

notMYkid[®]

INSPIRING POSITIVE LIFE CHOICES



**WHAT'S ON YOUR
KID'S MIND**

Effective Identification of Substance Abuse and Strategies for Creating a Family Drug Prevention Plan

Contact us at:
notmykid.org
info@notmykid.org
602.652.0163

Follow us on:     

Signs of Drug Use

- A drop in grades
- Isolates from family
- Poor achievement
- Moods are up and down
- Dishonesty
- Tobacco use
- Change in peer groups
- Draws pot leaves, drugs, or drug symbols
- Parental defiance
- Slurred speech
- Extremely dilated or constricted pupils
- Red, watery, or glassy eyes
- Uses eye drops to hide red eyes
- Late or unexplained hours
- Rejection of parental values
- Have found unexplained paraphernalia
- Disappearance of money or possessions
- Defiance about drug use
- Antisocial behavior
- Loss of interest in previous hobbies and activities

Drug Paraphernalia & Concealment



“A child who reaches **age 21** without smoking, abusing alcohol, or using drugs is **virtually certain never to do so.**”

- Joseph A Califano
former United States Secretary of Health, Education, and Welfare and the founder and former chairman of The National Center on Addiction and Substance Abuse at Columbia University

Resources

notmykid.org
firstcheckfamily.com
centeronaddiction.org
helpguide.org
samhsa.gov
drugfree.org/resources

DumpTheDrugsAZ.org - Rx drug drop off locations
notMYkid's Resource Director - (602) 652-0163 x120

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TALKING TO TEENS ABOUT DRUGS

Here is a list of questions that you can ask your child as an easy way to start a conversation about drugs. They are non-accusatory and open-ended, so you are more likely to start a two-way conversation.

How often do you hear people talking about drugs at school?

How many of your friends have tried marijuana?

How easy is it for you to get alcohol?

What is the most common drug at school?

When was the last time you saw someone drunk or high?

Here are some other tips on talking to your kids about drugs:

- 1. Seize the moment.** Take advantage of any opportunity to talk to your kids. Maybe your child will share the story of a student who was caught with drugs at school. Use these moments to talk honestly and openly with your kids about these topics. Ask them open-ended questions to foster further conversation, such as “What do you think of what your friend is doing?” or “What do you think might happen to the student who was caught with drugs?” Kids are curious by nature. Allow the conversation to flow freely between you and your child.
- 2. Listen more than speaking.** Encourage your kids to talk to you by listening to them without overreacting when they open up; it will help them feel more comfortable talking to you. You may be surprised to find out how much your child already knows about drugs, alcohol, and sex when you really listen to them. Be aware of your tone and the length of your responses, as your child may perceive a long response as a lecture and not feel comfortable opening up again.
- 3. Ask your child what he or she knows.** Ask questions such as “What have you heard about drugs from your friends and teachers?” or “I received this drug test kit at the presentation tonight, what do you think?” Let your child answer the question without interrupting, and then acknowledge them for their openness. Take opportunities such as these to start a two-way conversation. Be sure to educate yourself prior to this conversation so you can answer all of your child’s questions accurately. If you don’t know an answer, don’t guess. Be honest and tell your child you will research the answer or you risk losing their confidence.
- 4. Use current events** such as television shows and news reports as conversation starters. Share a news story or local incident with your child – such as an automobile accident resulting from someone under the influence, or a drug arrest – to start a conversation. Ask your child how they would feel if they caused an accident or were arrested because they were under the influence of drugs or alcohol. How would this affect their future? You may want to discuss the risks and possible catastrophic consequences from poor decisions made while using drugs and/or alcohol. Be sure to focus on consequences that will resonate with your child.
- 5. Give your child words to use** with their friends if asked to use drugs. It will be easier for your child to respond if they have a few planned phrases and a strategy for leaving the situation. One possible response is, “I can’t. My parents have a drug test kit and they will find out about my drug use.”

Conversation Starters

Remember:

- These questions are to be used as conversation starters only. Do not overreact to your child's answer.
- Family dinners offer a neutral and safe place for conversation.
- Use "I" statements in both your questions and your answers.
- Before you begin talking, make sure you are prepared for the question, "Have you ever used drugs?"

Begin the conversation by:

1. Talking to your kids about what the drug trends were when you were in high school.

Make it personal. Talk about friends or family members who used drugs.

- Tell your kids about a family member or friend you knew growing up (one who should have been successful and should be in the room with you today) and how their lives were changed or negatively affected because of drugs and alcohol. The focus is not a discussion about whether or not you have used in the past. Make it clear to your kids that this is about them remaining drug free in the future.

2. Ask your kids to tell you about a friend or someone they know who has experimented with drugs and the consequences they faced.

- If it applies, ask your child their opinion about recent drug-related incidents in their community or school.

3. Tell your kid what your family's position is on alcohol and drugs.

- Talk to your spouse, agree on your family's position, and share with your child. Make your position very clear. These conversations need to happen on a regular basis.

4. Ask your child what they think is the biggest issue facing teens today. Ask how you can help them better face this issue.

5. Place the drug test kit on the table and say "notMYkid gave this to me." Tell them the drug testing kit is in your home because you love them and want to give them support.

- When talking about the issue of trust, make it clear to your child that you DO trust them, and that you are continuing to build trust with them. Just like verifying curfew is met by waiting up, and verifying they are getting good grades is done by looking at their report card, you will verify no drug use by using the test.
- The drug testing kit is in your home to give your kids an "out" from negative peer pressure. Tell your child that it's a REAL way to say "no."
- Set up a reward system for every time your child tests clean. Let them know you understand how hard it is to say no and resist peer pressure. Reward them with extended opportunities, privileges, or even with an item they want.

"TEENS WHO HAVE INFREQUENT FAMILY DINNERS ARE LIKELIER TO USE DRUGS IN THE FUTURE."

"MORE THAN 70 PERCENT OF TEENS THINK THAT EATING FREQUENT FAMILY DINNERS IS IMPORTANT."

- The National Center on Addiction and Substance Abuse at Columbia University

Home Drug Testing and Prevention

Frequently Asked Questions (FAQ)

- 1. At what age should I start drug testing my child?** notMYkid recommends implementing in-home drug testing no later than age 12 (remember, 13 is the average age at which kids begin experimentation).
- 2. How often should I test my child?** The amount of time between tests varies, but as a general practice you should test approximately once a month. However, you need to follow your instincts, and if you have any concern at all, then test (remember, the average kid uses for two years before being discovered by a responsible adult).
- 3. Are there kits that just test for marijuana?** Yes, and those are less expensive and can be found at the same places that the 12-panel tests are sold.
- 4. If I have more than one child, can I have them all supply urine for a single test?** It is not recommended to mix urine; therefore, you should only test one child per kit.
- 5. Will my child feel less trusted if I implement this strategy?** Trust is earned over time by setting boundaries and making sure they are met. The priority of parents is to protect their child.
- 6. Are there ways to 'beat' or 'pass' a drug test even if my kid has been using?** Yes. There are several ways to 'defeat' a drug test, including the use of synthetic urine and other diluting agents, the use of someone else's urine, and the fact that different drugs stay in the system for different amounts of time. This illustrates the importance of testing proactively, while your child is still of the mindset that drug use is a bad decision, rather than waiting until they are indoctrinated into the drug culture. Test regularly and randomly.
- 7. When should I start talking to my kid(s) about drug use?** We recommend having conversations with your child at an early age, using age-appropriate language when speaking with younger children. We recommend introducing the concept of proactive drug testing by age 10 by using daily events as conversation starters.
- 8. What if the test comes up positive (or 'dirty') for drugs and my child says s/he DID NOT use?** These tests are over 99% accurate. Each test kit comes with the materials to ship the urine sample into the lab for more detailed confirmatory analysis. Speak with your child's doctor to verify if any of their prescribed medications could cause a positive test.
- 9. What if the test comes up positive (or 'dirty') for drugs and my child says s/he "...only used once..."?** You have the option to send the kit into the lab, at no additional cost, to test the level of a drug in his or her system. These levels will likely give you an indication as to the amount/frequency of use. Regardless, if the test is positive, we recommend a more stringent regimen of random testing in addition to having the child speak with a professional, licensed counselor.
- 10. If the test is positive, what steps should we take?** A positive test can be indicative of many things; primarily, it is indicative that your child has an illegal drug or prescription medication in his/her system. It does not indicate where, why or how often they are using drugs, and those are very important issues. A positive test moves you from the 'preventative testing' stage to the 'intervention' stage. Contact notMYkid's Resource Director at (602) 652-0163 x120 for help and to figure out your next steps.
- 11. What if my child simply refuses to take the test?** If you have approached it in the recommended manner, as a partnership to help him/her steer clear of drugs but they refuse, we recommend treating that as a positive test.
- 12. Is there a phone number or website for more answers?** First Check's phone number is toll free: 1-888-788-5716; notMYkid can be reached at www.notmykid.org or at 602-652-0163.

Common Drugs of Abuse

Misc Names		What To Look For	Detection	Usage
PRESCRIPTION				
Opiates				
Morphine	Morphine®, Roxanol®, Roxanol-SR®	Constricted pupils, drowsiness, sedation, weakness, dizziness, nausea, vomiting, impaired coordination, confusion, dry mouth, itching, sweating, clammy skin, constipation	2-4 days	Oral, smoked, injected
Codeine	Tylenol w/ Codeine®, Carisoprodol® (Soma Compound)		2-4 days	Oral, injected
Hydro-morphone	Dilaudid®, Dust, Juice, Smack		2-4 days	Oral, injected
Meperidine	Demerol®, Mepergan®, Pethidine®, Isonipecaine®		2-4 days	Oral, injected
Methadone	Dolophine®, Methadose®, Fizzies		6-12 days	Oral, injected
Hydrocodone	Vicodin®, Lorcet®, Lortab®		1-6 days	Oral
Oxycodone	Percodan®, Percocet®, Tylox®, Oxycotin®		3-5 days	Oral, sniffed, injected
Fentanyl	Sublimaze®, Duragesic®, Actiq®		8-24 hours	Sniffed, smoked, injected
Depressants				
Barbiturates	Amytal®, Fiorinal®, Nembutal®, Seconal®, Phenobarbital®	Dilated pupils, slurred speech, relaxed muscles, intoxication, loss of motor coordination, poor concentration, confusion, dizziness, fatigue	2-10 days	Oral, injected
Benzodiazepines	Xanax®, Valium®, Ativan®, Diazepam®, Klonopin®, Librium®, Downers		1-6 weeks	Oral, injected
Methaqualone	Quaalude®		2 weeks	Oral, injected
Glutethimide	Doriden®		2-10 days	Oral
Stimulants				
Amphetamines	Adderall®, Biphedamine®, Dexedrine®, Speed, Uppers	Rapid breathing, dilated pupils, irritability, anxiousness, insomnia, seizures, reduced appetite, weight loss	1-2 days	Oral, sniffed, injected
Methylphenidate	Ritalin®, Concerta®		1-2 days	Oral, sniffed, injected
ILLICIT & NARCOTIC				
Opium	Dover's Powder, Paregoric®	Pinpoint pupils, lethargy, drowsiness, slurred speech, sweating, vomiting	2-4 days	Oral, smoked
Heroin	Diacetylmorphine, Smack,		2-4 days	Sniffed, smoked, injected
Cocaine	Coke, Flake, Snow, Crack	Dilated pupils, dry mouth, rapid speech, irritability, depression, insomnia, weight loss, violent, paranoia	2-5 days	Sniffed, smoked, injected
Methamphetamine	Meth, Crank, Crystal, Ice, Glass		2-5 days	Oral, sniffed, smoked, injected
Ecstasy	MDMA, E, X, Rolls	Dilated pupils, intense euphoria, acceptances, energy, increased senses, sociability	2-5 days	Oral, injected
PCP	Angel Dust, Hog, Phencyclidine	Eye fluttering, drooling, numbness, hallucinations, confusion, agitation, unresponsiveness	2-4 days	Oral, smoked, injected
Hallucinogens	LSD, DMT, DET, Bufotenine, Ibogaine, Psilocybin, Psilocin, PCE, PCPy, TCP	Dilated pupils, sweating, dry mouth, abnormal laughter, distracted persona, rapid reflexes	2-5 days	Oral, sniffed, smoked, injected
Cannabinoids				
Marijuana	Pot, Grass, Refer, Mary Jane	Dilated pupils, blood shot eyes, sleepiness, hallucinations, loss of coordination	2 days-11 weeks	Oral, smoked
Tetrahydro-cannabinol	THC, Marinol		2 days-11 weeks	Oral, smoked
Hash	Hashish, Hashish Oil		2 days-11 weeks	Oral, smoked
DESIGNER DRUGS				
Salvia	Maria Pastora, Sally-D	Rapid heart rate, hallucinations, vomiting, seizures, paranoia	2 days- 11 weeks	Oral, smoked
Spice	K2, Fake Pot, Skunk		2 days-11 weeks	Oral, smoked
Bath Salts	Ivory wave, Purple Wave, Red Dove, Vanilla Sky		Unknown	Oral, sniffed, injected

*Information obtained by: NIDA (National Institute on Drug Abuse), www.theantidrug.com, www.drugabuse.gov, www.anesthesia-analgesia.org, Streetdrugs 2012

*Drug slang changes depending on location, generation, and culture.

Taking Action

notMYkid Family Prevention Strategies

Be Consistent:

- Discuss boundaries with spouse/partner in regard to drug and alcohol use and come to an agreement.
- Make sure that both parents/partners are sharing the same message on drug and alcohol use.
- Create consistent boundaries and consequences around drugs, alcohol, and peer groups. Trust is built by setting boundaries and verifying they are met. Extend privileges as they are earned over time.
- Model behaviors that you want to see in your child.
- Engage in positive activities such as: exercise, athletics, faith, and constructive hobbies.

Communicate:

- Create opportunities for two-way conversations around drug and alcohol use.
- Share real life examples of drug and alcohol use and their consequences.
- Listen more than you speak.
- Role play situations and give your child words to say “no” and remove themselves from peer pressure.
- Teach your child strategies to handle stress in a positive manner.
- Eat a meal as a family consistently five days per week.
- Communicate regularly. This is not a one time conversation.

Educate Yourself:

- Learn to identify current drugs and paraphernalia associated with drug use.
- Be able to recognize the signs and symptoms of drug/alcohol use.
- Know the effects of drug use and what your child is likely to look like on drugs.
- Learn terminology/slang used for drugs in your area.
- Become a knowledgeable and credible resource to your child through education.

Be Honest:

- Answer your child’s questions with honesty and at an age appropriate level.
- Share personal/family use with honesty, but without reliving or glamorizing past drug / alcohol use.
- Share family genetics around drug and alcohol addiction as another reason not to use.
- Use local news, friends, and family events as opportunities to discuss choices and consequences.

Deter:

- Properly dispose of unused prescription pills.
- Lock and monitor home alcohol and prescription drugs.
- Be aware of household items that could be used to get high. Restrict access to those items.
- Create a home atmosphere where kids feel comfortable, but not a place to get high.

Monitor:

- Know your child’s friend’s siblings and families, and particularly know if there are older children at home.
- Be aware of Internet use and what kids are posting and sharing Online.
- Check your child’s room and car on a regular basis.
- Discuss boundaries around drugs/alcohol with parents your teens interact with.

Educate Your Community:

- Educate friends and family members of the dangers of teen substance and alcohol abuse.
- Elicit the support of family, friends, coaches, etc; to help support and uphold family values.
- Encourage members of your community to create a drug and alcohol prevention plan too.

Verify:

- Utilize home drug test kits as a way to prevent, and if need be, intervene in a child’s substance abuse.
- Make sure that your child adheres to curfew, grades and other household rules / boundaries.

Our Family Drug Prevention Plan

Add any additional strategies that will work for your family. Agree, share, and post your prevention plan for all to see

Be Consistent:

Communicate:

Educate Yourself:

Be Honest:

Deter:

Monitor:

Educate Your Community:

Verify:

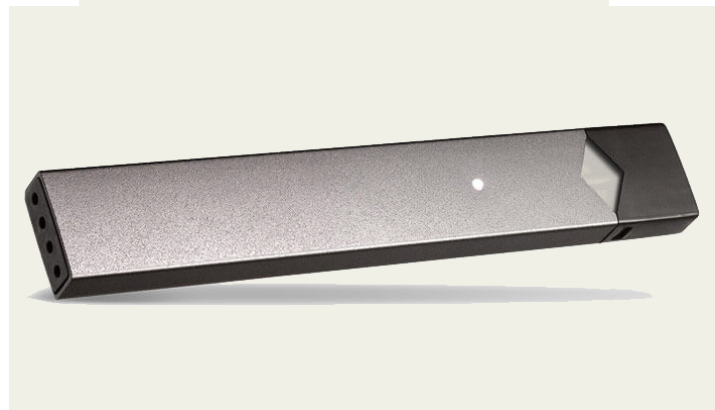
Vaping and e-Cigarettes: What You Should Know

Signs your child may be vaping:

- Unexplained smells (fruit, mint, etc.)
- Increased thirst
- Increased nosebleeds
- Caffeine sensitivity/avoiding caffeine
- Mood swings
- Unexplained handheld devices (some resemble pens)
- Unexplained batteries and chargers
- Finding atomizers, e-juice bottles, or other vape parts

Potential dangers:

1. **Nicotine is an addictive substance, whether contained in cigarettes, smokeless tobacco, or e-cigarettes/vapes. Use by youth can result in memory and attention problems, addiction, and interference with brain development.**
2. **E-liquid not containing nicotine can still be unsafe for children and teens to use, and can result in exposure to toxic chemicals and lung damage.**
3. **Vaping and e-cigarettes are not typically used by youth for smoking cessation, but are often a starting point for substance use.**
4. **Numerous illicit drugs can be consumed via vapes and e-cigarettes. Using these substances in vapes and e-cigarettes can make the smells harder to detect versus smoking those substances.**
5. **Vaping and e-cigarettes can normalize using-type behaviors related to substance abuse, and youth have a low perception of risk related to these devices.**
6. **There is a lack of longterm research on the effects of vaping and e-cigarettes. Additional dangers may exist.**



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CDC.GOV (SEARCH "VAPING")