ears open. Listen to your instincts. Don't be afraid to intervene if your gut reaction tells you that something is wrong. Please refer to the **Intervention** section of this guide for more information.
- **Don't assume that your child won't be exposed** to alcohol or other drugs or won't be tempted to get involved. It's everywhere. *It's been said that in Pittsford the problem is even worse than in city schools, because our kids have the means to obtain alcohol and other drugs easily. And the dealers know it.* But you can be a powerful and positive influence in your teen's life. Help your child make the right choices.

"Always know where your children are, no matter what time of day it is. Kids can still get high and drunk at four in the afternoon. If your kids get mad at you, who cares?"

— a teen
Partnership for Drug Free Kids/
www.drugfree.org

Information taken from the following sources:
Mark A. Head, LCSW-R, CASAC

Prevention: parents are the key

Strategies for safe spring breaks

Once primarily a college ritual, spring break fever has hit high schools too, with teens planning trips to sunny, overcrowded beaches in the United States, Mexico, Jamaica, or the Bahamas. For many teens, this is a chance to get a taste of freedom from authority for a week. Unfortunately, this can be disastrous for some teens, because it can be a time for wild parties, risky behavior, and substance abuse. Crimes such as vandalism, theft, assault and rape commonly occur during spring break. While not all teens are victims or break the law, your teen could still be involved in an unlawful activity. If you're thinking about allowing your teen to go on an unsupervised spring break vacation, or if you're considering letting him or her go with another adult, think again.

- **Consider whether your teen has consistently demonstrated mature behavior** and would be responsible enough to make the right choices.
- **Have a serious conversation with your child** to review rules and limits that have been established. Don't be afraid to bring up any subject—it's important that you are both clear as to what you expect of your child.
- **If your child is going with another adult**, talk with that person to make sure he or she has the same values and expectations as your family.
- **If you do decide to let your teen go on a spring break trip outside the United States**, you should visit www.travel.state.gov/ to find out about the country your child plans to visit. Many countries have very severe penalties for drug possession, and your child should be aware of this.

But consider other options for spring break, too. Let your teen know that not **everyone** is going on a parent-free out-of-town trip. This is an excellent time for a family break, a time to regroup and reconnect. If your schedule doesn't allow for an out-of-town trip, plan other down-time activities together that are closer to home.

Summer—a carefree time for your kids?

Any time of the year can be risky when it comes to teens and substance abuse, but the warm weather months may be the worst. Surveys show that 40% of 12- to 17-year-olds said they tried marijuana for the first time between June and August. **Every summer day**, more than 6,100 kids try marijuana for the first time. Research shows that teens involved in constructive and adult-supervised activities are less likely to use alcohol or other drugs. Here are some tips for keeping your child drug- and alcohol-free this summer.

- **Reinforce rules you've established.**
- **Keep your teen busy** — help plan activities to keep him or her involved, whether it involves camp, a job, ongoing responsibilities at home, taking a class, acting in a play, or sports. Find out what would interest your child.
- **Reserve time for family.** Plan activities with your teen and/or a family vacation together. Or just hang out with your teen as much as possible.
- **If there are times you can't be home with your teen**, make arrangements for a responsible adult to be there at all times, and have your teen check in with you and/or the other adult on a regular, frequent basis. Plan with your teen what he or she is going to do for the day, or for the hours you are not there, and make sure that plan is followed.

Information taken from the following sources:
www.health.org/reality

Fast Fact:

Teens who are bored with little to do are 50% more likely to smoke, drink, get drunk and use illegal drugs than teens who are engaged in positive, healthy activities.

— www.centeronaddiction.org

Prevention strategies for parents of college-bound and/or college-age kids

High school graduation celebrations are over, and now it's time for your son or daughter to go off to college, or to otherwise start a new life chapter. It's an exciting time, and a major step toward becoming fully independent. It's a time when both you and your college-age son or daughter are saying goodbye, not only to each other but also to old roles. Your child will appear to need you less, and in a way that's true. But in another way, your child will need you more than ever to reinforce the guidelines you've provided to make the right choices about using alcohol or other drugs.

The first year of college life or living on one's own can be very challenging. Not only are they suddenly responsible for taking care of every aspect of their lives, from eating properly and doing laundry, to keeping up with the increased demands of a college curriculum or a new job, they are also faced with the perceived pressure to use alcohol and other drugs. Though binge drinking and substance abuse seem to prevail on many college campuses, make your college-age child understand that not everyone is involved. **Statistics show that the majority of young adults don't engage in high-risk drinking or drug abuse.**

The problem *does* exist, however, and as parents, you must ensure your child's safety (and your own peace of mind) as you help your child settle into his or her new environment. "We've all seen and heard horror stories about deaths and injuries caused by excessive drinking on campus," College Parents Association President Richard M. Flaherty says. "As parents, you are frightened by these stories. You have every right to be. Student alcohol abuse can be addressed, just as we have reduced drunk driving on our nation's roads. This fight will require college parents, students, universities and their communities to work together." It's imperative that you talk to your child about the personal consequences and community impact of binge drinking and substance abuse.

Talk with your child

- ☑ • **Be prepared to have ongoing conversations** rather than giving a one-time speech.
- **Be prepared to start** the discussion.
- **Exchange information face-to-face** rather than over the phone as often as possible.
- **Look for and create "teachable moments"** through the use of media that deal with substance use in college or in other settings that involve young adults.
- **Communicate calmly and openly.** You don't need to exaggerate. The facts speak for themselves.
- **Listen closely** and try to understand your child's point of view.
- **Allow your son or daughter to express his or her fears and concerns** without you interrupting or preaching.
- **Role-play or work through potential situations** that your son or daughter might encounter at college or in other settings. Figure out a number of ways each situation could be handled, and talk about which solution works best, and why.
- **Keep communication channels open** via email, text, phone or letters while he or she is away from home. (Read online journal entries if he or she has one.)

Prevention: parents are the key

- Talk about your values and expectations regarding the use of alcohol/drugs PRIOR to college overnight/recruiting visits. Discuss the legal consequences of using a fake ID.
- Refrain from glamorizing the use of alcohol or other drugs, including relating your own college drinking or other risky behavior.
- Discuss issues related to parties, such as being careful not to attend events that are notorious for excessive drinking. Even if your son or daughter chooses not to drink, risks can be involved by others' uncontrolled use, i.e., date rape or violence.

☑ Some other issues you should discuss with your son or daughter:

- When your child is home for semester breaks, holidays and summer breaks, reinforce house rules. Re-establishing rules for your older child sets a good example for younger siblings, and acts to counter less-than-desirable habits that may have been initiated and practiced while your child was away from home. Inability to follow your rules could indicate a "red flag" issue that needs to be addressed.

For discussion with your child who is 21 or older who chooses to drink alcohol:

- Discuss **high-risk** drinking as compared to **responsible** drinking with your child.

The following are considered **high-risk** drinking activities:

- Chugging, drinking games, shots, drinking to get drunk, drinking on an empty stomach and binge drinking.
- Mixing alcohol with medications or illegal drugs.
- Not knowing what is in your glass.

The following are associated with **responsible** drinking:

- Planning ahead and setting reasonable limits.
- Consuming no more than one drink in an hour and limiting one's consumption to keep blood alcohol levels below .05 (usually about 2 drinks).
- Alternating drinks with non-alcoholic beverages.
- Eating before drinking.
- **Never** leaving drinks unattended or drinking from a closed container.
- **Never** drinking if tired, on medication, or if planning to drive.

☑ Consequences of alcohol and other drug abuse that could affect your college-age child's future:

Substance use presents some obvious immediate health risks such as alcohol poisoning and death from overdose. Other risks that are not so obvious include:

- A decrease in the ability to make safe and healthy decisions (for example, if your child is sexually active, using a condom to protect against sexually transmitted infections, including HIV).
- An increase in violence associated with all drugs, including alcohol.
- Violating a city, state or federal law, such as using a fake ID to buy alcohol, can result in a permanent criminal record. For the short term, it may negatively impact your child's ability to obtain federal loans or on-campus employment.
- Violating New York State and some other state laws, thus impacting the ability to obtain a professional license to become a doctor, teacher, lawyer, hairdresser, or to pursue other occupations that require certification.
- The trend of many colleges now to ask questions on applications about out-of-school suspensions for drug possession or other violations. This question also often appears on the secondary report that a high school counselor or other school official

Fast Fact:

Alcohol use does not cause sexual assault, but it can be a major contributing factor. Research studies have found that about half of sexual assaults on college campuses involve a situation in which the perpetrator, the victim, or both were consuming alcohol.

— www.marylandcollaborative.org
2017

Fast Fact:

"21 for 21," also called the "Power Hour," is a tradition among some young people where 21 drinks are consumed in the first hour after turning the legal age of 21. Blood alcohol levels can reach in excess of .50 and can lead to coma and/or death.

Prevention: parents are the key

fills out to compare submitted information to see if the applicant is being honest. These disclosures do not mean automatic rejection, but colleges want to see some indication that the applicant has learned from the incident. It may also have an influence on both athletic and/or academic scholarship eligibility.

- **Background checks** are increasingly being used and employment can be denied as a result of alcohol- and drug-related convictions in college.
- **When a student studies abroad** for a semester, that student is subject to the laws and rules of the country where he or she is studying. Many countries have extreme penalties about conduct, where that same conduct would be considered acceptable in the United States. These countries may also have legal processes that are not in keeping with the American judicial system. Check out www.travel.state.gov/ for more information.
- When students accept admission offers, they also agree to the university's student code of conduct policies. Parents can encourage students to assert their right to a safe college environment and to advocate for measures that address campus-related alcohol abuse and its consequences. Parental support helps reinforce personal values, rules and laws. Colleges and universities across the country are looking to parents to be "partners" in this fight against the increasing use and abuse of alcohol and other drugs.
- **Familiarize yourself with campus resources.** Print materials are helpful, but also talk with a staff member at the Student Life Center or Counseling Services.
- **Ask about the campus Parental Notification Policy** (the Dean of Student Affairs or the Dean of Development may be the administrator who is responsible for contacting parents in the case of a student's alcohol overdose or alcohol and drug policy violation).
- **Encourage your child to seek services on campus** or to get a community agency referral if he or she has a substance-abuse problem or other social or emotional concerns.
- **If your child is involved in an alcohol or drug policy violation**, avoid the temptation to react defensively. Instead, explore ways to act on this opportunity to talk with your child. What has your child learned? What is being done as a result of the experience? What will be different in the future? Most universities address code of conduct violations in an educational manner, with student development in mind.

Colleges believe that students are adults who need to take responsibility for their behavior, that college is a time of trial and error, and that students need opportunities to reflect upon and grow from their mistakes. Too much parental involvement can discourage a student from admitting a problem or from seeking counseling. But college staff also understand that parents have a legitimate right to know about issues of safety and fairness on campus. Even more frustrating than learning that your child was just suspended from college is finding out about a substance-abuse problem in the very same phone call. Colleges need to responsibly balance all of these sensitive needs while also working within a very complex legal environment.

For more information, check out the websites below:

www.edc.org

www.collegedrinkingprevention.gov

www.niaaa.nih.gov

Information taken from the following sources:

www.edc.org

www.collegedrinkingprevention.gov

Ann M. Kane, CASAC, Pittsford School District Prevention Coordinator

Prevention: parents are the key

40 developmental assets

The Search Institute* has identified the following building blocks of healthy development to help young people grow into healthy, caring and responsible adults.

External assets

Support

1. **Family Support**—*Family life provides high levels of love and support.*
2. **Positive family communication**—*Young person and his or her parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).*
3. **Other adult relationships**—*Young person receives support from three or more non-parent adults.*
4. **Caring neighborhood**—*Young person experiences caring neighbors.*
5. **Caring school climate**—*School provides a caring, encouraging environment.*
6. **Parent involvement in schooling**—*Parent(s) are actively involved in helping young person succeed in school.*

Empowerment

7. **Community values youth**—*Young person perceives that adults in the community value all youth.*
8. **Youth as resources**—*Young people are given useful roles in the community.*
9. **Service to others**—*Young person serves in the community one hour or more per week.*
10. **Safety**—*Young person feels safe at home, at school, and in the neighborhood.*

Boundaries and expectations

11. **Family boundaries**—*Family has clear rules and consequences and monitors young person's whereabouts.*
12. **School boundaries**—*School provides clear rules and consequences.*
13. **Neighborhood boundaries**—*Neighbors take responsibility for monitoring young people's behavior.*
14. **Adult role models**—*Parent(s) and other adults model positive, responsible behavior.*
15. **Positive peer influence**—*Young person's best friends model responsible behavior.*
16. **High expectations**—*Both parent(s) and teachers encourage young person to do well.*

Constructive use of time

17. **Creative activities**—*Young person spends three or more hours a week in lessons or practice in music, theater or other arts.*
18. **Youth programs**—*Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.*
19. **Religious community**—*Young person spends one or more hours per week in activities in a religious institution.*
20. **Time at home**—*Young person is out with friends "with nothing special to do" two or fewer nights per week.*

Prevention: parents are the key

Internal Assets

Commitment to learning

21. **Achievement motivation**—Young person is committed to doing well at school.
22. **School engagement**—Young person is actively engaged in learning.
23. **Homework**—Young person reports doing at least one hour of homework every school day.
24. **Bonding to school**—Young person cares about his or her school.
25. **Reading for pleasure**—Young person reads for pleasure three or more hours per week.

Positive values

26. **Caring**—Young person places high value on helping other people.
27. **Equality and social justice**—Young person places high value on promoting equality and reducing hunger and poverty.
28. **Integrity**—Young person acts on convictions and stands up for his or her beliefs.
29. **Honesty**—Young person “tells the truth even when it is not easy.”
30. **Responsibility**—Young person accepts and takes personal responsibility.
31. **Restraint**—Young person believes it is important not to be sexually active or to use alcohol or other drugs.

Social competencies

32. **Planning and decision-making**—Young person knows how to plan ahead and make choices.
33. **Interpersonal competence**—Young person has empathy, sensitivity, and friendship skills.
34. **Cultural competence**—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35. **Resistance skills**—Young person can resist negative peer pressure and dangerous situations.
36. **Peaceful conflict resolution**—Young person seeks to resolve conflict non-violently.

Positive identity

37. **Personal power**—Young person feels he or she has control over “things that happen to me.”
38. **Self-esteem**—Young person reports having high self-esteem.
39. **Sense of purpose**—Young person reports that “my life has a purpose.”
40. **Positive view of personal future**—Young person is optimistic about his or her personal future.

*The Search Institute is an independent nonprofit organization whose mission is to provide leadership, knowledge, and resources to promote healthy children, youth, and communities. To accomplish this mission, the Institute generates and communicates new knowledge, and brings together community, state, and national leaders.

Information taken from the following source:
www.search-institute.org

Parents' dilemmas

Dilemma 1

Your child informs you that a friend is using alcohol or other drugs.

Ask yourself: Is this factual?

- It's possible your child may be implicating a friend or an acquaintance to divert suspicion and focus from his or her own unhealthy activities.
- Even if you have some doubt, it's worth investigating. Would you feel guilty if your child's friend overdosed?
- If you have a strong hunch this information might be true, it is worth sharing with the child's parent(s)? If you were them, would you want another parent to keep this secret?
- By acting on this information, you are expressing a powerful and positive message that substance abuse is NOT OK and that you care about your child's friends. Remaining silent could send the message that you condone drug and alcohol use.

Dilemma 2

One of your teen's friends comes to your house under the influence of alcohol or other drugs.

- Under NYS Penal Law, you are not criminally liable because you did not serve your teen's friend, nor did he or she consume the substance while under your supervision and/or on your property.
- However, civil law has a much broader scope. You are not trained in the detection of drug/alcohol use, but you are concerned about your teen's friend. Unfortunately in today's world, you need to provide yourself with a "layer of protection" from possible civil repercussions if your teen's friend leaves your home and either injures him- or herself or others. For that reason, if at all possible, do not let the teen leave your house under the influence. You should notify parents or another responsible adult who is close to the teen, then call 911, or the local law enforcement agency.

Dilemma 3

Your teen is attending a party and you find out alcohol and/or other drugs are being used there. Do you call the police, even though your own child may be implicated?

- By not calling, you are enabling these teens to use alcohol or other drugs. If one of the party attendees overdoses, or leaves the party and is involved in an accident, how would you feel?
- If you don't call, you are preventing your own child from experiencing consequences and you could be perceived as condoning the use of alcohol and other drugs.

Dilemma 4

You've discovered your teen is experimenting with alcohol and other drugs. What should you do about driving privileges?

- Driving *is* a privilege, and with privilege comes responsibility. If you know your teen is using alcohol or other drugs, he or she is probably also driving under the influence or riding with friends who are users.
- Be aware that teens also use their cars to buy alcohol and other drugs, and as a place to use them and/or store them.
- Take away your teen's driving privileges until you're certain that he or she is no longer using. No questions asked, no arguments allowed. Period.

Dilemma 5

Your child is curious about your past experiences with drugs.

- When your child initiates discussion about your own past use, there may be a hidden agenda. What your child may be seeking is tacit permission for his or her own experimentation and use.
- Children need to hear with absolute clarity that you are giving zero permission for any experimentation, regardless of the mistakes you've made in the past.
- Boasting about and glorifying past use—or the opposite, taking the moral high ground—will compromise your child's refusal skills.

Dilemma 6

You question your own or your spouse's current use.

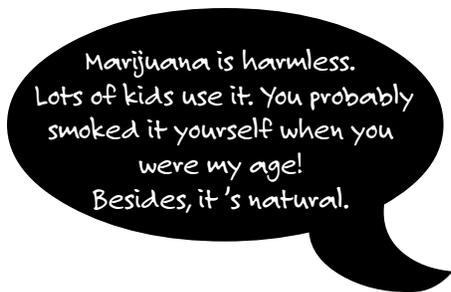
- "Do as I say, not as I do" ensures a breakdown in communication between parents and kids. It is the height of hypocrisy and the surest way to sever open communication.
- If you suspect you have a problem with substances (and this includes alcohol or other "legal" drugs), you possibly do! Consult your doctor or another qualified health professional.

Information taken from the following source:
Mark A. Head, LCSW-R, CASAC

Intervention: if you suspect your child is using alcohol or other drugs

Excuses, lies and alibis...kids may tell you:

Generally, kids drink or use drugs to "catch a buzz." If they are going to risk getting caught, they are going to make it worth their while. The biggest lie kids tell parents is that they tried something only once or that they ingested only a small amount. Kids will usually tell parents only what they think they can handle, and what will placate them to avoid trouble.

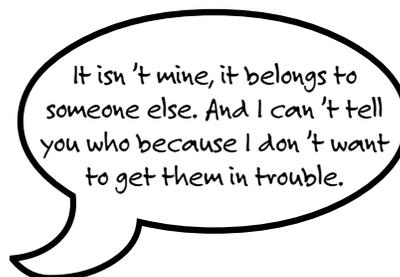


Welcome to the 21st century!

The marijuana that is around today is much more potent than pot that was available in the '60s and '70s. In many ways it's a different drug. Heavy use of marijuana dulls reflexes, limits short-term memory and retention, and decreases the user's motivation.

If you find pipes, bongs, vaporizers, rolling papers, lighters, seeds, Visine®, incense burners, or drawings of mushrooms or other drug-related items, these are all signs of drug preoccupation. The oldest trick in the book is the diversion move, "It's not mine, it's somebody else's."

Some kids will actually give you the name of a peer who they know you disapprove of, figuring they can't "poison a well that is already poisoned." When drug paraphernalia is discovered, it is usually a sign that your child is already involved in patterned abuse, and possibly the early stages of dependency. It's time for a formal evaluation to determine the scope of the problem.



Intervention: if you suspect your child is using alcohol or other drugs

Research indicates that the longer teens delay use of mood-altering chemicals, the less likely addiction occurs. Arguably, there is no such thing as "social use" when it comes to teen consumers. All such use constitutes abuse and should be met with zero tolerance. The notion that teen drug and alcohol use is inevitable (a "rite of passage") and should be expected is one of the biggest stumbling blocks toward effective prevention.

And if you tell your teen that he or she is out of control, the response will be incredulous denial.

I just use once in a while with my friends. I have it under control!

I'm just experimenting with it. This is the first time I've used it. I won't do it again!

Again, teens generally subscribe to the adage "never tell adults more than they can handle."

Parents, you cannot bank on your son's or daughter's reported use pattern. Research indicates that parents minimize their children's actual drug use by 70%.

A urine analysis screen is one tool in the arsenal against substance abuse. Though they are helpful, they should not be considered foolproof. Some mood-altering chemicals are undetectable. Also, there are numerous products on the market that mask substances in urine screens.

If you are concerned enough to get a drug screen, then you should pursue a professional assessment.

If you don't believe me, have me take a urine test. That will prove that I am telling the truth. You never trust me!

You don't trust me, and besides, you've invaded my privacy!

Parents have the right, arguably the obligation, if you are suspicious or concerned, to look into the circumstances that have caused the concerns.

Snooping is not a pleasant undertaking, but when issues such as health and safety are involved, if there's reason for concern and a profound lack of credibility or trust, snooping is permissible.

Information taken from the following source:
Mark A. Head, LCSW-R, CASAC
Ann M. Kane, CASAC, Pittsford School District
Prevention Coordinator

Intervention: if you suspect your child is using alcohol or other drugs

Is your child using alcohol or other drugs?

Distinguishing between normal adolescent behavior and behavior that involves substance abuse is difficult. It makes sense that a child's rebellion against rules or a change in attitude would seem like a normal part of growing up. But sometimes it's an indication that something is wrong.

Coupled with this is the natural denial that our children would make the decision to become involved with substance abuse. It's easy to miss signs of substance abuse if we don't want to acknowledge them. We can convince ourselves that the guidance we've given our children and the information they've received at school through D.A.R.E. programs and other anti-drug education is comprehensive and will be enough to prevent them from trying alcohol and other drugs. But sometimes kids will make bad decisions despite all they've been taught.

Trust your intuition

If you suspect that something is different about your child's behavior, it's important to check it out immediately. Trust your intuition. Don't let your own denial, shame or disbelief stop your child from getting help. Even if the signs are right in our faces, we sometimes don't see them, because we don't want to face the truth. By denying there may be a problem, you lose precious time getting your child help.

Don't assume that you or your child can stop the problem by just dealing with it within the family. The only way to be sure if there is (or isn't) a problem is by having a professional assessment. Again, act immediately. The longer a child uses, the more difficult it is for him or her to stop, and the greater the long-term effects on his or her development and life.

Evidence of use

If you have noticed:

- a change of friends/vague, hostile responses when questioned about new friends
- diminished motivation to pursue interests, activities
- a change in grades or other problems in school
- vague health problems such as a change in sleep patterns, headache, stomachache, change in eating patterns, red eyes, strange odors
- increased defiance, moodiness, irritability
- short-term memory loss
- becoming increasingly isolated, withdrawn, unhappy, unreasonable
- lying; your own sense of being deceived or bargained with; you don't feel you are getting the whole story, or things don't add up
- excessive use of cologne, deodorant, mouth fresheners—anything to mask odors
- breaking or bending rules, missing curfews, constant excuses
- missing money from you, siblings, or from your child's bank in his or her room
- suspicious prescription medication you don't recognize; Coricidin® or other cold remedies; small baggies (sometimes with printed bears or other images) containing crushed plant material or dried flower buds; or eye drops such as Visine®

Intervention: if you suspect your child is using alcohol or other drugs

- school backpack methodically taken up to room after school, kept out of your sight
- possession of drug paraphernalia: rolling papers, hollowed-out cigars, glass pipes/ bongs (water pipes); vaporizers, homemade smoking devices or accessories: altered or cut-up soda cans or bottles, empty toilet paper rolls with dryer softener sheets attached at one end, small, circular pieces of screening, matches or lighters, dirty tissues, paper clips, or pens/pencils that smell of smoke (used to clean out pipes), straws, razor blades or spoons stashed in unusual places, used whipped cream canisters, compressed air canisters (“dusters”), incense/incense burners, empty alcohol bottles, gas-soaked rags found in bedroom or rec room
- an interest in music, movies, posters, clothing and jewelry related to use of alcohol or other drugs; doodles in school binders or other artwork that depict marijuana leaves, mushrooms, or other drug-related images
- change in appetite; is hungrier, eats more high-fat or high-sugar content foods; or appetite has diminished
- the desire to be away from home a lot; anger when you change your child’s plans to be with his or her new friends; little or no desire to have these friends over to your house
- intoxication/acting high: slurred speech, walking unsteadily, dilated or pinpoint pupils, breath smells (like smoke, or alcohol, or if using cold medicines—sour and strong), acting unusually giddy/laughing about strange or trivial things, excessively talkative, or paranoid/nervous
- excessive number of texts and calls made on cell phone; many placed right before school, or when away from home; placed to unknown numbers (see the **Ways Kids Communicate** section of this guide for more information)

Pertaining particularly to older teens:

- your child’s car is suddenly always locked; keys inaccessible to parents
- possession of scales, baggies, other drug-related items hidden in car
- has excessive amounts of money, or is “broke” all the time with no visible evidence of where money has been spent, even though he or she may have a part-time job
- set curfew time missed repeatedly; stays out all night; stays over at friends’ houses often; or seems to prefer doing homework at friends’ houses
- unfamiliar car(s) of “friends” pull up in front of your house or down the street for short visits; or your child has sudden, unexplained needs to take walks
- a report of being seen driving in an unexpected part of the city or being seen somewhere else unusual by someone you know
- not at an agreed-upon destination when scheduled
- arrest for possession of alcohol or other drugs, either on one’s person or while driving

If you’ve observed some of these changes, use the **Parent Observation Checklist** on the following pages to determine if you need to seek professional help for your child.

Information taken from the following sources:

Mark A. Head, LCSW-R, CASAC

Ann M. Kane, CASAC, Pittsford School District Prevention Coordinator

a Pittsford parent

Teens Under the Influence by Katherine Ketcham and Nicholas A. Pace, M.D.

Intervention: if you suspect your child is using alcohol or other drugs

Parent observation checklist

Spotting any of these behaviors may indicate a serious problem; adolescent behavior can be confusing. If you have questions, consult your child's pediatrician or mental health professional, the Pittsford School District Prevention Coordinator, Pittsford Youth Services, or one of the agencies listed in the Resources section of this guide.

Rate the following behaviors from 0 – 5 with 5 being most pervasive:

- ___ 1. **Drop in grades/less interest in school**
A slow decrease in the last six months to a year, or a sudden drop; dropping courses, or adding numerous study halls.
- ___ 2. **Increase in school calls or notices to home**
Calls about poor attendance, poor performance, poor attitude.
- ___ 3. **Hangs out with different/new friends**
Sudden new friends you feel uneasy about. These friends might appear to be very accepting of your child, unusually happy or giddy, have different interests than your child, or talk openly about getting high.
- ___ 4. **Demonstrates emotional highs and lows**
Easily upset; emotional state changes rapidly; doesn't seem to be as upbeat.
- ___ 5. **Is defiant toward established rules**
Pushes limits at home/school; doesn't do chores and assignments; misses curfew.
- ___ 6. **Is more secretive**
Lack of communication; phone calls or texts taken in another room; vague about where he or she is going or who will be at the destination.
- ___ 7. **Loses initiative/doesn't seem to pursue old interests**
Less energy; sleeps more than usual; not as interested in old "passions."
- ___ 8. **Has many excuses and alibis**
Suspicious reasons for missing curfew, or not coming home at all; constant excuses.
- ___ 9. **Seems more isolated**
Withdrawn; doesn't want to be around family members; stays in room.
- ___ 10. **Has short-temper/rigid defensiveness**
Often becomes angry; aggressive toward others; "short fuse"; poor impulse control.
- ___ 11. **Demonstrates abusive behavior**
Verbally or physically abusive to family members or friends.
- ___ 12. **Parents feel manipulated and/or child plays one parent against another**
- ___ 13. **Takes extreme risks**
- ___ 14. **Money becomes an issue**
Sells possessions; becomes obsessed with money; money spent without receipts.
- ___ 15. **Has suspicious receipts**
Receipts for Visine®, cold medicine, whipped cream; receipts from vape and head shops.
- ___ 16. **Has drug/alcohol items in room or backpack**
Papers, pipes, roach clips, bubblers, lighters, vaporizers, e-cigarettes, altered soda cans, OTC cold remedies, unrecognizable prescription medicine, empty liquor bottles, *High Times* magazine, etc.
- ___ 17. **Changes appearance/ hygiene habits**
- ___ 18. **Changes taste in clothing**
Wears clothing with drug- or alcohol-related images; wears a lot of black clothing and/or doesn't care about appearance.
- ___ 19. **Weighs more/weights less than usual**
- ___ 20. **Changes eating habits**
- ___ 21. **Has frequent, vague physical complaints; especially gastrointestinal or headaches**

Intervention: if you suspect your child is using alcohol or other drugs

- ___ 22. *Smells of smoke/alcohol*
- ___ 23. *Has short-term memory loss/blackouts*
Doesn't seem to remember what he/she would ordinarily recall.
- ___ 24. *Home liquor supply depleted/diluted; prescription drugs missing*
- ___ 25. *Drives or rides with others under the influence (DUI)*
- ___ 26. *Comes home drunk or high*
- ___ 27. *Takes parent's car without permission*
- ___ 28. *Has rash of last-minute sleepovers*
- ___ 29. *Hangs out in village or mall without agenda*
- ___ 30. *Stays away/runs away from home*
- ___ 31. *Hangs out with older kids*
- ___ 32. *Is preoccupied with drug culture*
Has strong interest in Phish, Grateful Dead, '60s and '70s music with drug references.
- ___ 33. *Demonstrates strong interest in drugs*
Argues for legalization of marijuana; draws drug-related images; does research about growing/smoking marijuana or using drugs.
- ___ 34. *Has drug-related screen names/images*
- ___ 35. *Is interested in parents' history of chemical use*
- ___ 36. *Has family history of alcoholism/chemical dependency*
- ___ 37. *Has history of anxiety/depression or other mental health disorders*
- ___ 38. *Has history of sleep disturbances*
- ___ 39. *Has been diagnosed with ADHD*
- ___ 40. *Has had past involvement with legal system*
Person in Need of Supervision (PINS), juvenile detention, vandalism, etc.

___ **Total score**

Interpretation of score

0 – 15

Low risk; continued monitoring and networking with parents of your child's friends are good ideas. No formal intervention is necessary. Watch for mood swings, negative orientation toward school and authority.

16 – 20

Your child is in the "need to rule out possible use" category. Urine analysis and a formal evaluation are good ideas. Data such as school attendance, performance and behavior could add up to formal concerns about emotional disturbance, and/or drug and alcohol problems.

21 – 30

Your child has shown a cluster of hallmarks that indicate possible substance abuse. Close monitoring of peer interactions is warranted. Substance abuse should be ruled out via a formal assessment including urine analysis. Individual and family counseling is indicated.

31 +

A score this high generally indicates there is a very strong possibility that your child is heavily involved in substance abuse, and has been for some time. Contact with the juvenile or criminal justice system is common.

Run, do not walk, to a chemical dependency center for evaluation and treatment. Also ask your pediatrician to perform a witnessed urine or blood test with a "chain of custody" attached.

Don't be afraid to snoop through personal belongings or your child's computer messaging, and monitor correspondence carefully.

Information taken from the following source:
Mark A. Head, LCSW-R, CASAC

Ann M. Kane, CASAC, Pittsford School District Prevention Coordinator

Intervention: if you suspect your child is using alcohol or other drugs

Confronting your child/getting help

If you discover your child is under the influence of alcohol or other drugs and is unconscious or is showing any symptoms that cause you concern, **get help instantly! Call 911.**

If you feel your child is stable, then delay confrontation until your child is sober and you have calmed down (possibly the next day). You cannot have a productive or meaningful conversation with your child while he or she is drunk or high.

- **Before you confront your child**, talk with your spouse or another responsible adult who has regular contact with your child, to discuss the problem and to determine a plan of action. Agree to approach the subject calmly, without lecturing or preaching. Avoid finger-pointing or denial. You have a right to be angry, but keep in mind this is a time to find out what your child has been doing so you can get help. Blaming each other or having an angry confrontation will not accomplish this.
- **Talk to your child about what you suspect.** If you have found drug paraphernalia or empty bottles or cans, or if you've observed suspicious behavior or physical symptoms, let your child know. Find out as much as you can about what he or she has been using, how often, and for how long. Be prepared for your child to deny there is a problem with alcohol or other drug abuse, or that he or she needs help. You may hear your child downplay his or her use compared to what the other kids are doing, or you may be questioned about your own use, past or present. Be prepared for this and remember you are the parent, **you're in charge**, and your goal is to get your child help. Don't allow yourself to be sidetracked.
- **Talk to your pediatrician or another medical professional to get help.** Set up a substance-use evaluation as soon as you can to determine the extent and the severity of your child's use and what kind of help he or she needs. You can also contact the Pittsford School District Prevention Coordinator, Pittsford Youth Services, or refer to the **Resources** section of this guide to find help for your child. **DO NOT WAIT!**
- **Get educated.** Learn as much as you can. There are excellent online sites, books and pamphlets that will provide you with the information you need to get help for your child. (Please refer to the **Resources** section of this guide for specific information.) The more you understand the problem, the better equipped you are to deal with it.
- **Get past the fear, anger, disbelief and shame**, for the good of your child, you and your family. It's easy to be overwhelmed with emotion and insecurity when your child is using alcohol or other drugs, and to be paralyzed with sadness and despair. Many parents feel they've somehow failed miserably. But it is not time now to figure out **why** it happened, but rather **what to do** about it.

"I don't want to talk to anyone about this. It could cause more trouble for my child."

Some parents feel that if they ask for help or reach out to professionals that their child will be labeled a trouble-maker, and that it may affect his or her ability to qualify for scholarships or get a job. But by doing nothing, the problem will only escalate, and your child may not only not get that scholarship or job, but might also get in trouble with the law, and/or seriously injure him/herself or others.

– Partnership for Drug Free Kids/www.drugfree.org

"Adolescent drug and alcohol abuse can happen to any teenager, no matter how much drug education he has had, no matter what his socioeconomic level, how much he goes to church (or other religious services), and whether his parents are married or divorced. In addition, substance abuse can happen to any teenager no matter how much her parents know about effective parenting techniques, what neighborhood she lives in, or whether she attends home school, private school or public school."

– Nikki Babbit, author of
Adolescent Drug & Alcohol Abuse: How to Spot It, Stop It, and Get Help for Your Family

Intervention: if you suspect your child is using alcohol or other drugs

Intervention strategies for parents

In addition to getting a substance-use evaluation and follow-up treatment as needed, consider the following strategies and tips to help your child, even though some may sound harsh. Remember, your child's health and future are at stake!

"A mad kid is better than a dead kid."

— Local parent

☑ Tighten the reins

- **Establish consequences and "tighten the reins."** Your child has lost your trust and needs to work hard to regain it. Set clear rules and stick to them, and set enforceable restrictions. Take your time when restoring trust and freedom.
- **Don't allow your child to continue associating with his or her user friends** until you can be **sure** that these friends are not using anymore. Even if it means you will have a very unhappy and lonely child for a while, just know that he or she can and will make new, non-user friends with your help and encouragement. It just takes time. Don't give in and allow the old friendships to be rekindled because it's less hassle for you, unless you can be guaranteed that it's safe for those friendships to resume.

☑ Keep tabs

- **You may want to consider monitoring your child's communication with other kids** if you suspect he or she is using alcohol or other drugs.
 - There are several software programs available for monitoring your child's online communication. Be aware, though, if your child finds out you are using this type of software, he or she may resort to some other means of communication that can't be monitored.
 - Watch cell phone use closely. Cells are the primary way drug deals are made, though kids also deal online and through one-on-one meetings. Consider taking away your child's cell phone if it's being used for making drug deals, buying alcohol or other poor choices.
- **Don't be afraid to drug test**, but be aware that home urine screens can be altered. For the most accurate results, ask your child's pediatrician to conduct the test or use a hair follicle test.
- **Do a little cleaning/investigating periodically where your child hangs out.** Check unusual places: light fixtures and lamps, rolled up socks, seldom-worn shoes thrown in the back of a closet, the space above ceiling tiles, zippered pillows and storage closets, and inside CD cases, for example. Use your imagination.
- **Watch your child's spending habits**—keep tabs on money, ask for receipts, and don't assume that he or she can't buy drugs or alcohol because you're not supplying funds. Kids may pool their money to buy alcohol or other drugs. Keep tabs on money in your own wallets and purses! Check your child's pockets/backpacks for suspicious receipts for items like Visine®, mouthwash, aerosol products, cold remedies, lighters, or drug paraphernalia like rolling papers, pipes, vaporizers, or e-cigarettes.
- **Do you know where your child is?** If he or she wants to hang out without a clear agenda, be suspicious and think about paying a surprise visit. Research shows that kids who hang out with nothing in particular to do are more likely to experiment with alcohol and other drugs.

Fast Fact:

Students are using Snapchat, Facebook, Instagram, and other forms of social media to coordinate parties, buy drugs, etc.

— Pacific Institute for Research and Evaluation, 2017

Intervention: if you suspect your child is using alcohol or other drugs

☑ Don't believe everything you hear or see

- **Be aware that kids, when protecting themselves and others, may not tell the truth.** One of the hardest things for parents to accept is how their formerly trustworthy and honest child can become so deceitful. When a child is committed to using drugs, he or she is capable of surprising things in order to continue that use.
- **Some kids are very good at masking the fact they're under the influence.** Your child may be high or drunk and you may not even detect it. Look for multiple clues, and don't just rely on appearance or actions. Visine®, Listerine® strips, cologne or deodorant all work well to mask signs of use.

☑ Where there's a will, there's a way

- **If the desire is there, kids will find all sorts of opportunities to get high.**
 - The five minutes between getting off the bus at school in the morning and the time homeroom starts is plenty of time for a "wake-n-bake" (getting high first thing in the morning) off school property.
 - School bathrooms are sometimes used for other than their designated purposes.
 - The privilege of going off-campus for lunch should be carefully considered if you suspect your child is using.
 - After school is a popular time for drug use.
 - Summers and school breaks, where there can be a great deal of unsupervised time, are a PRIME time for kids to experiment, or if they're already using, to get into it more heavily.

☑ School issues

- **Don't assume that because your son or daughter is on a sports team,** involved with school activities and is popular, that he or she is immune from becoming involved with alcohol and other drug abuse.
- **Watch your child's grades.** Though the usual tendency is for a child's grades to suffer if he or she is using alcohol or other drugs, in rare incidences, grades may actually improve. Marijuana reduces anxiety, and Ritalin®, even if it's abused, may help undiagnosed ADHD.
- **Communicate with your child's school.** Any concerns you share with your child's counselor or principal will be kept confidential and will not appear on his or her school record. School staff can provide valuable advice and resources to help your child.
- **Talk with your child about the repercussions** of possessing, selling, buying or using alcohol or other drugs at school. If your child is caught with alcohol, other drugs or drug paraphernalia on school grounds, he or she will receive an out-of-school suspension and law enforcement officials will be contacted. You and your child should also be aware that more and more colleges and universities are asking whether applicants have had an out-of-school suspension related to drug possession or other issues.

☑ Be supportive

- **If your child is in treatment, be supportive as a family.** Attend family sessions and ask your child what you can do to help. Show your child your love and explain that he or she is not a "bad kid" but is just making bad choices.

Get involved with your kids. Know their friends. If you notice that they used to be interested in something and then suddenly lose interest, or anything else that "sticks out," it could be signs of growing up, but it also could be signs of trouble.

– Monroe County Sheriff's Deputy (who is also a dad)

Fast Fact:

The "danger zone" for drug use is between 4 and 6 p.m., when no one's around.

– Partnership for Drug Free Kids/www.drugfree.org

Fast Fact:

Teens with \$25 or more a week in spending money are nearly twice as likely as teens with less [money] to smoke, drink and use illegal drugs, and more than twice as likely to get drunk.

– www.centeronaddiction.org

Intervention: if you suspect your child is using alcohol or other drugs



Watch for relapse

- **Be on the alert for continued use or relapse.** Don't believe promises that your child will not use again. Have your "parent sensors" on at all times. Once a child has used alcohol or other drugs, it's very likely he or she will seek out these substances again.



Prevention strategies work as intervention, too

- **As a review, here are some prevention techniques** that are especially critical if your child is using alcohol or other drugs:
 - **Keep your liquor supply locked up if you have liquor at home.** Monitor your supply carefully. Be especially watchful of alcohol kept in your garage. Kids have been known to go "garage shopping," helping themselves to the alcohol stored there.
 - **Carefully monitor amounts of prescription and over-the-counter drugs in your home.**
 - **Be very cautious about where your child goes;** make sure a parent is really home, including during sleepovers.
 - **Think about whether sleepovers are really necessary.**
- **Don't be afraid to call the police** if you get information about a party or drug activity.



Talk with other parents

- **Speak up with other parents.** The more we are open with each other, the more we support each other and recognize there is a substance abuse problem, the more quickly we'll bring about positive change in our community and for our kids.
- **Let other parents know what their kids are up to,** and ask other parents to let you know what your child is doing. If parents present a united front, our kids will know that we're working together to monitor their activities and keep them safe. Calling another parent and delivering bad news may not get a positive response. It's a tough call to make, but think of the consequences if a child overdoses or comes to some other harm while high, and you were aware of his or her involvement.



The problem is not going to go away by itself

- **Don't think the problem is going to simply disappear,** or that your child will realize his or her mistake, or that he or she will grow out of this, or that there's nothing you can do.
- **Alcohol and other drug dependency is a disease.** It's not a family embarrassment to be hidden away or ignored. If your child is involved in alcohol or other drug abuse, you **must** find the help he or she needs **as soon as possible.** Your child needs your help, support, understanding and love more than ever right now.

From a Monroe County Sheriff's Deputy when asked about calling other parents:

"I would definitely do it, and I would encourage other parents to do the same. When it comes to the well-being and health of my child (or his or her friends), whether or not it is painful for me or my kid, I would call. If I didn't make the call and found out ten years later about the kid whose parents I didn't call, and who grew up and messed up his life, I couldn't live with myself."

Information taken from the following sources:

Adolescent Drug & Alcohol Abuse: How to Spot It, Stop It, and Get Help for Your Family, by Nikki Babbitt
Pacific Institute for Research and Evaluation
Mark A. Head, LCSW-R, CASAC

Ann M. Kane, CASAC, Pittsford School District Prevention Coordinator
Teens Under the Influence, by Katherine Ketcham and Nicholas A. Pace, M.D.

Kids at higher risk

Kids at higher risk

Children who have learning disabilities and/or other disorders such as ADHD, bipolar disorder, eating disorder, depression, anxiety, obsessive compulsive disorder or conduct disorder, or whose family history includes a predisposition to substance abuse, may be more likely to smoke, drink and/or use illicit drugs, according to the National Center on Addiction and Drug Abuse at Columbia University. Experimentation, for these kids, can lead to psychological dependence and possibly addiction.

Dual Diagnosis

Dual Diagnosis (DD) is the name given to the condition when mental health disorders and substance-use disorders (SUDs) co-occur. Studies show that more than half of young people with a substance-abuse diagnosis also have a diagnosable mental health disorder. The combination of mental health disorders and substance abuse is so common that many clinicians now expect to find it. (www.nami.org)

According to Oscar Bukstein, M.D., associate professor of psychiatry at Western Psychiatric Institute and Clinic, University of Pittsburgh:

- Few adolescents with a SUD do not have a co-existing psychiatric disorder.
- Including conduct disorder, about 90% of adolescents in SUD treatment have at least one co-existing psychiatric disorder.
- Between 20 and 40% of these adolescents have ADHD.
- Up to 50% have mood disorders.
- Up to 40% have at least one anxiety disorder.

The problem with marijuana and kids with ADHD

“Rachel Gittleman-Klein, a pioneer in studying ADHD’s course through the lifecycle, warns against an ADHD child using marijuana even once. Its effects are so compelling for the ADHD brain that it seems to become immediately psychologically addictive...We see so many adults in their late twenties who have been addicted to heavy daily doses of marijuana for years, and have had their great potential wasted in acrid smoke. The irony is that marijuana makes ADHD symptoms worse. It makes you more distractible, worsens your memory, increases the tendency to procrastinate, and decreases motivation.

It should be avoided at all costs, [especially if ADHD is present,] for it lurks as a temptation that can destroy a life.”

– Edward M. Hallowell, M.D., author of *Driven to Distraction* and *Answers to Distraction*

Family history of alcohol or other drug dependencies

If one (or more) family member(s) is chemically dependent, you should know that your child has a much greater risk of becoming dependent if he or she starts using. Just as heart disease or cancer can be genetically based, chemical addiction is no different. According to *Partnership for a Drug-Free America*, “Kids who have a family pattern are at much higher risk of addiction if they use drugs or alcohol at all. NO recreational use can stay safely under control, particularly during the formative years of adolescence. [You] should talk about this, so kids are aware.”

Friends who are users

Some adolescents with ADHD or other disorders who have struggled with learning and social issues throughout their lives may have also experienced exclusion from usual peer groups for being “different.” They might begin to hang out with other kids who appear to be very welcoming and nonjudgmental, and for the first time they feel real camaraderie—they belong to a group. Unfortunately, with some of these social groups, the tie that binds them is alcohol and/or substance abuse. The kids in these groups are self-medicating.

Of course they are happy, laid back, and welcoming—they’re high much of the time. As the “new kid,” your child may also commit to substance abuse because this cements his or her shared experience with the group.

Parents may feel joy that their child has finally found some “good” friends and may be reluctant to act on their suspicions, to deny that all is not right with these new friends, because their child seems happy. But it’s important that you intervene. The earlier kids begin to use drugs, the more prolonged the use. The more frequently they use them, the more likely substance dependence and/or psychological or physical addiction can occur. This risk is heightened when mental health disorders are also a factor.

Getting help for your child with Dual Diagnosis

“Of the ten million people who have at least one mental health disorder and one substance abuse disorder, nine million had the emotional disorder first, at a median age of 11, and developed a substance abuse problem several years later as a teen. That means that there is a window of opportunity for drug abuse prevention if we pay attention to troubled 11- to 13-year-olds. By the time these kids are teenagers, their cries for help are often seen as acting out by bad kids, rather than pleas for help.”

– Bert Pepper, M.D., M.S., clinical professor of psychiatry at NYU Medical School

Teens with difficult problems such as co-occurring mental health disorders and substance abuse disorders don’t respond to simplistic advice like “just say no” or “snap out of it.” (www.nami.org). No matter how much they might want to, they **can’t** snap out of it. They need help. Psychiatric and drug counseling communities agree that both disorders must be treated at the same time, but the presence of co-occurring disorders must first be established by careful assessment. It’s important to seek a referral to a psychologist or psychiatrist who is knowledgeable about Dual Diagnosis. Once a professional assessment has confirmed the diagnosis of a mental health disorder combined with substance abuse, mental health professionals and family members should work together on a strategy for integrating care and motivating the adolescent. The important thing to keep in mind is that with the right treatment, adolescents with co-occurring disorders can be helped.

We’re fortunate to have several excellent, local treatment facilities that help adolescents who have Dual Diagnosis. To find help for your child or to learn more about Dual Diagnosis, contact your child’s pediatrician or a mental health professional, the Pittsford School District Prevention Coordinator (267-3677), Pittsford Youth Services (248-6299), or one of the agencies listed in the **Resources** section of this guide.

Information taken from the following sources:

Oscar Bukstein, M.D., Associate Professor of Psychiatry at Western Psychiatric Institute and Clinic, University of Pittsburgh
www.drugstory.com

Mark A. Head, LCSW-R, CASA

Joseph Lombardo, mental health professional at Princeton House/Medical Center at Princeton
http://www.nami.org/Content/ContentGroups/Hotline1/Dual_Diagnosis_in_Adolescence.htm
Bert Pepper, M.D., M.S., Clinical Professor of Psychiatry at NYU Medical School

Fast Fact:

Children of alcoholics are about four times more likely than the general population to develop alcohol problems.

– <http://www.nih.gov>

Fast Fact:

Genes are not the only things children inherit from their parents. How parents act and how they treat each other and their children has an influence on children growing up in the family. These aspects of family life also affect the risk for alcoholism.

– <http://www.nih.gov>

Facts you should know

Pittsford school policies/New York State laws

*From Pittsford Central Schools Code of Conduct, Policy #3410,
approved by the Board of Education:*

The Pittsford Central School District is a “Drug Free Zone.”

Tobacco or Tobacco-Related Products

The use, sale, possession, or distribution of tobacco (smoke or smokeless) on school property or during school functions is prohibited.

Illegal Substance, Possession and/or Use

The use, sale, possession, or distribution of alcohol, inhalable substances, illegal drugs, drug paraphernalia, drug delivery device (eg. e-cigarette), or the inappropriate use of prescription drugs and/or over-the-counter drugs, on school property or during school functions, is prohibited.

Possession or use of alcohol, inhalable substances, illegal drugs, drug paraphernalia, drug delivery device (eg. e-cigarette), or the inappropriate use of prescription drugs and/or over the counter drugs will result in a five-day out-of-school suspension.

Repeat offenders may be further referred to a Superintendent’s Hearing. Possession of illegal drugs will be reported to legal authorities.

Sale or distribution of alcohol, inhalable substances, illegal drugs, drug paraphernalia, drug delivery device (eg. e-cigarette), prescription drugs and/or over-the-counter drugs (when intended use is in violation of District policy), will result in a five-day out-of-school suspension, a Superintendent’s Hearing for consideration of a long-term suspension, and referral to legal authorities.

The sale or distribution of illegal substances on school grounds is subject to a prison sentence of up to 25 years.

Pursuant to New York State penal law section 200

New York State laws

In New York, teens aged 15 and under who violate the law are processed through the juvenile justice system, but at age 16, a teen is considered an adult and is therefore processed through the criminal justice system.

New York State laws concerning narcotics, prescription drugs and marijuana are quite extensive and too lengthy to include in this guide. To learn about specific New York State Penal Codes related to drug possession and sales, visit the following website:

1. Go to <http://public.leginfo.state.ny.us>
2. Under **Search**, choose **Laws of New York**
3. Select **Pen** (for ‘Penal’) under **Consolidated Laws**
4. Choose **Title M**
5. Select **Article 220** (Controlled Substance Offenses)
or **Article 221** (Offenses involving Marijuana)

Civil and criminal liability

Your responsibilities as parents

Parents may face a host of negative consequences from kids' alcohol or other drug use. These negative consequences are in the form of both civil and criminal liability if you choose to serve alcohol or illicit drugs, or if there is an **unsupervised party on your property, with or without your knowledge.**

Civil liability includes responsibility for:

- Any injury that occurs on your property.
- Any injury/death that occurs off your property, after individuals obtained an intoxicating substance on your property, with or without your knowledge.
- Damage to a neighbor's property by guests of your party.
- Injury/death or property damage due to a motor vehicle accident if a person at fault obtained an intoxicating substance at your house, with or without your knowledge.
- Injuries/deaths resulting from a fight on your property.
- Sickness resulting from any substance that was obtained on your property, with or without your knowledge.

Criminal liability may include:

- Arrest for unlawfully dealing with a child. (When you give or sell any alcoholic beverage, as defined by section three of the alcoholic beverage control law, to a person less than 21 years old).
- Arrest for endangering the welfare of a child if you serve a minor alcohol and you are present.
- Arrest of your child for endangering the welfare of another child or unlawfully dealing with a child if your child permits drinking.
- Arrest of you and/or your child if any illegal substances are found on your property.
- Charges for being a criminal nuisance if there's unreasonable noise, disorderly or illegal conduct in your home.
- Arrest of you or any person in charge of the premises for any assault, damage to property or larceny, or for permitting those at your home to drive under the influence of alcoholic beverages or drugs.

Although the above acts may or may not be covered under your homeowner's insurance policy, you may still be responsible for costs not covered or beyond your policy limits. Parents and adults have a legal responsibility to insure the safety of underage persons while on their property or under their care, custody and control. Parents have a duty to monitor parties hosted by their children.



Facts you should know

Local facts: alcohol and other drug abuse in Pittsford

It's very easy to obtain drugs in our community, in large part because of Monroe County's relatively close proximity to ports of entry from Canada and to the NYS Thruway and other interstates that serve as "drug highways," according to a Monroe County Sheriff's Office undercover narcotics officer for the Pittsford area. Transportation of drugs in private vehicles or concealed within legitimate shipments in commercial vehicles is commonplace and extremely hard to detect, due to the high volume of daily traffic. Drugs are also transported to our area by air, rail, and buses. The 2016 Monitoring the Future National Survey results state that marijuana is the most widely illicit drug among teens. Cocaine and heroin also pose serious threats. Heroin use is increasing, particularly among youth, and is spreading throughout all demographic classes.

Most frequently abused substances in Pittsford

According to the Youth Risk Behavior Survey[®] conducted in April 2017, the most frequently abused substances in Pittsford are:

- Alcohol
- Marijuana
- Nicotine
- Prescription drugs: OxyContin[®], Oxycodone[®], Vicodin[®] (pain medications), Ritalin[®], Dexedrine[®], Adderall[®] and Concerta[®] (ADHD medications), Valium, Xanax, Percocet
- Cocaine
- Inhalants used as hallucinogens (glue, aerosol propellents, gasoline, paints, correction fluid, "dusters," etc.)
- OTC (over-the-counter) drugs: Robitussin[®], Coricidin[®], other cold medications that contain DXM (dextromethorphan)
- Heroin
- Club drugs: MDMA (Ecstasy), GHB, Rohypnol, Ketamine and LSD

Where do kids get alcohol and other drugs?

Kids are very resourceful despite how much you try to supervise. You need to know drugs are very easy to get wherever kids congregate.

- Kids get alcohol from parents and/or their home liquor supply, from a friend's parents' or a neighbor's house or garage.
- It is also bought by proxy—older, "legal" kids buy and then sell for a profit to younger kids; older teens and college students also use fake IDs.
- Marijuana is easy to get anywhere in our community. Kids purchase it from other kids or dealers in public places, or it's delivered to your home or to an agreed-upon pick-up location. Other sources include an older brother or sister, an older friend, or an adult with whom your child is familiar (a parent, relative, or friend).

Fast Fact:

9 out of 10 people with substance abuse problems started using by age 18.

– www.centeronaddiction.org
2017

Other drugs:

- **OxyContin® and Oxycodone®** is usually stolen from someone who has chronic and/or severe pain, or purchased from another teen, or purchased from an online source.*
- **Vicodin®** is usually stolen from someone who has chronic and/or severe pain, or purchased from another teen, or purchased from an online source.*
- **Ritalin®** and other ADHD medications are usually taken from home, or purchased from other kids who sell pills from their own or a sibling's prescription. Pills range in price from \$1 to \$5, depending on the strength of the pill/tablet.
- **DXM is the active ingredient in** Coricidin®, some Robitussin® products or other OTC cold medications. These products can be purchased or stolen from local pharmacies or supermarkets, or taken from home medicine cabinets. (To find out the right dosage to take to get high, kids can go to websites that give detailed information about how much to take according to height, weight and the intensity of the desired high.)

Drug paraphernalia:

- **It's very easy for kids to buy drug paraphernalia**, if they have an older sibling or friend willing to drive them to make the purchase. There are local shops and even some local flea markets that sell rolling papers, pipes, bongs, bubblers, vaporizers, e-cigarettes and other drug-related items. Some shops may carry legitimate merchandise, but may also have drug paraphernalia for sale in a back room or elsewhere. (For a more detailed listing of drug paraphernalia, please refer to the **Intervention/Evidence of Use** and the **Terms/Slang** sections in this guide.)

** The Internet is increasingly becoming a source to buy prescription drugs without a prescription. It's also a good place to buy drug paraphernalia. It's very easy to use a parent's credit card number or gift card to make these purchases.*

Keep an eye on your supply if you keep alcohol in the house and/or in the garage, and keep a close watch on medications you keep in your house or in your purse!

Also keep tabs on your child's money and ask for receipts.

Average age for first use of alcohol and other drugs:

- Some kids may start using drugs as early as age 12 (or earlier) although 14 to 16 is the average age of first use. Older siblings may influence earlier use. Transitions, such as the move from 8th to 9th grade, are a common time for kids to start experimentation.
- Kids may start using alcohol and inhalants at an earlier age, sometimes as early as age 10, because of the easy accessibility of these substances in their homes.

Where kids may use alcohol and other drugs:

- **Gatherings where kids are allowed to roam freely** without close parental supervision are prime places to use and deal, such as village/town/school celebrations/sports events.
- **In addition, there are many places for kids to gather and get high or drunk**, including local wooded areas, parks, parking lots, along the canal, and in your own basements and rec rooms, children's bedrooms, behind your garage, or in secluded areas in your neighborhood, if you aren't paying attention.

Fast Fact:

7% of Pittsford high school students stated they were under the influence of marijuana during school.

– Youth Risk Behavior Survey®, 2017

Facts you should know

Physical, social and behavioral effects of alcohol and other drug use

The following information provides a brief overview of the physical, social and behavioral effects of alcohol and other drug use. To access more in-depth information about specific substances and their effects, please refer to sources in the **Resources** section in this guide.

Alcohol

- “Alcopops,” sweet drinks that contain 5%-7% alcohol, are especially popular with girls. These drinks come in colorful packaging and appear to be marketed to young teens.
- Among kids who begin drinking at age 13, 43% will go on to develop alcoholism.
- People reporting they first used alcohol before age 15 are more than 15 times more likely to report past year alcohol dependence or abuse than people who first used alcohol as adults at age 21 or older.
- Children of alcoholics have a four to 10 times greater risk of becoming alcoholics than children of non-alcoholics.
- More than one-third of America’s alcoholics (4.7 million) are 21 years old or younger.
- Adolescents who use alcohol are more likely to become sexually active, which places them at greater risk of HIV infection and other sexually-transmitted infections.
- Adolescents diagnosed with alcohol abuse are four times more likely to experience major depression than those without an alcohol problem, according to one study. In addition, alcohol use among adolescents has been associated with considering, planning, attempting, and completing suicide.
- Combining alcohol with other drugs is especially dangerous because the effects of each drug are multiplied. Another harmful combination is alcohol and energy drinks.

Marijuana

- Is marijuana a “gateway” drug? Absolutely, say researchers, scientists and drug users who began their drug use with pot. Studies are underway to validate that today’s more potent marijuana changes brain chemistry in a way that causes users to be more likely to become addicted to other drugs. There is also the issue of taking that first step to the “other side,” by breaking the law to use an illegal substance, and being exposed to other drug users and even more harmful drugs.
- Marijuana use can impact an adolescent’s learning ability and short-term memory. Specifically, THC (delta-9-tetrahydrocannabinol), the active chemical in marijuana, can affect the hippocampus, the area of the brain that controls memory and learning. This is especially significant for adolescents because their brains are still developing.
- The THC in marijuana can also significantly interfere with adolescent emotions and motivation, again because of the effect it has on the hippocampus.
- Marijuana use can increase the frequency of chest colds or symptoms of chronic bronchitis due to the irritation of the respiratory system, which may result in more school days missed.
- Studies show that teens who are heavy marijuana users often have difficulty sustaining attention, shifting attention to changes in the environment, and in registering, processing and using the information they gain in school.

Fast Fact:

Binge drinking is heavy consumption of alcohol (5 drinks) within a short period of time—and 18% of Pittsford high school students who drank, have engaged in binge drinking in the past 30 days. This is often higher than the Monroe County school average.

– Youth Risk Behavior Survey®, 2017

Fast Fact:

13% of Pittsford 9th graders have used alcohol in the past month. This number jumps to 51% among Pittsford 12th graders.

– Youth Risk Behavior Survey®, 2017

Fast Fact:

Adolescents are more vulnerable to addictive substances than adults because the parts of the brain responsible for judgment, decision-making, emotion and impulse control are not yet fully developed. This developmental process will not be complete until the mid-20’s.

www.centeronaddiction.org

Fast Fact:

17% of Pittsford high school students have used marijuana in the past 30 days, and 4% have used it on school property.

– Youth Risk Behavior Survey®, 2017

- **Marijuana use inhibits nausea**, which may allow adolescents to drink high quantities of alcohol without vomiting. This could result in death due an overdose of alcohol.
- **Getting high contributes to risky and irresponsible behavior** such as delinquency and multiple sexual partners.
- **Although some teens use it to reduce anxiety**, marijuana use in adolescents can cause increased panic attacks, depression, anxiety and other mental health issues, and for those prone to depression it can actually accelerate those problems.
- **Marijuana has a potentially higher cancer risk** than tobacco because it contains higher amounts of tar and other chemicals. Studies have shown that consumption of five marijuana joints per week is equivalent to smoking a pack of cigarettes a day.
- **Studies have found that marijuana use can trigger a heart attack**, even in teens, and the risk is five times higher than usual in the hour after smoking marijuana.
- **When an adolescent uses marijuana regularly**, his or her normal psychological and social development is put on hold because of the effects of marijuana on brain chemistry. If and when the user finally makes the commitment to stop using, these developmental stages still have to be experienced, at a later age.
- **Marijuana use negatively affects concentration**, perception, reaction and coordination time, all of which are essential for safe driving.

Nicotine (Tobacco)

- **The peak time to begin smoking** is in the 6th and 7th grades.
- **Ninety percent of all adult smokers** began at or before age 18.
- According to the 2013 *Youth Risk Behavior Survey*®, **18% of Pittsford high school students** have tried cigarettes.
- **One million teens begin smoking** and one-third of them will die from tobacco-related illnesses each year.
- **The number of girls smoking** has increased significantly in recent years. One of the main reasons they give is to lose weight and to maintain weight loss.
- **Nicotine is highly addictive**, working as both a stimulant and a sedative. Depression and fatigue follow the stimulation of smoking, which causes the need for more nicotine.
- **Kids exhibit serious symptoms of addiction** within weeks or just days of first smoking, according to recent research.
- **Adolescent smokers are 29 times more likely to fail** than adults when they try to quit because of the strong addictive properties of nicotine and its effects on the adolescent brain.
- **Kids who smoke are three times more likely to use alcohol**, 14 times more likely to use marijuana, and 22 times more likely to use cocaine than non-smokers, according to reports from the Centers for Disease Control (CDC).
- **Other consequences include a decrease in physical performance**, shortness of breath, gum disease, tooth decay, persistent coughs, greater susceptibility to illness, heart disease, stroke and cancer.

Fast Fact:

7% of Pittsford high school students have driven a car under the influence of marijuana, pills, or other drugs not including alcohol.

– Youth Risk Behavior Survey®, 2017

Facts you should know

- **Electronic cigarettes (e-cigs)** are devices that consist of a rechargeable battery and cartridge. Nicotine cartridges come in varying nicotine levels and are marketed to teens in a variety of flavors. There's a misconception that using electronic cigarettes is "safe," which helps glamorize their use. Some use synthetic marijuana in the cartridges. E-cigs are not FDA-approved and are not allowed on school grounds.

Inhalants

- **Inhalants are widely available in households**, so they're easy to obtain. Because of their availability, inhalants are often the "drug of choice" for younger children.
- **Inhalants are volatile substances** such as cleaning solvents, gasoline, glues or paint thinners that are sniffed directly from the container, "huffed" from a rag soaked in the substance, or poured or sprayed into a bag and then deeply inhaled. Other inhalants include aerosol propellants ("whippits," from Reddi Whip®, etc.), computer keyboard cleaners (Dust Off®, etc.), nitrous oxide, amyl nitrate, and butyl nitrate.
- **Short-term inhalant use can cause heart palpitations**, breathing difficulty, dizziness and headaches.
- **Long-term use can have irreversible side effects**, including damage to the brain, central nervous system, liver and kidneys, in addition to hearing loss and heart failure.
- **SSD (Sudden Sniffing Death)** can also occur after the very first use or after repeated use of inhalants due to the displacement of oxygen in the brain, lungs, and other organs.

Cocaine

- Cocaine is a highly addictive drug that causes a powerful high. Cocaine is sniffed or snorted, injected, or smoked (including "freebase" and "crack" cocaine).
- **Cocaine use causes constricted peripheral blood vessels**, dilated pupils, increased body temperature, heart rate and blood pressure, as well as restlessness, irritability, aggression, anxiety and paranoia.
- **Prolonged cocaine snorting** can result in ulceration of the mucous membranes of the nose and can damage the nasal septum enough to cause it to collapse.
- **Cocaine-related deaths** are often a result of cardiac arrest or seizures followed by respiratory arrest.
- **Mixing cocaine and alcohol** is especially dangerous. Researchers have found that the human liver combines cocaine and alcohol to make a third substance, coca ethylene, which can increase the risk of sudden death.

Prescription and OTC (over-the-counter) medications

In Pittsford, the most widely abused medications are Ritalin®, Adderall®, Concerta®, Focalin® and Dexadrine® (all legally prescribed for ADHD, but they may be taken or stolen and sold), and prescription pain medications such as Vicodin® and OxyContin®. Abused over-the-counter (OTC) medications include cold medications such as Robitussin® and Coricidin®.

Prescription medications

- **Ritalin® and other ADHD stimulant medications** help to balance neurotransmitters such as dopamine in the brain, allowing students to maintain focus in class. These medications, when taken as prescribed, are very effective in reducing ADHD symptoms and do not lead to substance abuse. But these medications are also commonly abused. Kids may crush them and "snort" (inhale) the powder to get a more immediate (and

Fast Fact:

31% of Pittsford high school students have tried an e-cigarette, and of those, 22% have used one in the past 30 days.

– Youth Risk Behavior Survey® 2017

Fast Fact:

In Pittsford, 5% of middle schoolers have reported using inhalants in their lifetime.

– Youth Risk Behavior Survey® 2017

Fast Fact:

8% of Pittsford high school students have taken another person's prescription to get high.

– Youth Risk Behavior Survey® 2017

Fast Fact:

More than 70% of people who abuse prescription painkillers say they get them from family or friends. Forty percent of 12th graders say they are easy to get and 10% of teens say they took them from friends or relatives without asking.

– www.theantidrug.com

dangerous) high.

- **Some teens snort “lines” of Ritalin®** and other ADHD medications before lunch to reduce appetite. Teens and college kids also abuse these medications to increase energy levels and to stay up late to study, thus it has been named the “cramming drug.”
- **Ingesting high amounts of stimulants** such as Ritalin® consistently over a short period of time can lead to increased feelings of hostility or paranoia.
- **High doses of stimulants** can result in irregularly high body temperatures and rapid heart rates as well as the possibility for high blood pressure, heart failure, loss of consciousness, deadly seizures and death.
- **OxyContin® (Oxycodone®) is a narcotic that is very addictive** and its effects are comparable to those of heroin (though withdrawal from this drug is said to be even worse than heroin). Abuse of OxyContin® causes cardiovascular damage, liver damage, and scarred and collapsed veins. Other long-term effects are unknown, since this drug has been around for less than a decade.

Data from the National Household Survey on Drug Abuse indicates that the most dramatic increase in new users of prescription drugs for nonmedical purposes occurs in 12- to 25-year-olds. It also appears that college students' non-medical use of pain relievers such as Oxycodone® (OxyContin® and Percodan®) and hydrocodone (Vicodin®) is on the rise.

OTC medications

- **“Robo-tripping”** is the slang term kids use to describe when cold and cough medicines containing DXM (dextromethorphan), such as Robitussin®, Coricidin HBP®, Vicks NyQuil® and Vicks Formula 44®, are consumed to create a hallucinogenic effect similar to PCP or LSD. See the **Terms/Slang** section of this guide for related slang terms.
- **Kids often mix DXM with alcohol or soda** to mask the flavor and the color.
- **“Robo-tripping” has resulted in emergency room visits** and poison control contacts. Kids who have overdosed on DXM have experienced accelerated heartbeat, very high blood pressure, tremors, seizures, brain damage, stroke and death. Even more dangerous is the combination of DXM and other drugs, such as acetaminophen, which can cause permanent liver damage and liver failure.

Heroin

- **Heroin is a highly addictive drug** derived from morphine, in the form of a white or brown powder that is snorted or dissolved and injected. Short-term effects include euphoria followed by wakeful/drowsy states and confusion. There has been a recent rise in heroin overdoses. Often times the heroin is mixed with other drugs such as Fentanyl causing death. Fatal overdose can occur with first-time use or continued use. Long-term users may also develop collapsed veins, liver disease, lung complications, HIV/AIDS, hepatitis, and general poor health.

Club drugs

- **MDMA (Ecstasy, Molly), GHB, Rohypnol, ketamine, methamphetamine, and LSD** can all cause serious health problems such as long-term damage to serotonin-containing neurons in the brain, and in some cases even death. Because some club drugs are colorless, tasteless, and odorless, a person who wants to intoxicate or sedate another can add these to a beverage, unnoticed. In recent years, there's been an increase in reports of club drugs used to commit sexual assaults.

Facts you should know

Additional consequences

- **Effects on physical growth.** Repeated alcohol and other drug use near puberty leads to a decrease in bone volume in the limbs and the skull, especially in boys. Long-term drinking can lead to addiction and permanent damage to the brain, liver and other vital organs.
- **Arrested psychological development.** When kids use alcohol, tobacco or other drugs as a crutch in social situations, they severely hamper their ability to develop the necessary social skills and self-confidence to be successful in their dealings with others.
- **Car crashes.** Alcohol and other drugs reduce a person's normal reaction time, increasing the chances of crashes. Driving under the influence or having passengers who are drunk or drugged can result in not only the loss of a driver's license and insurance, but more importantly, injury or death.
- **Date rape/loss of judgment.** When one or more parties are under the influence of alcohol or other drugs, loss of judgment and lower inhibitions may result. Sexual activity may occur that will not only be regretted later on, but may result in pregnancy or sexually-transmitted infections. To have sex with a person who is mentally or physically incapable of saying "no," or is unaware of what is happening, is to commit rape, which is a crime.
- **Shattered dreams/lost opportunities.** Those who repeatedly use alcohol and other drugs as teens may fail to complete goals related to their education, employment, marriage and financial independence. Lost opportunities may include suspension or expulsion from school, and rejection for summer or full-time employment as more and more companies require their employees to pass drug tests, or risk arrest and/or fines.

Alcohol overdose

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 2.6 million young people don't know that a person can die from alcohol overconsumption. Alcohol poisoning occurs when a person drinks a large quantity of alcohol in a short amount of time.

Facts

- **Binge drinking** is defined as five or more drinks for a male and four or more for a female within a short period of time.
- **Rapid ("binge") drinking of alcohol** can be especially dangerous because the teen is drinking so quickly that he or she can get a fatal dose into his or her stomach before falling unconscious.
- **Blood alcohol content (BAC) of 0.26% or above** is potentially lethal to ANYONE—minors, adults, heavy drinkers. This is about 8–10 drinks/hour. The body simply cannot process such large amounts of alcohol.
- **Alcohol depresses the nerves** that control involuntary actions such as breathing, heartbeat, and the gag reflex (which prevents choking). Enough alcohol will eventually bring these vital functions to a stop.

Fast Fact:

15% of Pittsford high school students and 14% of middle school students rode in a car with someone who had been drinking alcohol.

– Youth Risk Behavior Survey® 2017

"Drinking is a first step for kids to spiral downward in life. School and your child's happiness will take the major hits, as logical reasoning fades."

– a Pittsford teen

Fast Fact:

About one in six 12th graders have had at least five or more drinks in a row. 32% of college students report binge drinking.

– 2016 Monitoring the Future survey

- Because a young person's immature liver cannot process alcohol as quickly as an adult's, alcohol overdose occurs at a lower concentration in teens. The liver does not reach maturity until age 25.
- Even after a person stops drinking, as long as the heart is beating, alcohol in the stomach continues to enter the blood and circulate.

Signs of alcohol overdose

- No response to attempts at waking (gently shaking, shouting, pinching).
- Mental confusion, stupor, coma.
- Vomiting while sleeping.
- Seizures.
- Slow or irregular breathing (less than 8 breaths per minute/10 seconds between breaths).
- Respiratory arrest (breathing has stopped).
- Low body temperature, bluish, clammy skin.
- Cardiac arrest (heartbeat has stopped).

What to do

- Call 911 for an ambulance. (Let medical personnel determine whether or not it's necessary to go the hospital.) While you're waiting:
- Stay with the person and wake frequently him or her frequently if he or she wants to sleep.
- Put the person on his or her side to prevent choking on vomit.
- If the person is seizing, clear the area and gently turn him or her on the side; place a soft object under the head—but do not attempt to restrain the person or place anything in the mouth.
- If the person is unconscious, assess his or her airway, breathing and circulatory status, and start CPR if needed.
- When medics arrive, tell them what symptoms you have observed.
- Tell the medics honestly how much you think the person drank and if other drugs were taken (if you know this information).

What not to do

- Do **not** give the person food or drink.
- Do **not** give the person coffee/caffeine.
- Do **not** give the person a cold shower (this could cause him or her to become unconscious).
- Do **not** allow the person to "sleep it off."
- Do **not** make the person exercise.
- Do **not** leave the person alone.
- Do **not** attempt to make the person vomit.

Information taken from the following sources:

Substance Abuse & Mental Health Services Administration (SAMHSA) www.samhsa.gov; *A Parent's Guide For the Prevention of Alcohol, Tobacco, and Other Drug Use*, Community of Concern; National Institute on Drug Abuse; www.theantidrug.org; *Teens Under the Influence*, by Katherine Ketcham and Nicholas A. Pace, M.D.; Monroe County Sheriff's Office; Ann M. Kane, CASAC, Pittsford School District Prevention Coordinator

Facts you should know

Act wisely! Your decisions may mean the difference between life and death.

- Be aware that a person who has passed out may die.
- Know what the danger signals are, but don't wait for them all to occur before you call for help.
- NYS 911 Good Samaritan Law — allows people to call 911 without fear or arrest if they are having a drug or alcohol overdose that requires emergency medical care or if they witness someone overdosing.

Alcohol overdose FAQs

If a person vomits, won't that get rid of most of the alcohol and then it will be OK?

No. Alcohol enters the blood stream within 20 to 40 minutes, so by the time a person vomits, most of the alcohol is usually out of the stomach.

Then why do people have their stomachs pumped in hospital emergency rooms in cases of alcohol overdose?

Most of the time, stomach contents are not removed in cases of alcohol overdose. On occasion the medical staff may decide to empty the stomach as a precaution to prevent choking if the person is likely to vomit. This procedure may also be done if other drug use is suspected.

Does sweating and urinating eliminate alcohol from the body?

No. Less than 5% of the alcohol consumed is eliminated in this manner.

What should I do if I think it's an alcohol overdose?

Call 911! Alcohol poisoning is a medical emergency!

*What's wrong with letting the person sleep it off?**

When the person goes to bed, the blood alcohol level could be on the rise. The person could, therefore, experience increasing medical distress as time passes. In addition, there's always the danger of choking on vomit if the person throws up while sleeping.

*If there are none of the above symptoms present, and you do decide to allow the person to sleep, MAKE SURE to wake him or her often (at least once an hour).

Call 911 if he or she does not respond. You must monitor the person constantly.

Information taken from the following source:
Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov
New York State Department of Health www.health.ny.gov

Stages of adolescent substance abuse

If teens become involved in drug abuse, they seem to progress more rapidly through the stages than adult users. This is yet another reason to get help for your substance-abusing teen as soon as possible.

Abstinence/non-use. There are no symptoms or evidence present or reasons to suspect that the teen is using alcohol or other drugs.

Experimental use. At this stage, use is sporadic—drugs are used only recreationally. The teen may enjoy defying parents or other authority figures. Be aware, however, that even experimental drug use can be fatal to some kids. And some kids get hooked the first time.

It's not called
intoxication for
nothing!

Regular use. At this stage, the teen's grades and school and/or work attendance may be affected. He or she worries about losing his or her drug source, uses drugs to "remedy" negative feelings, and begins to isolate him- or herself from friends and family. The teen may change peer groups to others who are regular users, and takes pride in noting increased tolerance and ability to "handle" the drug(s).

Daily preoccupation. The teen loses motivation, shows indifference toward school and work, behavior changes become evident, and preoccupation with drug use supercedes all prior interests, including relationships. You may observe secretive behavior and lying, and the teen may begin dealing drugs to support his or her habit. He or she may start using harder drugs, and legal complications may increase.

Dependence. The teen can't face his or her daily routine without drugs. There's continued denial of the problem, deteriorating physical condition, and loss of "control" over use. The teen may become suicidal, financial and legal complications worsen, and the teen may have severed ties with family members or friends.

Information taken from the following source:
<http://www.nlm.nih.gov/medlineplus/ency/article/001945.htm>

Adolescent substance abuse treatment

If, after an evaluation, you learn your child is abusing alcohol or other drugs, you need to know that there may be a difficult journey ahead for both your child and your family as your child progresses from denial to finally realizing he or she needs to stop using (and needs help to stop). You may feel as if you're on a rollercoaster. Keep in mind that other families have gone through (or are going through) the same experience as you—you are not alone.

Finding a good counselor or treatment center will not only help your child, but will also help your whole family. We are very fortunate to have excellent counselors and treatment facilities in the Rochester area. Not only will your child be guided through structured counseling sessions and education, but your family will also participate in counseling and education, so that you can all understand more about the nature and implications of substance abuse, and the process of recovery.

The following are some transitions your child (and you) will most likely experience:

Initial crisis. Trouble with friends or rejection from a peer group can cause a teen to seek out a different, more risk-taking crowd. These new friends may be alcohol and/or drug users and can influence the teen to experiment. Behavior related to alcohol or other drug use may bring about an encounter with authorities (school or law enforcement). This first crisis is usually the impetus for alarmed parents to seek counseling or treatment. The teen, however, is not committed at this point to stop using, so you can view him or her as a "hostage" and not a "volunteer."

Beginning treatment. Teens often resist treatment early on, because they believe they don't need help and they could quit on their own. They depend heavily on friends to form their views. They're at a life stage where they feel compelled to be independent, but realistically still need their parents to monitor, guide and sanction their actions. They don't have enough life experience to recognize where substance abuse can lead them, and how they must get professional help to stop using.

Fast Fact:

*A teen who begins drinking before the age of 15 is **7 times more likely** to have an alcohol abuse problem later in life than someone who waits until age 21 to drink alcohol.*

– NYS Office of Alcohol and Substance Abuse Services
www.oasas.ny.gov
2017

Facts you should know

Avoiding abstinence. Teens at this stage view the concept of abstinence as “uncool” and unnecessary. Some kids realize they really shouldn’t be using but still do anyway in a more manipulative, secretive way, by changing to chemicals that are less traceable, like alcohol, LSD and DXM, and by altering urine screens. It’s as if they are bargaining with the substances and their parents for some kind of false control. Commitment to stopping is almost nonexistent at this point.

Compliance/Surrender. On-again, off-again experiments with abstinence, more for the purpose of trying to satisfy parents and counselors than a real commitment to stopping, are typical at this stage. Looking good is more important than being good. But any progress, even though it may be uneven, is bringing the teen closer to eventual “surrender,” and may even help to rebuild trust at home and at school. Teens view negative urine screens at this point not as invasive as much as testimony that they’re making changes. On the downside, this is also a risky time when some kids head back down the path of use, after seeing where “surrender” is headed.

Acceptance. Teens at this stage begin to realize that their old drug habits are futile. They start to see that they can cope with what life presents to them without drugs, and they see the depth and breadth of losses associated with drug use. User friends don’t seem as cool as they once were. A true recovery process is able to emerge.

Recovery. The process of recovery is slow and rocky, but the teen’s newfound belief in a better way to live supports it. Living down old reputations, avoiding old friends and behaviors, and dealing with parents who still have doubts, anxieties and fears about relapse are all major issues for the teen at this time. Your teen will need to decide if abstinence is permanent or a short-term experiment. During recovery, there will probably be relapse on occasion, which is something you need to accept.

Termination of drug use. This continued commitment is a reason for joy if there are support systems in place for the teen, such as occasional future contact with a counselor or agency, a supportive community including family, faith-based organizations, self-help groups such as *Alcoholics Anonymous* or *Narcotics Anonymous*, positive friends, and involvement in healthy activities. These all play a role in the likelihood of continued recovery and termination of drug use.

Fast Fact:

Each year, more kids enter treatment with a primary diagnosis of marijuana dependence than for all other illicit drugs combined.

www.drugfree.org

Fast Fact:

Studies over the past 25 years have shown that effective treatment reduces not only drug and alcohol use but also criminal, health and social problems.

– NYS Alcoholism and Substance Abuse Providers, Inc.

Information from the following sources:

Mark A. Head, LCSW-R, CASAC

Ann M. Kane, CASAC, Pittsford School District Prevention Coordinator

Why some kids don't use and others do

Why some kids don't use

- Research shows that one of the biggest deterrents for kids not to use drugs is their parents.
- Their parents check up on them and are involved in their lives.
- They're involved in sports, the arts, volunteering, or other extracurricular activities.
- They want to stay in shape for sports.
- Their family or religion prohibits it.
- They don't like the taste.
- They're too busy.
- They know it's illegal.
- Their family sets—and enforces—rules.
- There are positive adult role models in their lives.
- They know about a family history of substance abuse, so they're cautious.

Why some kids use

- Their friends use and they can't resist peer influence.
- They're curious.
- It's easily available.
- They feel like they need to, in order to fit in.
- It's a way to rebel against their parents.
- They think it looks cool or grown-up.
- They think that drugs will help them overcome feelings of sadness, loneliness, boredom, depression, stress or anxiety.
- They're influenced by advertisements, movies and TV shows glamorizing drug use.
- They want to get high.
- They want to feel better about themselves.
- They think lots of other kids use drugs.
- They do it because it's dangerous.
- Their parents use.
- Their family history includes chemical dependency, but their own family doesn't take precautions.
- They've been diagnosed (or are not yet diagnosed) with ADHD, anxiety disorder, bipolar disorder, or another brain disorder and are therefore at a higher risk.

Fast Fact:

Many parents believe they are powerless to influence their teens. Research shows that parents remain the single most powerful influence in their children's lives.

– Office of National Drug Control Policy

Fast Fact:

Children who drink alcohol before the age of 15 are 5 times more likely to have alcohol problems than those who start drinking after age 21.

–SAMHSA

Fast Fact:

Teens who have seen their parent(s) drunk are more than twice as likely to get drunk in a typical month, and 3 times likelier to use marijuana and smoke cigarettes.

– www.centeronaddiction.org

Information taken from the following sources:

Gilbert J. Botvin, PhD., author/developer,

Lifeskills Training: Promoting Health and Personal Development curriculum

Ann M. Kane, CASAC, Pittsford School District Prevention Coordinator

Terminology / Slang

Terminology/slang used locally

The following are local slang terms that refer to alcohol and other drug abuse. Terminology changes—popular terms today may be obsolete next month, and this is not a complete list. To access more in-depth information about terminology or specific drugs and their effects, please refer to the **Resources** section of this guide.

- 420** Indicates a general interest in pot; it may have originated at a high school in San Rafael, California, because 4:20 was the time kids would get together to get high. Also, April 20 is the unofficial national day of recognition for marijuana use. You may see “420” on t-shirts and elsewhere to announce the wearer smokes pot. (April 20 was also the date of the Columbine tragedy.)
- 40s** Forty-ounce bottle of malt liquor.
- 8 ball** An eighth ounce of cocaine or marijuana, or 40 ounces of malt liquor.
- acid** LSD.
- angel dust**
See “PCP.”
- baked** Under the influence of marijuana; stoned.
- beer bong**
A device made with tubing that is used to drink beer fast, without added foam.
- beer pong**
A variation of ping-pong, tossing ping-pong balls into cups of beer as the target. When the opposing team gets a ball in a cup, the “losers” have to drink the beer in that cup. A popular drinking game with teens.
- blaze** To smoke marijuana.
- blow** Cocaine, inhaling cocaine, or smoking marijuana.
- blunt** Marijuana inside a hollowed-out cigar or tobacco leaf, or a mixture of marijuana and cocaine, or a large marijuana cigarette.
- bong** Water pipe used to smoke marijuana.
- bowl** Amount of marijuana that fits in a pipe, or the quantity of marijuana smoked. Also another name for a pipe or bong.
- bubbler**
Water pipe, usually made of “art glass,” used for smoking marijuana or hashish.
- bud** Marijuana; refers to the flower buds; usually the leaves are not smoked.
- buzz; buzzed**
Being under the influence; “high.”
- chasing the dragon**
Someone who uses heroin.
- chronic**
Higher-grade/potency marijuana, or marijuana mixed with “crack.”
- cids** LSD.
- club drugs (also called dance or party drugs)**
Drugs (MDMA [ecstasy], Rohypnol, GHB, and ketamine) used to enhance the music and dance experience at raves, bars and nightclubs, hence the name “club” drugs. These drugs are relatively inexpensive and are thought to be less harmful than other

Terminology / Slang

drugs, so they appeal to clubgoers who would normally not take other drugs. Recent studies have found that these drugs cause permanent damage to the brain.

Coricidin[®], Robitussin[®], other cold medications

Over-the-counter (OTC) cold remedies containing dextromethorphan (DXM), which kids use to get high. DXM is a dissociative anesthetic like ketamine or PCP.

coke Cocaine, used inside the nose.

crack Cocaine that is smoked; also called "freebasing."

cocaine

Narcotic extracted from coca (*not* cocoa) leaves.

crank Name used for a variety of drugs: crack cocaine, heroin, amphetamine, methamphetamine, or methcathinone.

crunk, crunked

Combination of the words "crazy" and "drunk."

crystal Name used for a variety of drugs: cocaine, amphetamine, methamphetamine, or PCP.

crystal meth

Methamphetamine in crystal form, also called "speed."

dab Marijuana concentrate. Also called "shatter, wax."

dank Sticky, highly potent marijuana. Also called "wet."

dime bag

Ten dollars' worth of marijuana or crack.

dip Smokeless tobacco containing tiny shards of fiberglass that cut the skin in the mouth, causing a quicker nicotine rush.

dissociative effects

When DXM or other drugs cause feelings of detachment/disconnectedness from one's body.

doses LSD.

drug rehab

Evaluation, intervention and clinical services for people with substance abuse problems that range from weekly counseling sessions by trained professionals to daily or twice-a-week group therapy, family therapy, or more intensive outpatient treatment. Rehab can also include short-term or long-term inpatient treatment.

duster Dust Off[®] or other computer keyboard cleaning products; cans of compressed air containing difluoroethane. "Dusting" is the use of Dust Off[®] to get a mild high. These products can cause permanent brain damage or death upon first use or with multiple uses. Especially popular especially among younger teens.

DXM (Dextromethorphan); active ingredient in cold medicines such as Coricidin[®] or Robitussin[®] cough syrup. Kids use this to achieve a high similar to LSD.

e Ecstasy (methylenedioxyamphetamine or MDMA); popular drug at raves.

e-cig Electronic cigarette, also known as e-cigarette.

e-juice Liquid that goes in e-cigarettes that is vaporized. Contains nicotine with varying levels and available in a wide range of flavors.

Terminology/Slang

e liquid

Electronic cigarette liquid.

eight ball, eighth

One-eighth of an ounce of a drug.

freebase

"Crack," smokable cocaine.

'haling Inhaling of solvents or glue to get high.

hash, hashish

Marijuana resin, more concentrated and stronger than dried marijuana.

head shop

Retail store that sells drug paraphernalia, sometimes in the back of a more legitimate-looking shop that might sell clothing, snowboards or other items.

herb Marijuana.

heroin Highly addictive drug derived from morphine in the form of a white or brown powder that is snorted or dissolved and injected.

huffing

To inhale solvents, paints, sprays, or glues by either breathing through soaked rags or into cans containing the solvent in order to get high.

hydroponics

Indoor gardening technique that uses water, artificial materials and powerful "grow" lights in large or small areas (closets to warehouses); used extensively to grow high-quality marijuana.

grass Marijuana.

joint Marijuana cigarette.

kb "Kind bud," high-quality marijuana.

kilo Equivalent to 2.2 pounds; measurement used to weigh marijuana and other drugs.

kreteks Clove cigarettes.

line A single dose of powdered cocaine, snorted with a straw.

locker room

Butyl nitrate; inhalant used to get high; also called "bolt," "rush," "red gold."

LSD Lysergic acid diethylamide; a hallucinogen sold in the form of blotter paper (LSD is dissolved in liquid and then absorbed into the paper), gelatin squares, or tiny pills (microdots).

mj, mary jane

Marijuana.

marijuana

Cannabis sativa, cannabis indica, cannabis ruderalis; most marijuana used to get high is a hybrid of these three varieties.

methamphetamine, meth

Highly addictive stimulant that can be made in illegal labs with easily obtainable ingredients; snorted, injected or smoked; causes euphoria, insomnia, anxiety, aggressiveness; hyperthermia and convulsions that can lead to death.

nolly Ecstasy/MDMA synthetic drug that alters mood and perception.

Terminology /Slang

nuggs, nuggets

Small, dried flower buds of good-quality marijuana.

opium An opiate drug related to heroin, usually smoked.

PCP Phencyclidine, also known as “angel dust.” First marketed as a general anesthetic, now used only for veterinary purposes. It causes drunkenness, insensitivity to pain, and lack of inhibition.

pharming

Consumption of beer or other alcohol with pills.

piece Pipe used to smoke marijuana. Purchased pipes are often made of art glass. Kids sometimes give their pieces nicknames. Homemade pieces can be made from aluminum foil, soda cans, bottles, markers with the inside parts removed, carved-out wood or even apples or carrots.

pot Marijuana (cannabis).

pre-game

To drink and/or use drugs before an event or social function.

purple haze

Marijuana that is even more potent than most hydroponically grown varieties.

quill Cocaine, methamphetamine, heroin; “quilled” means under the influence of these drugs.

rave All-night dance party with psychedelic lights and music, used in conjunction with drugs such as ecstasy (MDMA) to heighten the effects of the drug.

robo-tripping, robo-ing

Use of cold medicines that contain DXM to achieve an hallucinogenic effect.

rock Cocaine, crack cocaine.

rolling The effect of being under the influence of ecstasy.

roofies Rohypnol; a sedative that makes users feel very drunk. The “date rape” drug.

salvia divinorum (also divinorium)

Part of the sage/mint family; can be purchased legally in most states in various concentrated strengths (5x, 10x, etc.); smoked to achieve a psychedelic, LSD-like effect for a short period of time. Especially popular with younger teens.

schwag, shwag

Low-quality marijuana.

shrooms

Psilocybin/psilocin mushrooms, used to achieve a hallucinogenic high.

sinsemilla

Meaning “without seeds,” a very potent marijuana—the buds and flowering tops of the female plants.

snappers

Amyl nitrate; inhalant used to get high. Also known as “poppers” or “rushamies.”

snurf

Usually DXM (Dextromethorphan), misleadingly sold as “herbal ecstasy.”

special k, vitamin k

Ketamine, formerly marketed as a human anesthetic, now only used as a veterinary tranquilizer. Kids use it to get a hallucinogenic high similar to PCP.

Terminology/Slang

- speed** Crack cocaine, amphetamine, methamphetamine.
- spliff** Marijuana cigarette.
- steamroller**
Cylindrical pipe used for smoking marijuana (can be made of acrylic, glass, or other materials, or can be homemade from a toilet paper roll or other items).
- stoner** Person who uses marijuana regularly; "stoned" means under the influence of drugs.
- straight edge**
To act and look "counterculture" or "punk" without participating in alcohol and other drug use; to demonstrate self-control and healthy personal habits. In Great Britain the Straight Edge movement is also referred to as "sXe."
- syds** LSD.
- THC** Tetrahydrocannabinol, the psychoactive cannabinoid in marijuana that is responsible for the high that occurs when users smoke or ingest marijuana.
- toke** To smoke marijuana or hashish.
- trainwreck**
Highly potent strain of marijuana.
- triple-c** Coricidin® HBP Cough & Cold medicine. Also called "CCC," "candy," "red devils" or "dex."
- tweaked, tweaking**
Drug-induced paranoia; peaking on "speed."
- twenty (twenty bag)**
Twenty dollars' worth of drugs.
- vape** The act of using an electronic cigarette by inhaling vapor.
- vape shop**
Retail store that sells e-cigarettes, vaporizers, and e-liquids.
- wake-n-bake**
To get stoned early in the morning, before school (or work).
- weed** Marijuana.
- wet** Also called "dank." Sticky, highly potent marijuana.
- whippits (also laughing gas)**
Small, 8-gram metal cylinders sold with a balloon or pipe propellant for whipped cream in aerosol spray cans; vapors are inhaled. Also known as "nitrous."
- X** Ecstasy, MDMA, or "Molly".
- yao, yayo, l1ello**
Cocaine in powder form.
- zanies, zanbars**
Xanax

Information taken from the following sources:
Buzzed: The Straight Facts about the Most Used and Abused Drugs from Alcohol to Ecstasy,
by Cynthia Kuhn, Ph.D. et al
Monroe County Sheriff's Office
Rochester Police Department
www.nida.nih.gov (National Institute on Drug Abuse)

Giving parties/attending parties

If your teen is thinking about giving a party, make it absolutely clear that no parties are allowed unless you or another responsible adult will be home. Period. If you're going to be out of town and are concerned that your teen may plan a party in your absence, make solid arrangements for him or her to either stay with another family or have a responsible adult stay in your home. Make your teen understand the dangers of attending unsupervised parties in friends' homes. Take time with your teen to discuss acceptable guidelines for hosting and/or attending parties.

If your teen is giving a party:

- **Plan in advance.** Establish a guest list to avoid an "open party" situation. Encourage small, closed parties. The host should know everyone, with no strangers are allowed.
- **Set definite starting and ending times.** Plan an activity such as swimming, skating, or a movie.
- **Agree to the rules ahead of time.** No smoking. No alcohol or other drugs. No leaving and then returning. No crashers allowed. Keep lights on. Some rooms will be off-limits.
- **Know your responsibilities!** Be visible and aware. Larger parties need more adults. The adults in charge should frequently monitor your premises and property. You are legally responsible for anything that may happen to a minor who has been served alcohol or other drugs in your home.
- **Invite another parent or couple for company.** Invite parents to come in and get acquainted when they drop their child off at your home.

If your teen attends a party:

- **Call ahead and confirm** that there will be parents on the premises for the duration of the party, and that no alcohol will be served. Offer to help chaperone or bring food.
- **Make sure you have the telephone number and address** of the party's location and have your teenager contact you if anything changes.
- **Go to the door and introduce yourself** when you drop your child off, or just check in if it's a family you already know.
- **Make it easy for your teen to safely leave a party.** Agree that he or she can call you or another adult to provide a ride home if there's any reason why staying would be uncomfortable. Have a code phrase for your teen to use for a quick pick-up.
- **Give your children information they need to do the right thing,** such as how to refuse alcohol or a ride with an intoxicated driver.
- **Make it a habit to stay up and wait for your teen to arrive home.** A brief conversation, and a hug or kiss will convey that you're glad he or she is home safely. Set an alarm clock to go off at curfew so you're awake.
- **Establish limits and stick to them!** Trust your decisions and don't apologize for them.

Fast Facts:

- *80% of parents believed that neither alcohol nor marijuana was usually available at parties their teens attended, but 50% of teens said both were available.*
- *98% of parents said they were normally present during parties their teens had at home, but 33% of teens said that parents were rarely or never present at parties they attended.*
- *99% of parents said they would not be willing to serve alcohol at their teen's party, but 28% of teens have been at parties where parents were present and teens were drinking alcohol.*

– www.centeronaddiction.org

Teen party guidelines

After-prom parties

(Follow basic party guidelines with these additional considerations.)

- **Know where your child is going after the prom.** Call ahead to confirm there will be adult supervision and that no alcohol will be served.
- **Be aware of the transportation arrangements.** Use the guidelines listed below.
- **Have your child contact you** when he or she reaches the party destination after the prom. If you have questions, ask to speak with the adult who is supervising the party.
- **If your child is planning on attending multiple after-prom parties,** be aware of and confirm each destination and the end time for each party.

Limousine rentals: Questions to ask a limousine company

Before making any reservations, you should ask the following questions of the limousine company's owner or supervisor:

- ***Does the vehicle carry the proper and required NYS Department of Motor Vehicles and NYS Department of Transportation registration and insurance, and appropriately licensed drivers for its passenger capacity?***
 - For a vehicle with a capacity of 14 people and under, the license plate should carry the designation "Livery" on it. Drivers must have a Chauffeur's License (Class E) or a Commercial Driver's License.
 - For a vehicle with a capacity of 15 or more, the vehicle also must be registered with the NYS Department of Transportation and the license plate must carry the designation "Bus." Drivers must have a Commercial Driver's License.
 - Ask the driver how many passengers the limousine will seat and ask to see the registration and insurance cards for the vehicle you'll be renting, to make sure the capacity is correct.
- ***Are your drivers drug-tested and checked through the DMV and insurance company?***
- ***How many years have you been in business?***
- ***How new are your limousines? Are vehicles checked each time they leave the facility?***
- ***Are minors allowed to contract with you or do you require a parent's signature?***
- ***What are your policies when minors use drugs and/or alcohol?***
- ***Are minors allowed to go off while drivers wait for them to return?***
- ***What is your policy about searching suspicious backpacks/bags/large purses teens bring into the vehicle? Can parents request (add to the contract) that all bags/backpacks/large purses be stowed in the trunk until the teens reach their destination?***
(Note: Parents may wish to examine backpacks/bags/large purses before their child boards the limousine.)
- ***Does the privacy window stay down when you transport minors?***
- ***Do drivers require an itinerary of approved destinations prior to departure from parents, or are teens permitted to determine destinations as they go along?***
- ***At any point, are single couples allowed to remain in the limousine alone once the destination has been reached?***
- ***Will you transport minors to Canada?***
- ***Ask for and check references.***
- ***Don't make any assumptions. Verify all information. On the day of the event, when the limousine arrives, reconfirm these policies directly with the driver.***

Information from the following sources:

The Monroe County Youth Bureau
Erie County Council for the Prevention of Alcohol and Substance Abuse
Ann M. Kane, CASAC, Pittsford School District Prevention Coordinator

Ways kids communicate

Take a moment and think about all the technology that's available to your teen. Computers, televisions, cell phones, gaming devices, smartphones, iPads® and tablets, and iPods® may come to mind. While technology offers many advantages, like connectedness and information, those same attributes, if misused, can also be quite harmful. Without proper guidance and monitoring, teens can be lured into a sphere of digital and real-world dangers. Just as you monitor where your teens go and with whom they spend their time, you should also monitor their digital activities. Parents are the most important influence in their child's life and the biggest barrier against risky behaviors. Learn about these communication tools:

Fast Fact:

20% of Pittsford high school students reported texting/using the Internet while driving in the past 30 days.

– Youth Risk Behavior Survey®, 2017.

Cell phones

Cell phones let teens stay in touch with friends and family by voice calling or primarily by text messaging. Teens can also access the Internet and download pictures, videos, and music with their cell phones. Unfortunately, some parents don't fully understand cell phone technology, allowing their teens free rein over a potentially dangerous medium. Here's what one 17-year-old, in treatment for drug addiction, revealed: "My cell phone was the most important tool for me to get drugs. I kept all of my drug dealers' names in my phone book on my cell phone and would sometimes put them under other names so nobody could find out."

Advantages/disadvantages of cell phones/text messaging:

- **Cell phones offer a convenient method** for parents and teens to stay connected.
- **Text messaging is great for sending quick, short notes**, especially when there's a lot of surrounding noise.
- **It's hard to monitor teens** when you can't hear or understand what they're saying. Text messaging allows teens to leave you in the dark about their plans.
- **Teens can also be alerted to a text messages in very discrete ways**, such as putting their phones on "vibrate."
- **Teens mix cell phone use and driving**, a dangerous, deadly and illegal combination.

Guidelines for your child's cell phone use:

- **Is your child is ready for a phone?** The right age depends on the responsibility and maturity of your child. If you're not sure, start with a family cell phone that can be loaned out for specific periods of time.
- **When you feel your child is ready for a cell phone**, establish the rules and limits before you purchase a phone. Be explicit about how much he or she can use the phone and where/when it can be used.
- **Give your teen some accountability.** For example, you can pay for the basic package, but make your teen responsible for extras (ring tones, games, etc.), overages and roaming fees.
- **Let your teen know that, on occasion, you'll be checking** the text message outbox, phone messages and numbers called frequently, and also the monthly bill for any incoming and outgoing numbers. It won't seem like an invasion of privacy if you state up front that you'll be monitoring intermittently. Make sure you recognize the numbers on your statement, and if you don't, ask your teen to identify them.
- **Require your teen to answer the phone when you call.**
- **If your teen seems to be preoccupied with cell phone use** or you notice talking or texting in a secretive way, he or she may be engaging in harmful activities.
- **Make sure your teen is completely aware of safety issues**, such as NEVER driving and using a cell phone at the same time. Remind him or her often and be a good role model yourself.
- **No inappropriate pictures, no cyber-bullying, no pranks**, and no using text messaging to cheat at school.
- **If your teen breaks the rules**, consider taking the phone away for a period of time.

Ways kids communicate

Social networking

Social networking sites such as Twitter, Facebook®, Snapchat and Instagram are popular online hotspots where many teens spend an enormous amount of time communicating with friends. These sites allow teens to design their own personalized page on the Internet with their favorite music clips, choice of background designs, favorite quotes and any other information about themselves that they wish to include. Users can also set up “blogs” (*web logs*; online journals), a friend network and message centers. It’s very easy to put a lot of information online, and savvy teens can accomplish this in just a few minutes, sometimes without appreciating the risks they may be taking. Social networking sites continuously change.

Advantages/disadvantages of social networking sites:

- They offer a forum for teens to express themselves in creative ways.
- These sites can help parents gain a sense of who their teen really is and how they perceive themselves.
- Many teens do not set sensible limits for how much information to share. They put themselves in danger by giving out too much personal information, allowing strangers to contact them.
- Youth are frequently exposed to inappropriate content, misinformation about drugs, and cyber-bullying.
- Teens can post inappropriate content, such as photos or other content showing drinking/ other drug use, sexual promiscuity, or malicious gossip about peers. This content can lead to serious consequences, like expulsion from school or when the sites are reviewed by prospective employers or college admission officers.

When should you suspect your teen is getting into trouble online?

Is your teen secretive about his or her Internet activities? It probably means that your teen doesn’t want you to see what he or she is doing online. If you know your teen has a personal homepage, especially through a social networking site, check it out. Listen to music and look at video clips your teen downloads or lists as his or her favorites. If any includes suggestive language about drugs and alcohol, or promotes dangerous behaviors, such as casual sex, violence, or drinking and driving, let this be a red flag. Check out friends in your teen’s network and see what they post on their sites. If their friends post pictures of themselves at parties and everyone is holding a beer, chances are your teen has been to similar events.

Monitoring resources for parents

One of a parent’s biggest challenges today is simply knowing what children are doing while plugged into the Internet. Almost two-thirds of parents report monitoring websites their teenagers visit, according to a survey released by the Pew Internet & American Life Project.

What are some ways you can protect your teen online?

- Require that the computer/laptop remain in an open area in your home, with the monitor visible to others passing by, rather than in your teen’s bedroom.
- Social networking sites are PUBLIC spaces. Make it clear to your teen that any information they post about themselves, their family or their friends, is available for the world to see. Discuss what is and isn’t safe to post.
- Review your teen’s Web page or blog together and make this a regular activity, so they aren’t tempted to add inappropriate content.

Fast Fact:

17% of Pittsford high school students and 5% of middle school students used social media to harass or embarrass someone.

– Youth Risk Behavior Survey® 2017

Ways kids communicate

Fast Fact:

10% of Pittsford middle and high school students were asked to talk about sex when they didn't want to while online.

– Youth Risk Behavior Survey® 2017

- **Computers record a history of recent websites viewed**, which can be used to detect where your teen has surfed (though if your teen is technologically savvy, the computer history log is easy to erase).
- **Set up privacy or security settings** to block strangers from emailing your teen. Your Internet Service Provider (ISP) can assist you.
- **Ask your teen to give you his or her log-in information** and tell him or her why you would like to have it. This is not an issue of privacy, but rather of safety. Set ground rules with your teen and establish under what circumstances you would be inclined to check their activity.
- **Ask about who's on your teen's friends/subscriber's list.** If there are people on the list he or she does not personally know, then go through these with him or her and purge the list.
- **Be consistent with setting rules** about Internet use and imposing consequences if rules are not followed.

Know what your kids are doing

Learn about digital communication tools. While the vast array of digital technology offers wonderful ways to stay connected, it can expose your child to people, activities and substances that could be dangerous and/or life-altering. Pittsford periodically offers parent-education programs about digital technology and communication. Attend one of these to learn the latest trends.

A Monroe County Sheriff's Office undercover narcotics officer for the Pittsford area tells parents, "Don't be afraid to snoop. Find out what your kids are doing. Be involved in your kids' lives, no matter if they are having problems or they aren't."

Information from the following sources:

The Monroe County Sheriff's Office
Ann M. Kane, CASAC, Pittsford School District Prevention Coordinator

Resources: finding help and getting information

Resources: finding help and getting information

Local resources:

Emergency numbers:

Monroe County Sheriff 911

Lifeline 275-5151, TTY 275-2700

Monroe County Drug Help Line..... 275-0505, TTY 275-2700

Underage Drinking Tipline (to report underage drinking and/or drug use)
..... 1-800-851-1932, 343-1932, 1-866-Under21 (1-866-863-3721)

If you suspect your child has a substance abuse problem, contact:

Your family physician or pediatrician and/or your Employee Assistance Program

Pittsford School District Prevention Coordinator....267-3677 (main switchboard 267-1600)

Pittsford Youth Services, Inc. 4 South Main St. 264-0604

Monroe County Crime Prevention Officer 753-4387

For substance abuse evaluation, counseling, treatment and aftercare:

Catholic Family Center–Restart Substance Abuse Services

55 Troup St. 546-3046

Conifer Park Counseling Services (evaluation, inpatient, outpatient, aftercare)

1150 University Ave..... 442-8494

Delphi Drug & Alcohol Council 1839 E. Ridge Rd. 467-2230

DePaul National Council on Alcohol & Drug Dependence – Rochester Area

1931 Buffalo Rd. 426-8000/423-1908 Fax

Substance & Alcohol Intervention Services for the Deaf /RIT

111 Lomb Memorial Dr.Voice/TTY 475-4963

Unity Health Chemical Dependency Services (Park Ridge)

(evaluation, outpatient, inpatient, long-term adolescent residential, aftercare)

2000 S. Winton Rd. Crossbridge Office Park, Building #2,

1565 Long Pond Rd. (main site) 723-7736

Villa of Hope (evaluation, outpatient, adolescent residential, aftercare)

3300 Dewey Avenue 865-1550

Westfall Associates (evaluation, outpatient, aftercare)

919 Westfall Road, Building B (Suite 60) 473-1500

Self-help groups:

Alcoholics Anonymous (Rochester Area Intergroup, Inc.) 232-6720

To download a local meeting list, go to: www.rochester-ny-aa.org

Narcotics Anonymous 235-7889

To download a local meeting list, go to: www.rochesterny-na.org

Al-Anon/AlaTeen (for family members and friends of alcoholics/addicts) 288-0540

To download a local meeting list, go to: www.aisrochester.org

What's 211?

It's an easy-to-use phone number that connects you to information about health and human services in our community. These include counseling; drug and alcohol intervention; eldercare; summer camps and recreation programs; tutoring; emergency food, clothing and shelter; and volunteer opportunities.

Resources: finding help and getting information

Legal help/law enforcement:

Catholic Family Center/Legal Services	232-1840
Drug Court 428-2736; Family Court/Juvenile Drug Court	371-3544
PINS (Persons In Need of Supervision) Info Line	753-2919
Monroe County Sheriff/Zone A	753-4370

To report drug activities:

24-hour "GIVE TIP" Drug Hotline (can be anonymous)	1-800-448-3847
Drug Crime Hotline	311 or 428-6000

National resources:

Help and information for parents:

Alcoholics Anonymous	1-212-870-3400.....	www.aa.org
Al-Anon/AlaTeen	1-800-356-9996.....	www.al-anon.alateen.org
ISAIC Online for College Students	1-866-242-4111.....	www.drugfreeinfo.org
National Poison Center	1-800-222-1222.....	www.poison.org
National Institute on Drug Abuse	1-800-662-HELP	www.nih.govwww.teens.drugabuse.gov/parents
National Center on Addiction & Substance Abuse at Columbia University	212-841-5200.....	www.centeronaddiction.org
The Nation's Voice on Mental Illness	1-800-950-6264.....	www.nami.org
NYS Office of Alcoholism & Substance Abuse Service	518-473-3460.....	www.oasas.ny.gov
Office of National Drug Control Policy.		www.oncdp.gov
Partnership for Drug-Free Kids	1-855-378-4373.....	www.drugfree.org
Substance Abuse & Mental Health Service Administration	1-877-726-4727.....	www.samhsa.gov

Informational sites especially for teens:

Check Yourself (admin. by Partnership for a Drug-Free America).....	www.checkyourself.com
Above the Influence	www.abovetheinfluence.com
Go Ask Alice (Columbia University's Health Education program)	www.goaskalice.columbia.edu