Drug Prevention 4Teens

A Drug Abuse Prevention Guide For Teens

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Substance Abuse Guide For Teens

Learning for Life has partnered with the Drug Enforcement Administration (DEA), the federal agency best known for dismantling international and domestic drug trafficking organizations. DEA is also a leader in the prevention community and works with schools, parents, communities, and the public to provide accurate information on the harm drugs cause. Learning for Life groups, posts, and participants embrace these efforts in our communities and, with DEA Special Agents across the nation, hope to have an impact on teen drug use in our country.

Learning for Life and the Drug Enforcement Administration consider young people to be a valuable resource in preventing substance abuse. Whether you make a personal decision not to use drugs, help educate your peers about the dangers of drugs, or inform members of the community about the damages caused by drug use and trafficking, you are making a difference in combating this problem.

Jointly, we are pleased to present this program guide to supplement Learning for Life programs.

Part One: Today's Drug Problem

Extent of Problem

Drug use in the United States is a serious problem, but much progress has been made through effective drug prevention and enforcement programs during the past decade. Teen drug use decreases when young people perceive that drug use is risky, and good drug prevention programs help teens understand how and why drugs are harmful.

Most kids don't take drugs. According to a recent government survey drug use rates have decreased since 2001. Kids are rejecting marijuana, LSD, steroids, ecstasy, methamphetamine, alcohol and tobacco. They are also telling researchers that they know more about the dangers of drugs—and that helps them say no to drugs.

You can find detailed information on drug use in America from the following sources:
Monitoring the Future *www.monitoringthefuture.org* • National Survey on Drug Use and Health *http://oas.samhsa.gov* • Substance Abuse and Mental Health Services Administration *www.samhsa.gov* • National Institute on Drug Abuse *www.drugabuse.gov* • Office of National Drug Control Policy *www.whitehousedrugpolicy.gov* • Drug Enforcement Administration *www.dea.gov* • *www.justthinktwice.com*

Drugs of Abuse

There are many illegal substances abused today. There are other substances, such as over-the-counter medications, household products, and legitimate pharmaceuticals (medicines) that are also abused. This brief guide provides information on the most commonly abused drugs. Here are some facts which will help you understand the facts about illegal drugs.

The Controlled Substances Act (CSA) categorizes drugs into five categories (Schedules I-V) according to their medical use, potential for abuse, and safety. The most addictive drugs, and drugs which have no medical use, are in Schedule I.

Federal penalties for manufacturing and/or distributing illegal drugs are based on the danger each drug poses to individuals and to the public.

There are several classes of drugs; each class has different properties and effects on the user.

Narcotics: Narcotics (such as heroin, morphine, OxyContin, etc.) are used to dull the senses and reduce pain. Narcotics can be made from opium (from the opium poppy) or created in a laboratory (synthetic and semi-synthetic narcotics).

Stimulants: Stimulants reverse the effects of fatigue on the body and brain. Sometimes they are referred to as "uppers." Cocaine, amphetamines, methamphetamine and Ritalin™ are stimulant drugs. Cocaine is derived from the coca plant grown in South America. Nicotine (found in tobacco) is also a stimulant.

Depressants: Substances included in this category are tranquilizers, sedatives, hypnotics, anti-anxiety medications and alcohol.

Cannabis: Marijuana and hashish are substances referred to as cannabis and THC (delta-9-tetrahydrocanabinol) is the ingredient in cannabis which makes the user feel "high."

Hallucinogens: These substances alter the perceptions and moods of users. LSD, Ecstasy, PCP and Ketamine are made in laboratories, some of which are clandestine; non-manufactured hallucinogens include peyote and mescaline.

Inhalants: Many common items such as glue, lighter fluid, paint products, cleaning fluids, gasoline, and propellants in aerosol cans contain chemicals that produce intoxicating effects similar to alcohol. Inhalant abuse is the deliberate inhaling or sniffing of these products to get high.

Steroids: Anabolic steroids are defined as any drug or hormonal substance that is chemically and pharmacologically related to testosterone and promotes muscle growth. Some steroids are used for legitimate medical reasons, but many are illegally manufactured and distributed.

Drug

Effects:Cannabis

Effects: Euphoria, relaxed inhibitions, increased appetite, disorientation, impaired motor skills and concentration. • **Overdose Effects:** Fatigue, paranoia, and possible psychosis. • **CSA Schedule:** Schedule I: Marijuana has no medical use. Schedule II: Marinol™ is a synthetic form of THC which can be prescribed for patients with particular medical conditions. • **Street Names:** Pot, Grass, Sinsemilla, Blunts, Mota, Yerba, Grifa, Aunt Mary, Boom, Chronic (marijuana alone or marijuana with crack), Dope Ganja, Gang-

Specific Drugs

Cannabis

Cannabis Sativa L.

Marijuana is grown in the United States, Mexico, Canada, South America, Asia, and other parts of the world. It can be cultivated outdoors and in indoor settings. Marijuana is usually smoked and the effects are felt within minutes. Depending on the dosage and other variables, users can feel relaxed and have altered senses of smell, sight, taste and hearing, distorted senses of time, shifting sensory imagery, rapidly fluctuating emotions, fragmentary thoughts, impaired memory and dulling of attention.

THC (delta-9-tetrahydrocanabinol) is the psychoactive ingredient found in the marijuana plant. In the 1970's, the average THC content of illicit marijuana was less than one percent. Today most commercial grade marijuana from Mexico/Colombia and domestic outdoor cultivated marijuana has an average THC content of 4 to 6 percent, although some samples have tested as high as 25 percent THC.

High doses of marijuana can result in hallucinations. Marijuana smokers experience the same health problems as tobacco smokers: bronchitis, emphysema, and bronchial asthma. Extended use is associated with anti-motivational syndrome, lung damage, and risk to reproductive systems.

Hashish and Hashish Oil (smoked, ingested)

Hashish consists of the THC-rich resinous material of the cannabis plant which is collected, dried, and then compressed into a variety of forms, such as balls, cakes, or cookie-like sheets. Pieces are then broken off, placed in pipes, and smoked. The Middle East, North Africa, Pakistan, and Afghanistan are the main sources of hashish.

Hash oil is produced by extracting the cannabinoids from plant material with a solvent. The color and odor of the resulting extract will vary, depending on the type of solvent used. Current samples of hash oil, a viscous liquid ranging from amber to dark brown in color, average about 15 percent THC.

Heroin

Heroin is a narcotic which can be injected, smoked or snorted. It comes from the opium poppy grown in Southeast Asia (Thailand, Laos and Myanmar—Burma); Southwest Asia (Afghanistan and Pakistan), Mexico and Colombia. It comes in several forms, the main ones being "black tar" from Mexico (found primarily in the western United States) and white heroin from Colombia (primarily sold on the East Coast).

In the past, heroin was mainly injected. Because of the high purity of the Colombian heroin, many users now snort or smoke heroin. All of the methods of use can lead to addiction, and the use of intravenous needles can result in the transmission of HIV.

Drug Effects: Heroin

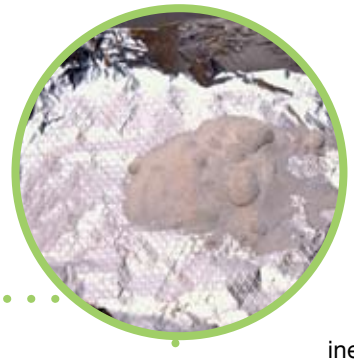
Effects: Euphoria, drowsiness, respiratory depression, constricted pupils, and nausea. • **Overdose Effects:** Slow and shallow breathing, clammy skin, convulsions, coma, and possible death. • **CSA Schedule:** Heroin has no legitimate medical use: Schedule I. • **Street Names:** Horse, Smack, Black Tar, Chiva, and Negra (black tar).

Cocaine

Cocaine is a powerful stimulant derived from coca leaves grown in Bolivia, Peru and Colombia. The most common method of use is snorting the cocaine powder (Cocaine Hcl). Its crack form is smoked (freebased). Cocaine is usually distributed as white powder, often diluted ("cut") with a variety of sub-

Drug Effects: Cocaine

Effects: Increased alertness, excitation, euphoria (sometimes followed by a "crash"), increased pulse rate and blood pressure, insomnia and loss of appetite. • **Overdose Effects:** Agitation, increased body temperature, hallucinations, convulsions, possible death. • **CSA Schedule:** Approved for use as an anesthetic for ear, eye and throat surgeries: Schedule II. • **Street Names:** Coke, Flake, Snow, Crack, Coca, and Blanca.



Drug Effects:
Methamphetamine
Effects: Increased alertness, excitation, euphoria, increased pulse rate and blood pressure, insomnia and loss of appetite. • **Overdose Effects:** Agitation, increased body temperature, hallucinations, convulsions, possible death. • **CSA Schedule:** Methamphetamine hydrochloride is prescribed for appetite suppression: Schedule II. • **Street Names:** Crank, Ice, Crystal, Krystal, Meth, Speed, and Tina.

stances, the most common being sugars and local anesthetics. This is done to stretch the amount of the product and increase profits for dealers.

Crack is sold in small, inexpensive doses that are smoked. Its effects are felt immediately and are very intense and short-lived. The intensity of the psychological effects of cocaine depends on the dose and rate of entry to the brain. Cocaine reaches the brain through the snorting method in three to five minutes. Intravenous injection of cocaine produces a rush in 15-30 seconds, and smoking produces an almost immediate intense experience. These intense effects can be followed by a "crash."

The cocaine manufacturing process takes place in remote jungle labs where the raw product undergoes a series of chemical transformations.

Methamphetamine

Methamphetamine is a stimulant which is generally produced in large laboratories in Mexico, the United States and Asia, or in "small toxic labs" in the United States. It can be injected or smoked. "Ice" is the crystallized form of methamphetamine and it is generally smoked. In all its forms, methamphetamine is highly addictive and toxic.

The onset of meth effects is about the same as cocaine, but they last longer. Meth remains in the central nervous system longer than cocaine, and chronic abuse produces a psychosis that resembles schizophrenia. Other signs of meth use include paranoia, picking at the skin, preoccupation with one's thoughts, and auditory and visual hallucinations. These effects can last for months and even years after using methamphetamine, and violent and erratic behavior is often seen among chronic users.

Prescription Drugs

Pain Killers

Vicodin™ is hydrocodone mixed with acetaminophen. Hydrocodone is a semi-synthetic opioid similar in effects to morphine. Hydrocodone products, when abused, can lead to dependence, tolerance, and addiction. Vicodin™ is one of the most frequently prescribed medications for pain. Other products include Vicoprophen™, Tussionex™, and Lortab™ .

Oxycodone is used as an analgesic and is formulated into numerous pharmaceuticals including OxyContin™ (a controlled-release product) and with aspirin (Percodan™) or with acetaminophen (Percoset™). These drugs are prescribed for pain relief. They all require a doctor's prescription and are prescribed for moderate to severe pain.

Fentynal is extensively used for anesthesia and analgesia. Duragesic™ is a fentanyl transdermal (through the skin) patch used in chronic pain management, and Actiq™ is a solid formulation of fentanyl citrate on a stick that dissolves slowly in the mouth for absorption through mucous membranes.

Illicit use of pharmaceutical fentanyl first appeared in the mid-1970's in the medical community. To date, over 12 different analogues of fentanyl have been produced clandestinely and identified in the U.S. drug traffic.

The biological effects are indistinguishable from those of heroin, with the exception that the fentanyl may be hundreds of times more potent. Fentanyl is most commonly used by intravenous administration, but like heroin, it may

Drug Effects:
Pain Killers
Effects: Euphoria, drowsiness, respiratory depression, constricted pupils, and nausea. • **Overdose Effects:** Slow and shallow breathing, clammy skin, convulsions, coma, and possible death. • **CSA Schedule:** Pure hydrocodone and oxycodone are in Schedule II. Hydrocodone products fall into schedules III and V.

also be smoked or snorted.

Ultram™ (tramadol hydrochloride) and Ultracet™ (tramadol with acetaminophen) are prescription medications indicated for the management of moderate to moderately severe pain.

Depressants

Xanax™ (alprazolam) is from the benzodiazepine family of depressants. It is used to treat anxiety and panic disorders.

Valium™ (diazepam) is also from the benzodiazepine family of depressants. It is usually used to treat anxiety, alcohol withdrawal, muscle spasms, and seizures. Valium™ is among the most widely prescribed medications in the United States. Concurrent use of alcohol or other depressants with Valium™ can be life-threatening.

Alprazolam and diazepam are the two most frequently encountered benzodiazepines on the illicit market. Abuse is frequently associated with adolescents and young adults who take the drug to get high. Abuse of benzodiazepines is particularly high among heroin and cocaine abusers.

Stimulants

Methylphenidate (Ritalin™, Concerta™) is a stimulant which is prescribed for attention deficit/hyperactivity disorder. It has a high potential for abuse and produces many of the same effects as cocaine and amphetamines. Binge use, psychotic episodes, cardiovascular complications, and severe psychological addiction have all been associated with methylphenidate abuse. According to the National Institute on Drug Abuse, methylphenidate is a valuable medicine for adults as well as children with attention deficit and hyperactivity disorder. Research shows that individuals with ADHD do not become addicted to stimulant medications when taken in the form and dosage prescribed by doctors. In fact, it has been reported that stimulant therapy in childhood is associated with a reduction in the risk for subsequent drug and alcohol use disorders.

Adderall™ is an amphetamine which is used to treat attention deficit hyperactivity disorder (ADHD) in children 6 years of age and older and in adults.

Drug Effects: Depressants

Effects: Xanax™ and Valium™ misuse is associated with amnesia, hostility, irritability, and vivid or disturbing dreams, as well as tolerance and physical dependence. • **Overdose Effects:** Concurrent use of alcohol or other depressants with Valium™ or Xanax™ can be life-threatening. • **CSA Schedule:** Xanax™ and Valium™ are in Schedule IV.

Drug Effects: Stimulants

Effects: Misuse of Ritalin™ and Adderall™ may cause short, intense periods of high energy. • **Overdose Effects:** High doses of Ritalin™ or Adderall™ can produce agitation, tremors, euphoria, palpitations, and high blood pressure. Psychotic episodes, paranoid delusions, hallucinations, and bizarre behavior have been associated with stimulant abuse. • **CSA Schedule:** Ritalin™ and Adderall™ are in Schedule II.

GHB

There are three kinds of GHB abusers: those who take the drug to get high, those who use it in bodybuilding, and those who commit sexual assault after drugging their victims. GHB is also frequently used in combination with MDMA (Ecstasy) to counter over-stimulation. It is frequently taken with alcohol and is often found at bars, parties, nightclubs, raves and gyms.

GHB is often called the "date-rape" drug. Because of its effect on memory, GHB may cause users to forget details surrounding a sexual assault. GHB is quickly eliminated from the body, and it is sometimes hard to confirm its presence during rape investigations.

Drug Effects: GHB

Effects: Slurred speech, disorientation, drunken behavior without the odor of alcohol, impaired memory of events, and interaction with alcohol. • **Overdose Effects:** Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma and possible death. • **CSA Schedule:** GHB in its illegal form is schedule I; a prescription drug, Xyrem™, formulated from components of GHB, is Schedule III. • **Street Names:** GHB, Georgia Home Boy, Grievous Bodily Harm, Liquid Ecstasy, Liquid X, Sodium Oxybate, and Xyrem™.

Ecstasy (MDMA)

Ecstasy is a synthetic drug that produces both stimulation and hallucinatory effects and is associated with increased energy, sensual arousal

Drug Effects: Ecstasy

Effects: Heightened senses, teeth grinding and dehydration. • **Overdose Effects:** Increased body temperature, electrolyte imbalance, cardiac arrest, possible death. • **CSA Schedule:** Schedule I. • **Street Names:** Ecstasy, XTC, Adam, Love Drug, Eve, Hug, and Beans.

and enhanced tactile sensations. The effects of MDMA are felt within 30-45 minutes, peaking at 60-90 minutes, and lasting 4-6 hours.

It produces nerve cell damage that can result in psychiatric disturbances, muscle tension, tremors, blurred vision, and increased body temperature which can result in organ failure and death.

The majority of MDMA is produced in laboratories in Europe and then smuggled into the United States. MDMA is usually distributed in tablet form and many of these tablets are imprinted with pop culture designs or commercial logos.

Drug Effects: LSD

Effects: Illusions and hallucinations, altered perception of time and distance, impaired judgment leading to possible personal injury. • **CSA Schedule:** No recognized medical use: Schedule I. • **Street Names:** Acid, Microdot, Sunshine, and Boomers.

LSD

For years, LSD has been produced in laboratories in the United States. It is generally sold in the form of impregnated paper typically imprinted with colorful graphic designs. It has also been found in tablets (microdots), thin squares of gelatin (window panes), in sugar cubes, and (rarely) in liquid form.

During the first hour after ingestion, users may experience visual changes with extreme changes in mood. While hallucinating, the user may suffer impaired depth and time perception accompanied by distorted perception of the shape and size of objects, movements, colors, sound, touch and the user's own body image.

Drug Effects: PCP

Effects: Illusions and hallucinations, altered perceptions of space and time. • **Overdose Effects:** Suicidal and hostile behavior, coma, convulsions, and possible death from respiratory arrest. • **CSA Schedule:** Was used in 1950's as intravenous anesthetic and discontinued for human use in 1965: Schedule I. • **Street Names:** PCP, Angel Dust, Killer Weed, and Supergrass.

The ability to make sound judgments and see common dangers is impaired, making the user susceptible to personal injury. It is possible for users to suffer acute anxiety and depression after an LSD "trip" and flashbacks have been reported days, even months, after taking the last dose.

PCP

PCP is generally produced in clandestine laboratories in the United States. It was originally used as a veterinary anesthetic and is illegally produced for human consumption in powder, capsule and liquid form, and is frequently sprinkled on parsley, mint, oregano or marijuana and smoked.

PCP use often causes a user to feel detached from his surroundings. Numbness, slurred speech, and loss of coordination can be accompanied by a sense of strength and invulnerability. Auditory hallucinations and severe mood disorders can occur. In some users, acute anxiety, paranoia, hostility, and psychosis can occur.

Ketamine

Ketamine is a fast-acting anesthetic and can be used on both humans and animals.

As a drug of abuse, it can be taken orally, snorted, or injected, and can be sprinkled on marijuana or tobacco and smoked. If used intravenously, effects can be felt immediately, and if snorted or taken orally, effects are evident in 10-15 minutes.

Ketamine can act as a depressant or a psychedelic and low doses can produce vertigo, slurred speech, slow reaction time and euphoria. In higher doses, Ketamine produces amnesia and coma.

Anabolic Steroids

Anabolic steroids are synthetically produced variants of the naturally occurring male hormone testosterone. The two main effects of these drugs are androgenic (developing male characteristics) and anabolic (building muscles).

The three main patterns of abuse include: cycling (alternating periods of use); stacking (using two or more at the same time); and pyramiding (progressively increasing and then decreasing doses and types of steroids).

Besides the short-term effects on both men and women, long-term use can lead to adverse cardiovascular effects, liver dysfunction, liver tumors, liver cancer, and cancer of the prostate in men. Among the most prevalent side-effects of steroids is the development of female characteristics in males (developing breasts) and the masculinization of women.

Inhalants

Inhalants are a diverse group of substances that are sniffed, snorted, huffed, or placed in bags and inhaled to produce intoxication. Common household products such as aerosol propellants, glue, lighter fluid, cleaning fluids, and paint are the most abused inhalants. Inhalant users experience headache, nausea, slurred speech and loss of motor coordination. They sniff or "huff" ordinary household products like nail polish remover, cleaning fluid, gasoline, and spray paint.

Over The Counter (OTCs)

DXM (dextromethorphan) is a cough suppressant available in a variety of over-the-counter cough and cold medications. DXM is abused because, when taken in doses that dramatically exceed those recommended by physicians and pharmacists, it produces hallucinations and a sense of dissociation. As an over-the-counter medication, DXM is available in various forms including liquids, lozenges, tablets, capsules, and gel caps.

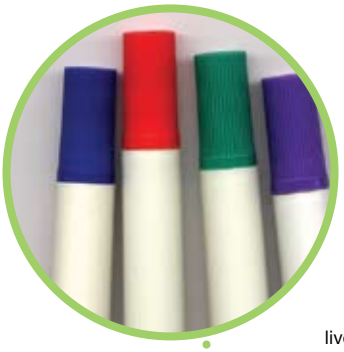
Individuals who abuse DXM consume much higher doses (typically more than 360 milligrams), which produce hallucinations and dissociative effects similar to those experienced with PCP (phencyclidine) or ketamine. While under the influence of the drug,

Drug Effects: Ketamine

Effects: Illusions and hallucinations, altered perceptions of space and time. • **Overdose Effects:** Unable to direct movement, feel pain, or remember. • **CSA Schedule:** Used as veterinary anesthetic: Schedule III. • **Street Names:** Special K.

Drug Effects: Anabolic Steroids

Effects: Virilization, edema, testicular atrophy, gynecomastia, acne, aggressive behavior, and mood changes. • **CSA Schedule:** Anabolic steroids are used medically to treat hormonal imbalances and other medical conditions. • **Street Names**: Depo Testosterone, Juice,



Drug Effects: Inhalants

Effects: Flushing, hypotension, and headache. • **Overdose Effect:** Can include damage to the heart, liver, kidneys, lungs, and brain; death can occur from a single use or after prolonged use. • **CSA Schedule:** Inhalants are not scheduled under CSA. • **Street Names:** Poppers, Rush, Snappers, Whippets, Kick, Bang and Amys.

Drug Effects:
Over the Counter Drugs (OTCs)

Effects: Dissociation and hallucinations. • **Overdose Effects:** Loss of consciousness, seizures, brain damage, death. • **CSA Schedule:** OTCs are not scheduled under the CSA. • **Street Names:** Dex, DM, Drex, Robo, Rojo, Skittles, Triple C, and Velvet.

which can last for as long as 6 hours, DXM abusers risk injuring themselves and others because of the drug's effects on visual perception and cognitive processes. In addition, individuals who ingest high doses of DXM risk hyperthermia (exceptionally high fever), particularly if they use the drug in a hot environment or while physically exerting themselves—such as at a rave or dance club. Other risks associated with DXM abuse include nausea, abdominal pain, vomiting, irregular heartbeat, high blood pressure, headache, numbness of fingers and toes, loss of consciousness, seizures, brain damage, and death. Over-the-counter medications containing DXM frequently contain other ingredients that can cause additional health problems.

Costs to Society

The consequences of drug use are not limited to the individuals who take drugs. Even non-users are at risk; drug use costs our society over $180 billion a year. Drug production harms the global environment; methamphetamine production uses toxic chemicals which seep into the ground and contaminate water sources. The Amazon region is being depleted by coca production. Drugged drivers injure and kill innocent people every year. Terrorist activities are connected to drugs; many organizations raise money for their violent attacks through drug production and trafficking. Children are adversely affected by drugs their parents use or manufacture in their homes.

Did you know that:

- According to government surveys which ask young people about their drug use patterns, about 600,000 high school seniors drive after smoking marijuana. More than 38,000 seniors told surveyors that they had been involved in accidents while driving under the influence of marijuana. Other surveys conducted by MADD (Mothers Against Drunk Driving) and the Liberty Mutual Insurance Company revealed that many teenagers (41 percent) were not concerned about driving after taking drugs. Medical data indicates a connection between drugged driving and accidents. A study of patients in a shock-trauma unit who had been in collisions revealed that 15 percent of those who had been driving a car or motorcycle had been smoking marijuana and another 17 percent had both THC and alcohol in their blood.
- From the clear-cutting of rain forests in Central and South America for the planting of coca fields, to the destruction of national forests in the United States for the growing of marijuana, to the dumping of hazardous waste byproducts into the water table after the manufacture of methamphetamine, illegal drugs have a far-reaching impact on the environment. These activities have consequences for the health of the groundwater, streams, rivers, wildlife, pets and the people living in those areas. Illegal drug production contributes to deforestation, reduced biodiversity, increased erosion, air pollution and global climate change.
- Drug exposed children cost society millions of dollars. The total lifetime costs associated with caring for babies who were exposed to drugs or alcohol range from $750,000 to $1.4 million. These figures take into account the hospital and medical costs for drug exposed babies, housing costs, and other care costs. The long-term health damage to meth-exposed children has not yet been calculated.
- Drug money helps to support terrorists operating in countries around the world.

Activity:
What costs are you and your family paying for others' drug use? What evidence have you seen that drugs damage our society and other societies around the world?

Why Do Young People Use Drugs?

When asked, young people offer a number of reasons for using drugs; most often they cite a desire to change the way they feel, or to "get high."

Other reasons include:

- Escape school and family pressures
- Low self-esteem
- To be accepted by their peers
- To feel adult-like or sophisticated
- Curiosity
- Perception of low risk associated with drugs
- Availability of drugs

Prevention experts have identified "risk factors" and "protective factors" to help determine how drug abuse begins and how it progresses. Risk factors can increase a person's chances for drug abuse, and protective factors can reduce the risks. It's important to remember that not everyone at risk for drug abuse actually becomes a drug user.

Here are some early signs of risk that may predict later drug use:

- Association with drug abusing peers
- A lack of attachment and nurturing by parents or caregivers
- Ineffective parenting
- A caregiver who abuses drugs
- Aggressive behavior
- Lack of self-control
- Poor classroom behavior or social skills
- Academic failure

Young people are most vulnerable to drug use during times of transition; for instance, when teens make the switch from elementary to middle school or when they enter high school, new social and emotional challenges affect them on many levels.

Scientists have also studied the adolescent brain, and have determined that the teen brain is not fully formed until young adulthood. Using drugs during the time that the brain is developing increases the potential for drug addiction. According to the 2003 National Survey on Drug Use and Health, adults who had first used substances at a younger age were more likely to be classified with dependence or abuse than adults who initiated use at a later age. This pattern of higher rates of dependence or abuse among persons starting their use of marijuana at younger ages was observed among all demographic subgroups analyzed.

Experts agree that association with drug abusing peers is often the most immediate risk for exposing adolescents to drug abuse and delinquent behavior.

What other factors contribute to drug abuse among youth?

- We are a pill-taking society. Many of us believe there's a pill for anything and everything that ails us; for improving our appearance; for better performance and mood. There are thousands of good medications which are safe and effective, and new drugs come on the market often. We are bombarded with advertisements about the benefits of these drugs. But don't be fooled: legal prescription drugs are not something to play around with. Neither are some over-the-counter medications, like cough syrup. Just because a doctor prescribed them to a relative or a friend doesn't make them safe for you. Just because something comes from a drug store doesn't make it safe to abuse.
- Our society frequently portrays drug-taking in a positive light, and there is not enough realistic depiction of the consequences of drug use.
- Leading figures in sports, entertainment and public life openly discuss their drug use, sending a message that taking drugs is "normal" behavior.

Activity:
What are some of the most obvious signs of drug addiction? Are there other signs that may not be obvious to family and friends? What are the physical manifestations of drug addiction? What has technology taught us about the impact of drugs on the brain? You may want to ask your friends and classmates to discuss these questions. What other causes can they suggest for the problem?

Attitudes About Drugs

Adult Behavior and Attitudes May Contribute to the Problem

Many adults are uninformed—or in denial—about drug use, and their attitudes contribute to or enable young people to engage in drug-using behavior. According to the Partnership for a Drug Free America, many parents need to get better educated about the drug situation.

- Today's parents see less risk in drugs like marijuana, cocaine and even inhalants, when compared to parents just a few years ago.
- The number of parents who report never talking with their child about drugs has doubled in the past six years, from 6 percent in 1998 to 12 percent in 2004.
- Just 51 percent of today's parents said they would be upset if their child experimented with marijuana.
- While parents believe it's important to discuss drugs with their children, fewer than one in three teens (roughly 30 percent) say they've learned a lot about the risks of drugs at home.
- Just one in five parents (21 percent) believes their teenager has friends who use marijuana, yet 62 percent of teens report having friends who use the drug.
- Fewer than one in five parents (18 percent) believe their teen has smoked marijuana, yet many more (39 percent) already are experimenting with the drug.

Activity

What can adults do to educate themselves about drugs? How should adults discuss drugs with their children? How can children talk to their parents about drugs?

Denial Can Make the Problem Worse

Some parents may be afraid to confront the realities of drug use, so they may deny the truth, even to themselves. You may have heard some adults say: "My kid doesn't use drugs." "It's not a problem for our family." "I used drugs and survived." "Drug use is a normal part of growing up." "We'll never solve the drug problem." "Alcohol is more dangerous than marijuana."

Community Indifference Allows the Drug Problem to Escalate

In some communities, drug abuse goes hand-in-hand with community apathy. If drug dealing and use are allowed to flourish within a community, there is little chance that progress can or will be made.

Sociologists who have studied the phenomenon of urban crime understand the links between community neglect and escalating crime rates. James Q. Wilson, a noted sociologist, put forth the "broken window theory" which claims that little things—like a single broken window—convey a message to criminals that it is okay to break other windows, leading to a succession of actions which further degrade a community. Problems accumulate when the broken window is not fixed quickly. When communities recognize problems quickly, and take positive steps to ad-

dress these problems, criminal activity like drug trafficking has less chance to damage that community.

Many communities have opted to develop and implement comprehensive strategies to address issues related to crime and drug abuse. One critical element in successful strategies is the inclusion of all sectors of a community: law enforcement, businesses, educators, elected officials, the clergy, community leaders, medical and treatment professionals, etc.

For examples of how communities successfully addressed problems and reduced drug trafficking and abuse visit the following web sites: *www.fightingback.org* and *www.cadca.org*.

Activity:

How has your community dealt with the problems of crime and drugs? If you were mayor for a day, what strategies would you employ to address the drug problem?

What Is Addiction?

According to the experts at the National Institute on Drug Abuse (NIDA), addiction is a chronic, relapsing disease characterized by compulsive drug seeking and abuse, and by long-lasting chemical changes in the brain. Some drugs are more addictive than others; however, depending on an individual user's propensity for addiction, someone can become addicted to drugs very quickly.

Experts say that there are several ways to determine if you have a drug problem. A user should ask questions about drinking or drug use and assess how he/she feels when using. "Am I losing control of my life? Am I giving up things I used to love because of drugs? Have family and friends become less important?

Obtain more information on drug addiction from the National Institute on Drug Abuse (NIDA) at *www.nida.gov*. Information on the signs of drug addiction is also available at *www.checkyourself.com*.

"... addiction is a chronic, relapsing disease characterized by compulsive drug-seeking and abuse and by long-lasting chemical changes in the brain."

Drug Treatment

NIDA scientists tell us that "There is no cure for drug addiction, but it is a treatable disease; drug addicts can recover. Drug addiction therapy is a program of behavior change or modification that slowly retrains the brain. Like people with diabetes or heart disease, people in treatment for drug addiction learn behavioral changes and often take medications as part of their treatment regimen."

Did you know that over 60 percent of the young people currently in treatment are there for dependence on marijuana? When using illegal drugs, or abusing other substances such as inhalants, prescription drugs, or over the counter medications, there is a tremendous potential for addiction, and treatment may be the only option.

Drug treatment is available to those who need help, including in-patient and out-patient centers, therapeutic communities and 12-step programs. In addition to medical treatment programs, some are faith-based. Additionally, community programs such as Drug Courts give non-violent drug users in the criminal justice system opportunities for treatment—with conditions—instead of jail time. For more information on drug treatment, go to the Center for Substance Abuse Treatment (CSAT) at *www.samhsa/csat.gov*. Drug Court information is available at *www.nadcp.org*. There are also many stories on the internet about teens seeking drug treatment. For information on how to help someone who needs treatment, go to the National Youth Anti-Drug Media Campaign at *www.mediacampaign.org*.

Activity:

What strategies do treatment programs employ to help users remain drug free? What are the different outcomes that can be expected from the various forms of drug treatment? How can you help a friend or family member who is abusing drugs get into drug treatment?

What About Drug Legalization?

Some people are of the opinion that drug use is a personal choice and that the U.S. Government should legalize drug use. They support their claims with opinions that marijuana is a medicine and is not harmful, that legalization will remove the violence and profit from the drug trade, and that adults will be able to take drugs safely and responsibly. The vast majority of Americans do not want drugs legalized. They believe legalization will lead to further disintegration of families, increase health and social costs, and jeopardize the safety of innocent people. Given the enormous toll that legal substances such as tobacco and alcohol have taken on our society, why would we want to compound our problems by adding legal drugs to the mix? Marijuana is not harmless, nor is it a medicine. Many studies have been conducted to determine whether or not marijuana should be approved as a medicine. There are many rigorous and complex elements to the U.S. government's approval of any drug that is used as medicine in this country. If scientists conclude that marijuana should someday be considered a medicine, these same rigorous steps would need to be followed before doctors are permitted to prescribe it to patients.

Furthermore, there are no smoked medicines. Have you ever heard of anyone who smoked medicine? After all we know about the dangers of cigarette smoking, why would the scientific community approve smoked marijuana? Those who smoke marijuana regularly may have many of the same respiratory problems that tobacco smokers do, such as daily cough and phlegm production, more frequent acute chest illnesses, a heightened risk of lung infections, and a greater tendency toward obstructed airways. Marijuana has the potential to promote cancer of the lungs and other parts of the respiratory tract because marijuana smoke contains 50 percent to 70 percent more carcinogenic hydrocarbons than does tobacco smoke. *Source: National Institute on Drug Abuse, Research Report Series - Marijuana, October 2001.*

Activity:
Imagine a scenario where drugs were legal in your community. What would be affected by the increased drug use that occurred? How would the impact of this policy affect young people? What would the consequences of increased availability and use be on non-users? How would this compare to the problems caused by alcohol?

Part Two: Drug Prevention and Awareness

Drug prevention is a critical component in our nation's effort to reduce drug use, particularly among young people. When it is part of a comprehensive strategy which includes law enforcement and drug treatment, prevention is a very powerful tool to reduce drug use. Over the decades, various types of drug prevention approaches have been implemented to help people reject drugs and choose healthy alternatives. Over the years, many lessons have been learned in the prevention field, and evaluating whether prevention programs actually work has been critical to their success. While drug prevention efforts continually evolve based on actual situations and needs, there are some guiding principles which are basic to successful drug prevention efforts.

The ultimate aim of drug prevention programs is to change behaviors which encourage drug abuse and to reinforce positive behaviors which lead to the rejection of drugs.

Principles of Prevention

Know What The Problem Is and Who You Are Trying To Reach

Address Appropriate Risk and Protective Factors for Substance Abuse in a Defined Population

- **Define a population.** A population can be defined by age, gender, race, geography (neighborhood, town, or region), and institution (school or workplace).
- **Assess levels of risk, protection, and substance abuse for that population.** The risk factors increase the risk of substance abuse, and protective factors inhibit the risk of substance abuse in the presence of risk. Risk and protective factors can be grouped in domains for research purposes (genetic, biological, social, psychological, contextual, economic, and cultural) and characterized as to their relevance to individuals, the family, peers, school, workplace, and community.
- **Focus on all levels of risk, with special attention to those exposed to high risk and low protection.** Prevention programs and policies should focus on all levels of risk, but special attention must be given to the most important risk factors, protective factors, psychoactive substances, individuals, and groups exposed to high risk and low protection in a defined population. Population assessment can help sharpen the focus of prevention.

Find Out What Works—and Use It

Use Approaches that Have Been Shown to be Effective

- **Reduce the availability of illicit drugs, and of alcohol and tobacco for the under-aged.** Community-wide laws, policies, and programs can reduce the availability and marketing of illicit drugs. They can also reduce the availability and appeal of alcohol and tobacco to the underaged.
- **Strengthen anti-drug-use attitudes and norms.** Strengthen environmental support for anti-drug-use attitudes by sharing accurate information about substance abuse, encouraging drug-free activities, and enforcing laws, and policies related to illicit substances.
- **Strengthen life skills and drug refusal techniques.** Teach life skills and drug refusal skills using interactive techniques that focus on critical thinking, communication, and social competency.
- **Reduce risk and enhance protection in families.** Families strengthen these skills by setting rules, clarifying expectations, monitoring behavior, communicating regularly, providing social support, and modeling positive behaviors.
- **Strengthen social bonding.** Strengthen social bonding and caring relationships with people holding strong standards against substance abuse in families, schools, peer groups, mentoring programs, religious and spiritual contexts, and structured recreational activities.

Activity:
Define “critical thinking” and “social competency” and put them into the drug abuse prevention context.

Activity:
Think of three age appropriate programs and activities for elementary students. How about for teens?

Successful drug prevention programs depend on the contributions and expertise of many segments of our society: for example, the media, educators, parents, peers, the clergy, law enforcement, the medical community and community leaders.

- **Ensure that interventions are appropriate for the populations being addressed.** Make sure that prevention interventions, including programs and policies, are acceptable to and appropriate for the needs and motivations of the populations and cultures being addressed.

Understand When And Where Drug Use Begins

Intervene Early

- **Intervene early and at developmental stages and life transitions that predict later substance abuse.** Such developmental stages and life transitions can involve biological, psychological, or social circumstances that can increase the risk of substance abuse. Whether the stages or transitions are expected (such as puberty, adolescence, or graduation from school) or unexpected (such as the sudden death of a loved one), they should be addressed by preventive interventions as soon as possible-even before each stage or transition, whenever feasible.
- **Reinforce interventions over time.** Repeated exposure to scientifically accurate and age-appropriate anti-drug-use messages and other interventions can ensure that skills, norms, expectations, and behaviors learned earlier are reinforced over time.
- **Intervene in appropriate settings and domains.** Intervene in settings and domains that most affect risk and protection for substance abuse, including homes, social services, schools, peer groups, workplaces, recreational settings, religious and spiritual settings, and communities.

Stay On Top of Your Program

Manage Programs Effectively

- **Ensure consistency and coverage of programs and policies.** Implementation of prevention programs, policies, and messages for different parts of the community should be consistent, compatible, and appropriate.
- **Train staff and volunteers.** To ensure that prevention programs and messages are continually delivered as intended, training should be provided regularly to staff and volunteers.
- **Monitor and evaluate programs.** To verify that goals and objectives are being achieved, program monitoring and evaluation should be a regular part of program implementation. When goals are not reached, adjustments should be made to increase effectiveness. *Source: ONDCP.*

Successful drug prevention programs depend on the contributions and expertise of many segments of our society: for example, the media, educators, parents, peers, the clergy, law enforcement, the medical community and community leaders. The success of prevention efforts increases when various segments collaborate and provide clear anti-drug messages to targeted populations.

Drug Prevention Programs

Drug prevention programs are designed and implemented on many levels. The federal government has instituted a number of national drug prevention programs which reach targeted populations through public service announcements, grant programs, educational programs and the sharing of expertise. State and local governments also have a significant number of prevention programs which are tailored to address particular problems and needs. Law enforcement and the military have brought drug prevention expertise into classrooms and communities; businesses have also contributed significantly to drug prevention through sponsored programs, drug-free policies and corporate support for community initiatives. Other segments of society, including faith-based institutions, civic organizations and private foundations are also active forces in drug prevention.

Prevention Resources

Below is a partial list of drug prevention agencies and programs. There are many other outstanding efforts which are ongoing across the nation; it is impossible to include them all. Some programs are aimed at particular populations or specific drugs. Within a given agency, there may be many prevention programs which are aimed at different audiences.

Federal Drug Prevention Agencies and Programs:

Office of National Drug Control Policy (ONDCP):

This office reports to the President of the United States. ONDCP administers the Youth Anti-Drug Media Campaign.

www.mediacampaign.org
www.whitehousedrugpolicy.gov

Substance Abuse and Mental Health Services Administration (SAMHSA):

This organization is responsible for overseeing and administering mental health, drug prevention and drug treatment programs around the nation. The Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT) are part of SAMHSA.

www.samhsa.gov
www.samhsa/csap.gov
www.samhsa/csat.gov

U.S. Department of Education (DOE):

DOE has many anti-drug programs.

www.ed.gov

Drug Enforcement Administration (DEA):

In addition to dismantling the major drug trafficking organizations, DEA is committed to reducing the demand for drugs in America. DEA's Demand Reduction Program is carried out by

Special Agents across the United States who work in communities to share expertise and information on drug trends, emerging problems and the dangers of drugs.
www.dea.gov
www.justthinktwice.com
www.GetSmartAboutDrugs.com

National Institute on Drug Abuse (NIDA):

NIDA conducts and disseminates the results of research about the effects of drugs on the body and the brain. NIDA is an excellent source of information on drug addiction.
www.nida.gov

National Guard:

The National Guard provides drug education to communities in all 50 states.
www.ngb.army.mil

Weed and Seed:

Operation Weed and Seed is a strategy to prevent and reduce violent crime, drug abuse, and gang activity in targeted high-crime neighborhood. Law enforcement agencies and prosecutors cooperate in "weeding out" criminals and "seeding" to bring in human services, prevention intervention, treatment, and neighborhood revitalization.
877-727-9919
www.ojp.usdoj.gov/ccdo/ws/welcome.html

Other Anti-Drug Organizations:

National Association of State Alcohol and Drug Abuse Directors (NASADAD)
www.nasadad.org

Community Anti-Drug Coalitions Of America (CADCA)
http://cadca.org

National Crime Prevention Council (NCPC)
www.ncpc.org

National Families in Action (NFIA)
www.nationalfamilies.org

You can obtain free anti-drug information from:

National Clearinghouse for Alcohol and Drug Information (NCADI)
www.health.org

The National Center on Addiction and Substance Abuse at Columbia University (CASA)
www.casacolumbia.org

Elks Drug Awareness Program
www.elks.org/drugs/default.cfm

Partnership for a Drug-Free America (PDFA)
www.drugfree.org

Scott Newman Center
www.scottnewmancenter.org

American Council for Drug Education (ACDE)
www.acde.org

Drug Strategies
www.drugstrategies.org

Youth Anti-Drug Organizations:

Learning For Life
www.learning-for-life.org

PRIDE Youth Programs
www.prideyouthprograms.org

Drug Abuse Resistance Education (DARE America) (DARE)
www.dare.com

Students Against Destructive Decisions (SADD)
www.sadd.org

Teens In Prevention
www.deatip.net

Law Enforcement Exploring
www.learning-for-life.org/exploring/lawenforcement/

Youth Crime Watch of America
www.ycua.org

Part Three: What You Can Do

How Teens Can Assist With Drug Awareness Programs

There are many avenues for teens to work in drug prevention. You can work with established programs, create your own anti-drug programs, or work individually as role models or mentors. Working within the community, schools, faith organizations, or in conjunction with businesses, young people can make a tremendous difference in reducing the demand for drugs.

Working With Schools:

Young people who are aware of the risks and consequences of drug use can make sound life decisions. Prevention programs help to improve skills to resist drugs, strengthen personal commitments against drug use, and increase social competency (communications, peer relationships, self efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use. Good prevention programs include interactive methods, such as peer discussion groups, rather than just lecture methods alone.

You can play an important role in drug awareness and prevention by informing the public about the perils of substance abuse. A prerequisite for youth involvement in this area would be a comprehensive training program covering the identification, use, misuse, and effects of drugs. Teens should also be familiar with the dangers and effects of alcohol and tobacco abuse. A vital component of this training would be public speaking skills and methods of presenting substance abuse information to various types of audiences.

Early Elementary School

Prevention programs for youth in this age category should be based on the concept that only sick people need drugs. Children should be taught that while drugs can be beneficial

if medically prescribed and used, all drugs are dangerous if they are misused. Acquaint this age group with the techniques used to lure young people into experimenting with drugs. Because students in this age bracket are more responsive to visual than audio stimulus, audiovisual aids should be an integral part of any such presentation.

Middle School

Use a factual approach with junior high school students. They should be told about the legal, physiological, and psychological consequences of substance abuse. The adverse results of alcohol, tobacco, and marijuana use should receive considerable attention at this level. The importance of positive decision making as it relates to the sometimes negative effect of peer pressure should be examined and discussed. Peer pressure can be used to support either type of decision. Role-playing scenarios would be helpful in reinforcing this information.

High School

Research shows that teens rely on peers for accurate information on all important issues, including drugs. You have lots to say, and are both questioning and skeptical. So, it's important to tell the real truth, without exaggerating, because if teens sense that one bit of information is untruthful or exaggerated, you will tend not to believe any of it. Be prepared to be challenged and ready to back up your information with good sources. Don't forget to respect differing opinions, cultures, and experience levels. It would also be a good idea to get pointers from a trusted teacher or counselor about persuasive ways to deliver information to your peers.

Adults

School organizations, community service groups, etc

There are many avenues for teens to engage adults in drug prevention efforts, and it's important for young people to know what perspectives and attitudes adults have about drugs. Many parents don't know the extent of the drug problem facing teens, and may not be familiar with current drugs of abuse. Some parents are also skeptical about how successful communities and families can be in reducing drug use. You can provide insight and information to adults in many sectors of your communities.

In dealing with adults, be straightforward about the realities you are facing in school, with peers, on weekends and in our culture. They need to know these things. Share your ideas on what they can do to help teens be drug free. For example, members of the business community can join with you to tighten up restrictions on cigarette and alcohol sales to minors. Civic leaders can help make communities and living areas safer for kids and teens. Adults can help get the word out to the media, political leaders and others about your needs and prevention plans.

Encourage adults to read as much as they can about drug use trends, and familiarize themselves with information about what teens are up against. They can be real allies in your efforts to reduce drug use in your schools and communities.

Key elements in the success of any prevention program are training and preparation. Teens can be of vital assistance to our communities and fellow citizens in combating substance abuse.

Drug Prevention Projects

Red Ribbon Week

Red Ribbon Week is an important tradition for the drug prevention community, and especially for the DEA. The event that has become a national symbol of drug prevention began as a grassroots tribute to a fallen DEA hero, Special Agent Enrique Camarena. The National Red Ribbon Campaign was sparked by the murder of DEA Special Agent Camarena by drug traffickers. In March of 1985, Camarena's Congressman, Duncan Hunter, and high school friend Henry Lozano, launched Camarena Clubs in Imperial Valley, California, Camarena's home. Hundreds of club members pledged to lead drug-free lives to honor the sacrifices made by Camarena and others on behalf of all Americans. From these clubs emerged the Red Ribbon Week Campaign.

Today, Red Ribbon Week is nationally recognized and celebrated, helping to preserve Special Agent Camarena's memory and further the cause for which he gave his life. The Red Ribbon Campaign is a symbol of support for DEA's and America's efforts to reduce demand for drugs through prevention and education programs. By wearing a red ribbon during the last week in October, Americans demonstrate their ardent opposition to drugs, and pledge to live drug free lives.

Ideas For Other Substance Abuse Prevention Projects

Forums or discussions:

Hold assemblies that help your peers think about, understand, and make constructive contributions to problems that affect their lives. Subject ideas include: drunk or drugged driving, underage use, drug testing in the schools, impact of drug use on individual and society.

Fairs and displays:

Hold a drug abuse prevention fair in the school parking lot or hallway. Design educational displays for malls, school, hospitals, businesses, and community centers to get more people outside your school or program involved in drug prevention projects.

Pamphlets:

Design and distribute pamphlets on different substance abuse prevention topics. If inhalant abuse or marijuana is the problem in your community, research the issue and make that the subject of your publication. You may find assistance from the Elks Club, a local printer, or other community group in printing your pamphlet.

Videos:

Write, tape and edit a script for a video as part of an education program. You might find assistance at a local public interest television station,

Red Ribbon Week Activities:

• A "wear red" day or week • Poster Contest • Door Decoration Contest • Essay/ Letter Writing Contest • A "plant red tulips" day • Drug-Free pledge banner • Anti-drug/ anti-alcohol pledge

Projects for Businesses:

• Employees wear Red Ribbons • Display Red Ribbon posters • Support local schools' Red Ribbon activities

Community and Religious Group Projects:

• Host Red Ribbon speakers • Pass out Red Ribbon handouts at events • Support local schools' Red Ribbon activities • Include Red Ribbon information in group publications

and they might even broadcast your efforts.

Performances:
Write and perform skits and shows for other students, younger children, the neighborhood, or community dealing with some aspect of drug abuse.

Writing, music, or art contests:
Organize these for your school or your whole community to have fun, educate, and build interest. You might have an essay, song, or poster contest. You could print the essays in the school newspaper or literary magazine, have a talent show with the songs or skits, and display the posters in the hallways or other venue. Sponsor positive graffiti contests.

Media campaign:
You could produce public service announcements (PSAs) for radio or television and urge your local stations to carry them. You could write letters to the editor of your local newspaper. You could write an article for your school newspaper on drug abuse.

Puppet show:
You could write your own script, design your own puppets, and give performances for younger children after school.

Drug-free events:
You could sponsor a drug-free day at school, or organize a drug and alcohol-free prom or dance, or perhaps a 5K run.

Conferences:
You could organize a conference on drug-free youth and give presentations on various drugs and how to say no and live a drug-free life as well as teaching leadership skills.

Peer counseling:
Get training to be peer counselors to help other young people with problems.

Tutoring, mentoring:
Set up a student teaching service to help educate your peers or younger children about substance abuse. Being a big brother or big sister for younger children can make a big impact on their lives.

Community clean-up:
Drugs are less likely to flourish in areas that are clean. With appropriate adult supervision clean up trashy, run-down, or overgrown public areas. Spruce up schools, neighborhood parks, and the yards of those unable to do the work. Wipe out or paint over graffiti.

Summer programs:
Plan and staff recreation programs for young children; build playgrounds, help provide outings for disadvantaged children.

Real Life Examples

Learning for Life (LFL)

Learning for Life is a youth-serving organization which aims to help youth meet the challenge of growing up by teaching character and good decision-making skills and then linking those skills to the real world.

As part of the Elementary Learning for Life program, LFL has developed a set of lesson plans for kindergarten through grade six. Each set of plans contains age appropriate and grade specific lessons and activity sheets. For more information call your local Learning for Life office, or visit *www.learningforlife.org*.

Inspiration from South Carolina Teens

In the Jesse Jackson Housing Project in Greenville, South Carolina, a group of teens decided they would like to make a difference, and they wanted to focus on drug prevention in their community. You have probably heard about McGruff the Crime Dog and The National Crime Prevention Council (NCPC). With the help of this national crime prevention organization and some local pharmacists, these teens researched drugs and their interactions to put together a presentation for parents and grandparents on ways to help keep their kids drug free. They started small by visiting local churches and speaking to the seniors. Within a year, though, they were out there in their community and in the schools doing drug prevention. You can learn a lot about how teens can contribute to community efforts at *www.ncpc.org*.

Teens In Prevention

Teens in Prevention (TiP) is a youth-driven network sponsored by the Drug Enforcement Administration which aims to empower America's youth to become part of the solution to their drug problem and provide a community solution to a community problem. Every

Real Life Example Highlight

Learning for Life

Meet Reginald "Renell" McCullough, former National Youth Representative for Law Enforcement Exploring, a program of Learning for Life. Renell is a former member of Post 219 sponsored by the Franklin, TN, Police Department. He volunteered hundreds of hours to work events with his post and with the Police Department. He has taken part in a number of leadership trainings and experiences, including a four-month program called Youth Leadership Franklin. In May 2008 Renell graduated from the University of Tennessee in Knoxville and is preparing for a career in public service. He believes that knowing that you have made a difference in somebody's life is the greatest feeling in the world.

October, teens from El Paso, Texas; Las Cruces, New Mexico; and Cuidad Juarez, Mexico meet at the International Bridge of the Americas and exchange red ribbons as part of the Annual Bi-National Red Ribbon Rally. The ribbon exchange is followed by a parade and entertainment as well as exhibits where anti-drug material is distributed.

The TiP chapter at LaCueva High School in New Mexico set up a booth for Homecoming and had "drunk goggles" that students could put on. The students could throw a cream pie at a teacher if they answered a drug question correctly, but they had to put on the goggles before they took the shot. The goggles showed what 1.0, 1.5, and 2.0 blood alcohol look like. These same students went to the Zia Native American Pueblo and presented a drug-free program to the students at the Zia Elementary School.

PRIDE Youth Programs

America's PRIDE is a drug and violence prevention program for youth in high school. PRIDE team members reach out to their peers and community with an assertive, drug-free message. They also organize drug-free, fun activities.

A PRIDE team from Newaygo County, Michigan, performs at Champion Cheerleading, a summer camp. The PRIDE team goes to the camp for four days during the months of July and August every year to do an hour-long presentation of high energy drug prevention and awareness to the cheerleaders attending the camp. The object is for the cheerleaders to go back to their schools in the fall and spread the enthusiasm of drug free youth and the PRIDE organization.

Oregon Teens Create Anti-Meth Ads

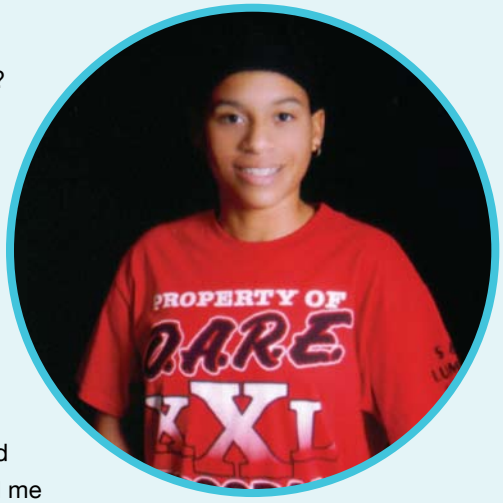
Students at Newberg High School in Oregon created two anti-meth public service announcements (PSAs) as part of the Oregon Partnership's Yamhill County's Meth Awareness Project (MAP). The 30 second ads point out

Real Life Example Highlight

D.A.R.E

Many people know DARE as an elementary school program where police officers teach children about drugs. Did you know that DARE also has a Youth Advisory Board made up of high school representatives from each state? Their role is to provide feedback to the DARE organization and assist DARE programs in the local schools. Working with DARE is a good way to gain leadership experience and help the community at the same time.

Meet Haida Boyd from South Dakota. She has just finished her 2-year term as her state's representative. Among the projects she helped establish was an after-school program in Aberdeen, South Dakota, a community without a DARE program. She worked with the school superintendent and the police department on projects for several schools in that community. Her first project, called PEER PLUS, was a program focused on homework help and outdoor recreation. She says she has learned a lot from the experience and has pledged to never drink alcohol or abuse drugs. "Seeing other teens around me doing drugs only makes me stronger," she said. "To me, life is priceless and drugs always come with a consequence. Learn more at: *www.dare.com*.



the dangers of methamphetamine to other teens. The PSAs were created in conjunction with the Northwest Film Center. They are currently being broadcast by several television stations at a time when methamphetamine use by teens in Oregon is a growing problem. See their PSAs at: *www.methawarenessproject.org*.

Resources

There are lots of resources to help put a program together, including publications, audiovisual material, financial support, and local experts. Speakers are available, often free of charge. Contact local police departments, the Chamber of Commerce, hospitals, parent groups, and other local groups to obtain speakers for your events.

On the federal level, the Drug Enforcement Administration (DEA) and the National Clearinghouse on Alcohol and Drug Information (NCADI) have limited quantities of free publications.

Each state has a drug and alcohol abuse prevention division. These offices are responsible for putting together a prevention plan for the state each year, and they are aware of resources located around the state. You can obtain the address and telephone number of your state office by contacting your state government, the Center for Substance Abuse Prevention, or the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

Films, videos, PSAs and news clips can help make your programs interesting. Your local library may have some for loan, or check with your state prevention coordinator for other possibilities. The National Clearinghouse for Alcohol and Drug Information (NCADI) has audiovisual materials available for a very minimal cost. Videos are also available from many commercial firms. There are also a number of web sites which host satellite broadcasts on topics of interest.

Training Resources

It's important to be up to date on drug trends and anti-drug programs. Get some training from local contacts and programs to help you in these areas. Some potential trainers for you and your groups include:

- Your police department's narcotics or community relations unit;
- The local DEA office has personnel in each Field Division around the country;
- The National Guard in each state has a Drug Demand Reduction Administrator;

Activity:
Are you aware of other organizations which have sponsored events or activities? Talk to people involved in those efforts to learn what worked. Can you join forces with existing programs to accomplish more?

- Substance Abuse Counselors at drug rehabilitation centers;
- Your local pharmacist or doctor;
- Local teachers and college professors.

Planning And Implementing A Successful Drug Prevention Program

Successful prevention programs do not need to be elaborate—sometimes the most successful programs are simple. But planning and carrying out a good program requires some thought, planning and oversight. Here are some things to help with a successful program.

- **Decide what type of effort you want to undertake.** Do you want to influence peers? Help children stay away from drugs? Improve your community? Get the attention of adults and organizations?
- **Identify an advisor/sponsor for your program.** This person can be an adult involved in drug prevention, a teacher, coach, guidance counselor, clergy member, etc. It could be another teen who is already involved in a program or a business person or civic leader who is interested in drug prevention.
- **Form a team of interested people and pick a team leader.** If you choose to work by yourself, identify who is there to help you if you need assistance.
- **Do research on the drug problem in your area.** Find out as much as you can about the problem and community resources to address the problem.
- **Have a plan.** Identify your objectives and set realistic goals. Remember that small steps sometimes lead to great successes.
- **Establish a timetable for your activities.** Adjust the timetable if necessary.
- **Get training from experts in the areas you will need help with.**
- **Keep notes on the progress of your project.** Record information on obstacles you faced during your project, and how you overcame them.
- **Keep track of any funding you have received and spent.**
- **Report back to advisors/ sponsors on the progress you have made, and what you have accomplished.**

Activity:
Do some research in your own community. Your local library or mental health or drug treatment center should have lots of information that you can use in your program. There are many experts in your community who may be willing to assist your group. These include the police, doctors, pharmacists, psychologists, and others.

Financial Resources

Implementing a community drug awareness program need not involve large sums of money. The important thing to remember is that there are organizations willing and able to help young people make a difference in fighting drugs. Potential sources of support may include service or civic clubs, neighborhood watch groups, local corporations, etc. The Elks are one service group which has selected drug abuse prevention as a major project. In addition, groups can earn money by holding events such as dances, bowling, car washes, bake sales, etc.

Sample Drug Abuse Prevention Program Planning Worksheet

Group/Project Name: _____

Advisor/Sponsor: _____

Program Purpose:

Nature of Drug Problem: _____

_____

Selected Target: _____

_____

Brief Statement of Program: _____

_____

_____

Program Resources:

Group Resources: _____

_____

Community Resources Available: _____

_____

Materials Needed: _____

_____

Budget:

Expenses:	Income Sources:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Goals: These are the goals and objectives the group hopes to accomplish in the next year.

30-Day Objectives: _____

_____

60-Day Objectives: _____

_____

90-Day Objectives: _____

_____

6-Month Objectives: _____

_____

1-Year Objectives: _____

_____

Drug Prevention 4Teens

2008 United States Department of Justice
Drug Enforcement Administration
Demand Reduction Programs
www.dea.gov
www.justthinktwice.com
www.GetSmartAboutDrugs.com
www.learning-for-life.org
Item No. 99-349