

## Resource Guide

Dear Parent/Guardian,

Each school year between 3 and 5 percent of Prior Lake High School students are suspended from school for chemical violations and/or caught by law enforcement for minor consumption and/or possession of a controlled substance. For many of these students, this is an indicator of a serious chemical abuse problem or even worse, chemical addiction. This resource guide has been developed as a tool to assist you in addressing the issue of drugs and alcohol with your son(s) and/or daughter(s) when it comes to the forefront.

Enclosed in this packet are alcohol and drug use definitions, descriptions of common drugs used by students, symptoms of drug problems, communication techniques, an example of a parent/child contract, and resources that are available to you within the Prior Lake - Savage district and the community. Remember, chemical abuse can lead to chemical dependency and serious problems. It is through early intervention by parents, school, and the community that tragedy can be averted and a young person can refocus on life's successes. We hope that this packet will help you to keep your child chemically free and to develop him/her into an outstanding adult in the community.

Sincerely,  
Prior Lake-Savage Area Schools

### Definitions:

**Chemical Abuse**- Chemical abuse occurs when a person tries drugs or alcohol, likes the effect on his/her body and continues the abuse of the chemical in spite of recurrent problems such as:

- failure to meet obligations at school, work or home due to chemical use (i.e. failing grades, suspensions, etc.).
- using drugs or alcohol in situations that could lead to physical harm.
- being arrested for illegal chemical use.
- interpersonal problems with family members and/or friends due to chemical use.

*Note: For a more thorough list please see the section titled "What a Chemical Problem May Look Like."*

**Chemical Dependence/Addiction-** Chemical dependence is different from abuse. Individuals with chemical dependence have additional symptoms as a result of their continued use of drugs and/or alcohol. These may include:

- tolerance. This is when the body requires a greater amount of the drug(s) and/or alcohol over time to achieve the desired effect.
- withdrawal. This is when a drug or alcohol user with tolerance experiences physical, psychological, or emotional distress caused by the sudden absence of the drugs and/or alcohol within his/her body.
- using larger amounts of drugs or alcohol than intended.
- desire to quit using drugs or alcohol, and/or unsuccessful attempts to reduce his/her use.
- spending a lot of time and money to obtain the drugs and/or alcohol.
- choosing to use drugs and/or alcohol over friends, family, work, sports or other healthy activities.
- continued use in spite of mental and physical health problems due to chemical use.

## Descriptions Of Certain Drugs:

### Alcohol

**Also known as:** beer, wine, spirits, and liquor

**Observable Indications of Use:** Slurred speech; unsteady gait; loud voice; impaired motor control or clumsiness; flushed face; and smell of alcohol on breath

**Effects of Use:** Feelings of intoxication; sensory alteration; anxiety reduction; and possible increased heart rate

**Duration of Effects:** Variable, depends on dosage

**Signs of Overdose:** Vomiting; confusion; unconsciousness; shallow breathing; convulsions; and shock

### Marijuana

**Also known as:** bud, reefer, pot, weed, ganja, 420, and dope

**Observable Indications of Use:** Smell of marijuana smoke on breath and clothes; bloodshot eyes; talkativeness; inappropriate laughter; dry mouth; and dilated pupils

**Effects of Use:** Enhanced sensory perception; relaxed state of well-being; impaired attention and short-term memory; impaired motor coordination; increased appetite; slowed internal clock; increased heart rate; and increased blood pressure

**Duration of Effects:** 2 to 3 hours

**Signs of Overdose:** Anxiety; extreme drowsiness; slurred speech; and acute panic reaction

### **Ecstasy**

**Also known as:** E, X, XTC, love drug, hug drug, designer drug, and lover's speed

**Observable Indications of Use:** Often seen stroking or massaging one another; dancing continually at "rave" parties; seen sucking on lollipops, Tootsie-pops, or pacifiers to prevent teeth clenching

**Effects of Use:** Memory loss; very sensitive to touch; muscle tension; blurred vision; rapid eye movement; faintness; chills; sweating; clenching and grinding their teeth; heat exhaustion; dehydration; dangerously high body temperatures; anxiety; paranoia; depression; nervousness and insomnia; change in eating habits; change in sexual habits; and an increase in blood pressure and heart rate

**Duration of Effects:** 4 to 6 hours

**Signs of Overdose:** Dehydration; severe rise in body temperatures; heart failure or heat stroke; and permanent memory loss

### **Methamphetamine**

**Also known as:** MDMA, meth, crank, crystal meth, and speed

**Observable Indications of Use:** Talkativeness; high energy level/restlessness; dry mouth; dilated pupils; and sores on skin from scratching at "crank bugs"

**Effects of Use:** Loss of appetite; increased mental alertness; increased physical energy; insomnia; paranoia; distorted perception (auditory and visual); repetitive motor activity; sweating (at higher doses); palpitations (at higher doses); body tremors (at higher doses); increased heart rate; elevated blood pressure; jaw tension; and teeth grinding (with MDMA)

**Duration of Effects:** Methamphetamine: 8 to 12 hours, MDMA: 4 to 6 hours

**Signs of Overdose:** Convulsions; agitation; and heat stroke, extreme elevation in body temperature, and dehydration (with MDMA)

### **Tobacco**

**Also known as:** cigarette, smokeless tobacco, and chew

**Observable Indications of Use:** Bad breath; smell of tobacco; shortness of breath; nagging cough; and discolored teeth

**Effects of Use:** Increased attention; stress and anxiety reduction; nausea; and dizziness

**Duration of Effects:** 30 minutes

**Signs of Overdose:** Nausea; vomiting; weakness; dizziness; pallor; and headache

### **Cocaine**

**Also known as:** Coke, blow, snow, C, flake, and nose candy

**Observable Indications of Use:** Rapid speech/talkativeness; high energy level; restlessness; dry mouth; dilated pupils; redness around nose; and runny nose

**Effects of Use:** Increased mental alertness; increased physical energy; elevated mood/euphoria; loss of appetite; extreme weight loss with prolonged use; insomnia; paranoia; increased body temperature; increased heart rate; and elevated blood pressure

**Duration of Effects:** 15 to 30 minutes for powder cocaine snorted, 5 to 10 minutes for crack smoked

**Signs of Overdose:** Heart palpitations; body tremors; heart attack; stroke; seizures; and respiratory arrest

### **Hallucinogens**

**Also known as:** peyote, LSD, PCP, mushrooms, shrooms, and Special K

**Observable Indications of Use:** Bewildered appearance; may appear out of touch with immediate environment; difficulty in speaking; garbled speech; disorientation; loss of coordination; easily agitated (with PCP); and dilated pupils

**Effects of Use:** Poor perception of time, movement, temperature, and distance; synesthesia (blending of senses); hallucinations (at high doses); possible nausea; visual distortions (at low doses); perspiration or chills; body tremors; increased heart rate; elevated blood pressure; and increased pulse

**Duration of Effects:** Depending on the amount of substance, up to 12 hours

**Signs of Overdose:** Trance like state; fearful or terrified state; psychotic episode; and with PCP only: drooling, eyes flicking up and down, seizures, dizziness, drop in blood pressure and respiration

### **Heroin**

**Also known as:** opiates, narcotics, methadone, opium, and smack

**Observable Indications of Use:** Droopy eyelids; sluggish, drowsy mannerisms; slowed speech; nodding off periodically slipping into momentary lapses of sleep; constricted, “pinpoint” pupils that are not responsive to light; and possible track marks or infections at injection sites

**Effects of Use:** Euphoria; pain relief; slowed breathing; slowed pulse rate; nausea; lowered blood pressure; and lowered body temperature

**Duration of Effects:** Heroin: 4 to 6 hours, Methadone: up to 24 hours, Prescription analgesics: variable

**Signs of Overdose:** Clammy skin; slow, shallow breathing; seizures; and coma

### **Inhalants**

**Also known as:** solvents

**Observable Indications of Use:** A conspicuous strong, chemical odor; paint stains on face, body, or clothing; finding a stash of chemical products in unusual locations, like a child’s bedroom; purchasing increased amounts of household chemical products; drunk, dazed, dizzy demeanor; staggered gait; slurred speech; excitability followed by drowsiness; red or runny eyes or nose; and rash or sores around the mouth

**Effects of Use:** Blurred vision; euphoria with hallucinations; reduced muscle coordination; nausea; intense headache; oxygen deprivation; irregular heartbeat; and increased heart rate

**Duration of Effects:** 5 to 60 minutes after sniffing ceases

**Signs of Overdose:** Loss of consciousness; respiratory arrest; cardiac arrest; and coma

### **Rohypnol**

**Also known as:** date-rape drug, roofies, and rophies

**Observable Indications of Use:** Sluggish appearance; uncoordinated; and hangover-like effects

**Effects of Use:** Short-term memory loss; makes users really relaxed; confused; spaced-out; lightheaded; can take away all inhibitions; makes people do things they ordinarily would not do; produces amnesia-like effects; can be slipped into a drink without noticeable detection; and can be used to harm or sexually assault a person

**Duration of Effects:** 4 to 8 hours, but hangover-like effects can be present for up to 72 hours.

**Signs of Overdose:** Loss of consciousness; passing out; and slip into a coma

## What Can *Increase the Risk* of an Adolescent Developing A Drug or Alcohol Problem?

- early age of first use
- feeling unloved by family, low mutual attachment with parents, ineffective parenting
- chaotic home environment
- poor social coping skills
- perceived external approval of drug use (peers, family, community)
- affiliation with deviant peers
- working at a job or having above-average disposable income
- past or current drug or alcohol problems within the family
- past or current family emotional or physical abuse or neglect (especially depression)
- past or current sexual abuse
- diagnosis of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder

## What Can *Reduce the Risk* of an Adolescent Developing A Drug or Alcohol Problem?

- feeling connected with and valued by family and other significant adults
- parental supervision and involvement with child's activities
- high educational aspirations of parents and child
- academic success
- feeling connected with school and valuing academic achievement
- strong bonds with social institutions (school, community, church)
- personal disapproval of drug and alcohol use
- personal belief that drug and alcohol use is dangerous and harmful
- having parents who verbalize expectations about and consequences for using alcohol and other drugs

*Falkowski, Carol. "Dangerous Drugs: And Easy-to-Use Reference for Parents and Professionals." Center City, MN: Hazelden, 2003.*

***More than half of all American kids will try drugs at least once between first and 12th grade, but many will choose not to experiment. Can you influence your child's decision? Here are some tips to help you steer your child in the right direction:***

- **Recognize that this is your job.** Don't leave drug prevention to the school. Although schools have a responsibility for drug education, parents have the greatest influence on kids, and no one is better able to help them grow up drug-free.
- **Start early.** Kids are growing up faster, and the dangers that once arose as kids reached their teens are creeping in at an earlier age. Children as young as 10 are being introduced to drugs. Help your children form attitudes toward drugs early. If they know drugs are bad long before they're offered any, it will be easier for them to say no when that time comes.



- **Keep it simple.** Be firm and clear about what you believe and the behavior you expect from your kids.
- **Encourage personal responsibility.** Self-reliance begins when kids take on some degree of responsibility — taking care of themselves, their toys and their clothing. Taking responsibility also firms up their sense of themselves and makes it easier for them to make independent choices about drug use.
- **Be a good role model.** No matter what you tell children, behavior speaks volumes. Maintain a healthy lifestyle, and it's likely they will, too.
- **Reason with your kids.** As your children grow up, rules won't be enough. They need reasons as well. Be prepared to talk with your children about the use of alcohol, tobacco and drugs — and to talk with them, not just to them. Bring to these conversations lots of patience and a good set of facts about the risks, lifetime penalties and health consequences of drug use.
- **Listen.** Listen to your child; encourage them to tell you what they think. Give your child time to complete his or her thoughts. Don't jump to conclusions or make assumptions about what your child is thinking or is worried about.
- **Know your kids' friends.** Are the friends likely to try whatever is offered to them? Are they likely to be the one offering? It may not be your job to be their parent, but they will affect your child's life.
- **Don't worry.** Taking a firm stand against drug use will not damage your relationship with your child. A loving relationship is the reward of parenthood, not the purpose. Most children will be grateful that you are clear and honest with them. Moreover, many kids are looking for a good reason to avoid trying drugs, so it helps if they can explain, "My parents would kill me, if I did."