



We are ALL affected by underage drinking.

Cost per youth = over \$2,300/year

Underage drinking cost the citizens of Wisconsin \$1.3 billion in 2007!

We are ALL affected by adolescent alcohol and other drug abuse if:

- ▶ **We drive** the same streets as the drunk or drugged teenager.
- ▶ **We own businesses or homes** that could be robbed or vandalized by a teenager supporting a habit or too high to know what he/she is doing.
- ▶ **We have children** in classrooms who may be influenced by the adolescent abuser's behavior and are pressured to participate in the same activities.
- ▶ **We are concerned members of this community** who see the need to become involved and lead our young people into a healthy adulthood, realizing that they are our future.



Cooperative Educational Service Agency (CESA) #4
923 East Garland Street, West Salem, WI 54669

(608) 786-4800; (800) 514-3075; <http://www.cesa4.k12.wi.us/standards-of-the-heart>
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Providing services for six counties: Buffalo, Jackson, La Crosse, Monroe, Trempealeau, Vernon, and 26 school districts.

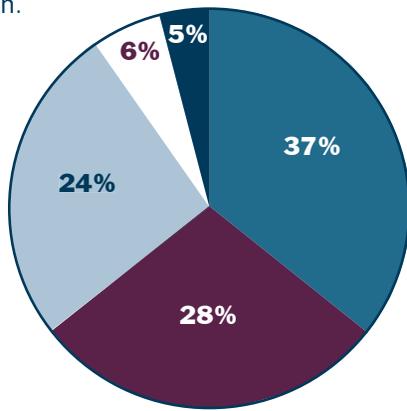
The ATOD Network Mission: Healthy, Safe, Drug Free Wisconsin Youth

A combination of projects have made this guide possible: the CESA #4 ATOD Education Network, the La Crosse County Youthful Offender Prevention Initiative (JAG), and the Drug Free Communities Grant—La Crosse COMPASS Project

The Impact of Substance Abuse on Federal, State and Local Budgets

A major report from The National Center on Addiction and Substance Abuse (CASA*) at Columbia University reports that state governments spend, on average, over 15% of their entire budgets on substance abuse and addiction and its consequences.

Substance abuse prevention programs are economically beneficial, with a nearly \$10 return for every dollar invested in prevention.



Shouldering the Burden of Substance Abuse



Federal and state governments spend \$60.25 on the consequences of substance abuse and addiction for every dollar spent on prevention or treatment. Federal and state governments spend \$8.95 on the consequences of substance abuse and addiction for each dollar they collect from alcohol and tobacco taxes and liquor store revenues.

LA CROSSE COUNTY RESOURCES

■ Clinics and Hospitals

Franciscan Skemp Medical Center 608-785-0940
 Franciscan Skemp Clinic - Holmen 608-526-3351
 Franciscan Skemp Clinic - Onalaska 608-392-5000
 Gundersen Lutheran 608-782-7300 or 1-800-362-9567
 Gundersen Lutheran - Onalaska 608-775-8100
 St. Clare Mission - La Crosse 608-791-9546

■ Law Enforcement

La Crosse County Sheriff's Department 608-785-9629
 Bangor Police 608-486-4276
 Holmen Police 608-526-4212
 La Crosse Police 608-785-5962
 Onalaska Police 608-781-9550
 West Salem Police 608-786-0407
 Crime Stoppers 800-947-3577

■ Health Department (Public Health Nurses, AIDS/HIV, Tobacco Cessation)

La Crosse County Health Department 608-785-9872
 La Crosse County Human Services Dept. (Mental and Chemical Health, Family and Children Services) 608-785-5875
 AIDS Resource Center of WI 608-785-9866

■ Family Resources

Domestic Violence Intervention Project 608-785-7670
 Family Resource Center (Parent Support and Education) 608-784-4519
 Coulee Children's Center 608-787-5572
 Options in Reproductive Care 608-775-8390 or 800-657-5177
 UW Extension (Community Development, Youth Development, Family Living, Nutrition Education) 608-785-9593
 Lutheran Social Services (Youth, Family, Counseling, Addictions) 608-788-5090
 Couleecap, Inc. - La Crosse Office (Emergency Assistance, Employment, Transportation, Food, Fuel, and Clothing) 608-782-4877 or 1-866-717-9490

MONROE COUNTY RESOURCES

■ Clinics and Hospitals

Tomah Memorial Hospital 608-374-0215
 Gundersen Lutheran Clinic - Tomah 608-372-4111
 Gundersen Lutheran Clinic - Sparta 608-269-6731
 Franciscan Skemp Clinic - Sparta 608-269-2132
 Franciscan Skemp Clinic - Tomah 608-372-5951
 Scenic Bluffs Health Center - Cashton 608-654-5100

■ Law Enforcement

Monroe County Sheriff's Dept. 608-269-2117
 Cashton 608-654-7828
 Ontario 608-337-4800
 Sparta 608-269-3122
 Tomah 608-374-7400
 Crime Stoppers 608-372-7867

■ Health Department (Tobacco Cessation, Counseling Services, Public Health Nurses, Well Women, Prenatal Care)

Monroe County Health Department 608-372-8666
 Monroe County Human Services (Behavioral Health, Economic Support, Child and Family Support) 608-372-8600

■ Family Resources

Options in Reproductive Care 800-657-5177
 Brighter Tomorrows (Domestic Abuse)

- Tomah 866-346-0374
- Sparta 888-886-2327

 Families First - Tomah 608-374-4141
 Family and Children's Center; Healthy Families 608-787-9404
 Family Resource Center (Parent Support and Education) 800-873-1768

- Sparta 608-269-3151 Ext.6116
- Tomah 608-374-4190

 Couleecap, Inc. - Sparta Office (House and Emergency Assistance, Employment, Transportation and Health) 608-269-5021 or 1-866-766-9215
 UW Extension Office - (Family Living, Youth Development, Community Resources) 608-269-8722

RESOURCES AND SERVICES BY COUNTY

VERNON COUNTY RESOURCES

■ Clinics and Hospitals

Vernon Memorial Healthcare - Hirsch Clinic Viroqua
608-637-3174
Gundersen Clinic - 877-543-3195
La Farge Medical Clinic - Vernon Memorial Healthcare
608-625-2494
Viola Health Center - Vernon Memorial 608-627-1407
Kickapoo Valley Clinic - Vernon Memorial
608-624-5203
Gundersen Clinic - Hillsboro 608-489-2253
Vernon Memorial Hospital 608-637-2101

■ Law Enforcement

Vernon County Dispatch Center 800-637-2123
Sheriff's Department 608-637-2123
Hillsboro 608-489-2800
La Farge 608-625-4500
Viroqua 608-637-2121
Westby 608-634-4411
Crime Stoppers 608-637-8477

■ Health Department (WIC, Healthy Start, Immunizations, Health Screenings)

Vernon County Health Department 608-637-5251
Vernon County Human Services 608-637-5210

■ Family Resources

Door of Hope - Viroqua 608-637-8688
UW Extension (Family Living, Youth Development, Nutrition Education) 608-637-5276
Family Resource Center (Parent Support and Education) 608-784-4519 or 800-873-1768
Couleecap, Inc. - Viroqua (House and Emergency Assistance, Employment, Transportation and Health) 608-637-7450

TREMPEALEAU COUNTY RESOURCES

■ Clinics and Hospitals

Franciscan Skemp Clinic - Arcadia 608-323-3373
Gundersen Lutheran Clinic - Blair 608-989-2505
Gundersen Lutheran Clinic - Independence 715-985-2351
Gundersen Lutheran Clinic - Whitehall 715-538-4355
Westen Dairyland Women's Health Center - Whitehall
715-538-2306 or 800-472-3566
Marshfield Clinic - Arcadia 608-323-1500

■ Law Enforcement

Sheriff's Department 715-538-4351
Arcadia 608-323-3359
Blair-Taylor 608-989-2517
Ettrick 608-525-5445
Galesville 608-582-4013
Independence 715-985-3055
Trempealeau 608-534-6875
Whitehall 715-538-4353
Crime Stoppers 800-228-3203

■ Health Department (Immunizations, Maternal Child Health, WIC, Prenatal Care, Nutrition)

Trempealeau County Public Health 715-538-2311
Trempealeau County Health and Human Services (Economic Support, Family and Children Services) 715-538-2311

■ Family Resources

UW Extension (Family Living Education, Nutrition Education, Youth Development) 1-877-538-2311 Ext. 208
Bolton Refuge House (Domestic Violence and Abuse Victims) - 800-362-8255
Western Dairyland 715-985-2391
Women's Health Center 800-472-3566



Youth Risk Behavior Survey

Approximately 2,036 high school students in western Wisconsin (CESA #4 region) completed the 2009 Youth Risk Behavior Survey (YRBS).

High School YRBS Questions	2005 CESA #4	2009 CESA #4	2009 WI	2009 Nation
Have ridden with someone who had been drinking in the past 30 days	32%	34%	24%	28%
Drove after drinking alcohol in the past 30 days	13%	11%	9%	10%
Seriously considered suicide in the last 12 months	17%	12%	13%	14%
Smoked cigarettes at least once in the past 30 days	24%	19%	17%	20%
Used chewing tobacco at least once in the past 30 days	12%	14%	9%	9%
Drank alcohol in the past 30 days	45%	37%	41%	42%
Binge drank in the past 30 days	30%	23%	32%	24%
Used marijuana in their lifetime	16%	28%	34%	37%
Used inhalant in their lifetime	12%	10%	10%	12%
Used prescription drug without a doctor's permission	N/A	19%	21%	20%
Ever had sex	38%	38%	41%	46%

THE ADOLESCENT ATOD PROBLEM

PHYSICAL, EMOTIONAL, AND SOCIAL BEHAVIOR CLUES

(from the Mendez Foundation - Too Good for Drugs and Violence Bring It Home Newsletters)



Signs of Possible Drug Use:

- Withdrawal or depression
- Changing friendships
- Loss of interest in favorite hobbies or sports
- Changes in eating and sleeping patterns
- Reclusive and secretive behavior at home
- Loss of motivation and goals
- Negative attitude toward school
- Frequent conflict with parents
- Drug paraphernalia or traces of drugs in bedroom
- Weight loss or gain
- Red-rimmed eyes and runny nose when there is no illness
- Extreme fatigue and chronic cough
- Erratic behavior day-to-day
- Changes in personal values
- Association with known drug users
- Carelessness about personal grooming and hygiene
- Poor concentration

Resources for ALL Counties

- Coulee Council on Addictions 608-784-4177
- Great Rivers 2-1-1; 800-362-8255 or 608-775-4344
- Domestic Abuse 888-886-2327
- Alcohol and Drug Abuse Hotline 800-662-HELP
- WI Council on Gambling 800-426-2535
- WI Vine Link (for Victims of Crime) 1-888-944-8463
- WI Poison Center 800-222-1222
- New Horizons Shelter 608-791-2600
- For Support Groups (AA, NA, Al-Anon, etc.) in your area visit:
<http://couleecouncil.org/supportgroups.html>

ALL PHONE NUMBERS WERE CURRENT AT THE TIME OF PRINTING, BUT MAY CHANGE OVER TIME.

BUFFALO COUNTY RESOURCES

■ Clinics and Hospitals

Alma Community Clinic 608-685-3241
Family Medicine of Winona 507-454-5050
Franciscan Skemp of Arcadia 608-323-3373
Franciscan Skemp Medical Center 800-362-5454

■ Law Enforcement

Sheriff's Department 608-685-4433
Alma 608-685-4577
Fountain City 608-687-4214

■ Health Department (Public Health Nurses, Counseling, Depression/Suicide, Runaway, STDs)
Buffalo County Health and Human Services 608-685-4412

■ Family Resources

Women's Health Center 800-472-3566
Department of Health and Family Services 608-266-1865
UW Extension Office (Youth Development, Nutrition Education, Family Living) 608-685-6256
Bolton Refuge House - Jackson County Outreach (Domestic Sexual Abuse) 800-252-HELP

JACKSON COUNTY RESOURCES

■ Clinics and Hospitals

Black River Memorial Hospital 715-284-5361
Ho-Chunk Health Care Clinic 715-284-9851 or 888-685-4422
Western Dairyland Women's Health Center - Black River Falls 715-284-8329 or 877-284-8329
Gundersen Lutheran - Black River Falls 715-284-9451

■ Law Enforcement

Sheriff's Department 715-284-5357
Black River Falls 715-284-9155
Melrose 608-488-3191
Teen Court 715-284-0284
Crime Stoppers 800-228-3203

■ Health Department (Public Health Nurse, Mental Health, Chemical Dependency, Child Support, Social Services, WIC)
Jackson County Health and Human Services 715-284-4301

■ Family Resources

UW Extension (Nutrition Education, Parent Education, Youth Development, Community Resources) 715-284-4257
Bolton Refuge House - (Domestic Violence and Abuse) 800-252-HELP
Women's Health Center 800-472-3566

RESOURCES AND SERVICES BY COUNTY

DEPRESSION AND SUICIDE

According to the 2009 Youth Risk Behavior Survey (YRBS) 13% of Wisconsin youth have seriously considered suicide in the last 12 months.

RECOGNIZE the Warning Signs

Depression, suicide threats, sudden withdrawal (especially from social contacts, interests and activities), recent loss (divorce, death, financial, pet, separation from family), sense of failure, noticeable changes at work/school, and/or giving away possessions

QUESTIONS to Ask

Ask questions that acknowledge the person's distress. After asking the questions, listen for the problems death by suicide would solve. Give your full attention. Do not judge or condemn. Try not to talk too much. Keep the person sober. Alcohol may dissolve their final psychological barriers to committing suicide.

PERSUADE the Person to Get Help

Ask the following persuasive questions:

- Will you go with me to see a counselor, minister, nurse, doctor?
- Will you let me call the crisis hotline?
- Will you let me make you an appointment with...?
- Will you promise me not to hurt yourself?

If the answer to the above questions is "No," the person is probably 'a danger to self and others' and can and should be involuntarily committed so that they have access to immediate professional help.

Excerpt from QPR (Question, Persuade, Refer) Institute

**PARENTS
WHO HOST
LOSE
THE MOST**

Don't be
a party to
teenage
drinking.

It's against
the law.

A Parent's Role at a Teenage Party

▶ As a parent, you cannot give alcohol

to your teen's friends under the age of 21 under any circumstance, even in your own home or with their parent's permission. You cannot knowingly allow a person under 21, other than your own child, to remain in your home or on your property while consuming or possessing alcohol.

If you break the law...

- ▶ **You can face** a maximum sentence of six months in jail and/or a \$1,000 fine.
- ▶ **Others can sue** you if you give alcohol to anyone under 21, and they, in turn, hurt someone, hurt themselves, or damage property.
- ▶ **Officers can take** any alcohol, money or property used in committing the offense.

- ▶ **Make yourself visible** during the party by providing snacks and meeting the guests.
- ▶ **Choose an area** of your home where supervision will be most practical and where arrivals and departures can be monitored. Determine rooms which will be off limits.
- ▶ **Invite another couple** to keep you company and for help and support in case of a problem.
- ▶ **Notify neighbors** of large parties to prepare them for additional cars and noise. Also make them aware that you will be home to chaperone.
- ▶ **No one** who leaves the party should be allowed to return.
- ▶ **Make your teen aware** of your ground rules and share your concerns about adolescent alcohol and other drug abuse.
- ▶ **When your teenager attends a party**, contact the parents of the host to verify the party, confirm parental supervision, and affirm that alcohol and other drugs will not be served or allowed.

If a problem occurs...

- ▶ **Call police** if damage warrants action by law enforcement officials.
- ▶ **Demand departure** of those who refuse to cooperate with your expectations, bring alcohol/drugs, or is destructive.
- ▶ **Notify the parents** of any person who arrives at the party under the influence, or uses alcohol/drugs at the party. Safe transportation to the youth's home should be arranged with the parents.

The FACT is...
Most kids choose NOT to use tobacco, alcohol or drugs!

90% of teens
do NOT binge
drink!

90% of teens
do NOT drink
and drive!

63% of teens
do NOT drink
alcohol!

81% of teens
do not smoke!

72% of teens
have never used
marijuana!!

This information was taken from the 2009 CESA #4 Youth Risk Behavior Survey administered to 2,036 high school students in Buffalo, Jackson, La Crosse, Monroe, Trempealeau, and Vernon Counties.

TEEN BEHAVIOR

As the teenage years approach, adults may not recognize warning signs of drug abuse. Parents and teachers may find it difficult to determine if drug use is the problem.

Here are ways you can help your child:

- Set an example by not using illegal drugs or misusing alcohol or prescription drugs.
- Talk about alcohol and other drugs.
- Carefully explain the consequences of drug use.
- Help your child develop strong values and a healthy sense of self.
- Make family policies that help everyone in the family to say no. Make it common knowledge that drug use is unacceptable.
- Create solid bonds within the family.
- Chaperone your children's parties.
- Meet the parents of your teenager's friends.
- Be sure your teen is involved in a variety of activities.
- Know where your teen will be. Many plans for an evening are changed midway through; but a phone call should be required to keep you informed.
- Set a definite curfew.



PHYSICAL, EMOTIONAL AND SOCIAL BEHAVIOR CLUES

GUIDELINES ON ALCOHOL USE

(Adapted from PRI Institute - PRIME for Life)

Low Risk Guidelines – It's as easy as 0-1-2-3!

Risk Related to Quantity and Frequency of Drinking	
0 per day	No alcohol related problem Live longer than people drinking 3 or more drinks It is safest to avoid alcohol altogether if you are: <ul style="list-style-type: none"> • Taking medication that interact with alcohol • Managing a medical condition that can be made worse by drinking • Underage • Planning to drive a vehicle or operate machinery • Pregnant or trying to become pregnant
Up to 1-2 per day	Does not increase risk for most people Live longer than abstainers and those drinking 3 or more per day
More than 2 per day	Health problems are common Shorter life on average The higher the quantity and frequency above 2, the greater the risk
More than 3 on any day	Have higher rates of health and impairment problems

Remember...

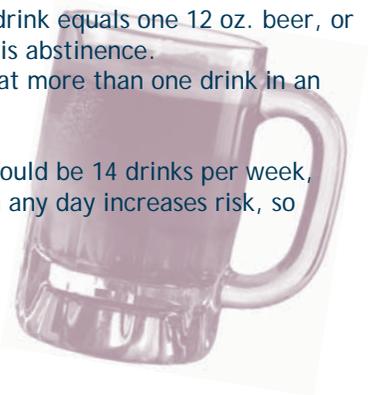
Low risk does not mean “no risk.” Low risk means less chance of harm or danger. A standard drink equals one 12 oz. beer, or one 4 oz. glass of wine or one 1 oz. serving of liquor. The only low risk choice for other drugs is abstinence.

Risk for health problems begins at three drinks per day. Risk for impairment problems begins at more than one drink in an hour or less.

Risk is increased when more than two drinks a day are consumed. Drinking two drinks a day would be 14 drinks per week, which is the largest amount considered to be low risk in one week. More than three drinks on any day increases risk, so saving up drinks and having them all in one or two days is high risk.

Examples of Low Risk Drinking:

- Two drinks every day would fit the 0-1-2-3 guidelines.
- Two drinks on four days and three drinks on two days would also fit the 0-1-2-3 Guidelines.
- Three drinks on four days and none the rest of the week would fit the 0-1-2-3 Guidelines.



Bullying is a conscious, willful, and deliberate hostile activity, intended to harm.

According to the 2009 Youth Risk Behavior Survey (YRBS) 23% of Wisconsin high school students reported being bullied on school property in the past 12 months.

Bullying is an imbalance of power, intent to harm, and repeated or threat of further aggression.

The warning signs:

- Shows an abrupt lack of interest in school, or refuses to go to school
- Takes an unusual route to school
- Suffers drop in grades
- Withdraws from family and school activities
- Is hungry after school
- Steals money from home
- Makes a beeline to the bathroom when arriving home
- Is sad, sullen, angry, or scared after receiving a phone call or e-mail
- Does something out of character
- Has torn or missing clothing
- Uses derogatory or demeaning language when talking about peers
- Stops talking about peers and everyday activities
- Has physical injuries not consistent with explanation
- Has stomachaches, headaches, panic attacks, is unable to sleep, sleeps too much, is exhausted
- Plays alone, or prefers to hang with adults

If your child is bullied:

Do's:

- I hear you; I am here for you; I believe you; you are not alone on this.
- It is not your fault.
- There are things you can do.
- Report the bullying to school personnel.

Don'ts:

- Don't minimize, rationalize, or explain away the bully's behavior.
- Don't rush in to solve the problem for your child.
- Don't tell your child to avoid the bully.
- Don't tell your child to fight back.
- Don't confront the bully or the bully's parents alone.

Excerpt from "The Bully, the Bullied, and the Bystander," by Barbara Coloroso

TECHNOLOGY SAFETY — CELL PHONES AND INTERNET

Teens live in a world enveloped by technology; Internet and cell phones have become a central force that fuels the rhythm of daily life. An average teen spends 90 hours each week with some form of media—TV, music, cell phones, Internet, etc.

How to Become More Informed

- Pick up your teen's mp3 player and go to the "Top 25 Most Played" section. Listen for references to alcohol, drugs or other risky behaviors. Then talk with your teen about what you heard.
- Visit social networking sites and browse the profiles of teens your child's age to see what they say, what their interests are and what they are doing online.
- Can you name your teen's favorite TV show? Watch it with him or her and discuss story lines.
- Go to a video sharing Web site and type in "smoking weed." Watch some of the videos. Did you know that your teen might be exposed to these images?

Tips for Parents

- Establish rules for technology usage by having a "Family Internet Use Contract" and a "Cell Phone Use Contract" which can be found at:
<http://cyberbullying.us/resources.php>
(Click on "Resources for Home")
- Educate your child on appropriate internet behaviors.
- Model appropriate technology usage.
- Monitor your child's online activities.
- Use filtering and blocking software.
- Familiarize yourself with the lingo.

Excerpt from *theantidrug.com*

Take the Text Message Test

Can you read this text message?

"mnE Ps dnt bleev der is a gNR8N d/c b/t em n thr teen."

Text Message Translation:
"Many parents don't believe there is a generation disconnect between them and their teen."

How much do parents really know about their teen's world? Especially as teens adopt new technologies so quickly?



1 in 5 W/ teens has abused prescription medication in the last year.

Step 1: Monitor

Parents are in an influential position to immediately help reduce teen access to prescription drugs because these drugs are found in the home.

- Start by taking note of how many pills are in each of your prescription bottles or pill packets.
- Keep track of your refills. This goes for your own medication, as well as for your teens and other members of the household.
- If your teen has been prescribed a drug, be sure you control the medication, and monitor dosages and refills.
- Make sure your friends and relatives—especially grandparents—are also aware of the risks.
- Talk to others about the importance of helping safeguard medications.

Step 2: Secure

Teens abuse prescription drugs because they are easily accessible and either free or inexpensive.

- If possible, keep all medicines, both prescription and over-the-counter, in a safe place, such as a locked cabinet your teen cannot access.
- Lock up medications or keep them in a safe place.
- Encourage others to secure their prescriptions.

Step 3: Dispose

Safely disposing expired or unused prescription medications is a critical step in helping protect your teens and the environment. Help safeguard your family and home, and decrease youth access.

- Unless the directions on the packaging say otherwise, do not flush medication down the drain or toilet.
- To help prevent unauthorized refills and protect you and your family's privacy, remove any personal, identifiable information from prescription bottles or pill packages before you throw them away.
- Teenagers may retrieve discarded prescription drugs from the trash. To help prevent this from happening, mix the medication with an undesirable substance, such as used coffee grounds or kitty litter. Put the mixture into an empty can or bag and discard.

3 Steps from <http://www.drugfree.org/NotInMyHouse/steps.aspx>

Only one-third of parents discuss the risks of abusing prescription medicines with their teens. Yet, kids who learn about the risks of drugs at home are up to 50 percent less likely to use drugs.

Most Commonly Misused/ Abused Prescription Drugs

- **Pain Killers**—also known as narcotic or opiates. Examples include Morphine, Codeine, OxyContin, Vicodin, Hydrocodone, Fentanyl patches, Dilaudid, Percocet or Percodan, Tylenol w/Codeine, and Demerol. A large single dose can cause severe respiratory depression and death. Long term abuse leads to physical dependence and in some cases, addiction.
- **Depressants**—prescribed to treat anxiety and sleep disorders. Examples are Nembutal, Valium, Xanax, Centrax, Klonopin, and Ativan. Depressants slow down normal brain function and can cause a drowsy, uncoordinated feeling. Large doses can depress breathing and cause a coma. Long-term abuse can lead to physical dependence and addiction.
- **Stimulants**—often prescribed to treat attention-deficit hyperactivity disorder (ADHD). Examples include Ritalin, Adderall and Dexedrine. Stimulants elevate blood pressure and heart rate. High doses can cause dangerously high body temperature and cardiac arrest brought on by an abnormal heartbeat.

PRESCRIPTION DRUGS

Time to Act!

5 STEPS IF YOU THINK YOUR CHILD IS USING

- 1 ASK**
If you think your child may be drinking or using drugs, the first and most important thing you can do is to come right out and ask.
- 2 LOOK FOR SIGNS**
Knowing what to look for is a huge help in determining whether your child is drinking or using drugs. If you're familiar with the signs of drug use, that knowledge can aid you in gathering evidence and starting the conversation.
- 3 LEARN RISK FACTORS**
Some common factors that can lead to a higher risk of teen drug use and drinking are: rebelliousness, having friends who drink or use drugs or a history of addiction in your family.
- 4 WHY TEENS USE**
Today's teens are in a very different environment—with pressures, technology and priorities vastly changed—from when you were a teenager.
- 5 NEED TO KNOW**
Find out the truth behind common drug and alcohol myths and misperceptions.

**If you think or know your child is using, visit:
<http://timetoact.drugfree.org>
which offers clear steps for how to move forward**

How to communicate...

It is normal for teenagers to want to spend more time with friends than their family, but it is important to stay connected and communicate with them. Here are some tips to remember when communicating with teenagers:

- Listen to your teenager with an open mind.
- Have eye contact with your teenager. Turn off the TV, put down the paper, and don't answer the phone so you can focus on them.
- Create times just to talk. Find time to talk with your teens about everyday events like in the car, over a meal, while playing sports or shopping.
- Make sure the conversations are positive. Talk about their successes and interests, not just their mistakes.
- Remember, you can agree to disagree. It is okay if you don't agree, but strive to understand.
- Ask and show respect for their opinions.
- Ask your teen open ended questions.
- Be present. Teenagers want to know you are available when they need you.
- Send your teen text messages and voice mails as follow-ups to your talks.
- Keep trying. Communicating with your teen is important, so don't ever give up.

Genuine listening happens with your eyes, heart and ears.

- 7% of communication is contained in the words we use.
- 55% is contained in body language.
- 38% is how we say the words—the tone or feeling reflected in our voices.

How to defuse confrontations with your teen:

It takes two to fight, but only one to turn a conflict around. These conflict tools can help in de-escalating a conflict:

- Use words like "let's," "we," "our," and "together."
- Focus on the behavior, not the person.
- Call the other person by name.
- Ask to hear the other point of view.
- Show respect for the other person.
- Relax your face and body.
- Use a calm voice.
- Brainstorm together.

*From the Mendez Foundation -
Too Good for Drugs and Violence Bring It Home Newsletters*

Drug Types; Street Names	Possible Effects	Method Used; Paraphernalia
Alcohol - Depressant	Slowed reactions, slurred speech	Oral; Squeeze bottles, thermos
Amphetamines - Stimulant; Speed, White Cross, Black Cadillac, Sulphate	Teeth grinding, dry mouth, extreme energy, depressed appetite, hallucinations	Oral; Look for excessive talking, insomnia, hyperactivity, auditory hallucinations, inexplicable mood swings
Cocaine - Stimulant; Coke, Flake, Snow, Free Base	Increased alertness, excitation, bleeding nose, insomnia, loss of appetite	Sniffed, smoked or injected; Razor blades, straws, small free base mirrors, rolled-up paper tubes, straws
Crack - Stimulant (90-100% pure Cocaine)	Similar to Cocaine	Smoked; Glass pipes, glass vials, colored stoppers, small screens, glass tube with rose in it, Chore Boy Pad, light bulb, baby food jar, aluminum foil, charred spoon, pop can
Dextromethorphan - DMX, DX, Dex, Red Devils, Robo, Velvet, Triple C's, Skittles	Drunk feeling, hallucinations, loss of muscle control, slurred speech, sweating, vomiting	Oral or snorted; Pill or liquid form, empty pill packs, cough syrup bottles
Ecstasy - Hallucinogen; MDMA, Wonder Drug, XTC	Blurred vision, dizziness, nausea, elevated blood pressure, anxiety, paranoia	Smoked, inhaled, injected; Needles, syringes, aluminum foil, tobacco mixture
Heroin - Depressant; Dope, gumball, black tar, sugar hill, smack, gumball	Breathing problems, apathy, nausea, vomiting, extreme mood swings, dangerous dependence	Smoked with tobacco, heated on aluminum foil and inhaled, injected into muscle; white powder
Inhalants - Model glue, gasoline, aerosols, correction fluids, air fresheners	Nasal irritation, rapid pulse, lack of coordination, memory loss, confusion, hyperactivity, aggressiveness, hallucinations (similar to alcohol)	Inhaled or huffed; Cleaning rags, empty spray cans, tubes of glue, soft drink cans, ping-pong balls, Glade Air Freshener, Pam Cooking Spray, Axe Body Spray
K2 - Synthetic Cannabis; Spice, Fake Weed, Fake Pot	Nausea, severe headaches, anxiety, hallucinations, increased heart rate and blood pressure, vomiting	Smoked; Pipes, rolling papers, incense-like smell
Ketamine - Hallucinogen Special K, Super-K, K-hole, Vitamin K	Hallucinations, visual distortions, lost sense of time, sense of identity	Oral, smoked, snorted, injected; Frequent use of Visine, aluminum foil
LSD - Hallucinogen; Acid, Windowpane, Microdots, Blotter Acid	Mood swings, incoherent speech, anxiety, fear, feeling of inferiority, lack of muscular coordination	Oral (tablet, capsule, liquid); Absorbent paper, blotter paper, stickers, pacifiers, glowsticks, Pez dispensers
Marijuana - Cannabis Pot, Weed, Hash, Grass, Reefer, Ganja, Skunk, Hydro, Schway, Nuggets, Drabinol	Euphoria, relaxed inhibitions, increased appetite, disorientation, pointless laughing, dry mouth	Smoked, inhaled, eaten; rolling papers, plastic baggies, stash cans, pipes, bongs, "roach clips," pill form
Methamphetamine - Stimulant; Crystal, Meth, Chalk, Crank, Ice, Glass	Violent behavior, confusion, insomnia, increased heart and pulse rate, convulsions, chest pain, raised blood pressure	Snorted, injected, or smoked (ice form) Mirrors, needles, syringes; comes in pills, powder, or clear chunky crystals
Methadone - Narcotic; LAAM, Dolophine, Methadose	Euphoria, nausea, drowsiness, respiratory depression, constricted pupils	Oral, injected; syringes, pills or tablets
Narcotic Analgesics - Heroin, Methadone, Dilaudid, Percodan, Oxycodone, Hydrocodone, Fentanyl Patches	Slow, slurred speech, poor coordination and balance, droopy eyelids	Oral, snorted, smoked, injected, taken as suppository, absorbed through skin; tin foil, prescription pill bottles, burnt spoon, balloons
Opiates - Prescription pain killers; Smack, Junk, Heroin	Pinpoint pupils, shallow breathing, sleepiness, euphoria, dreamy behavior	Oral, injected; needles, syringes and eye-droppers
Prescription Drugs - Three broad categories: Opioids (pain relievers); CNS Depressants (Valium); and Stimulants (Ritalin)	Excessive sweating, nausea and vomiting, uncontrollable diarrhea, spastic shaking, drowsiness, dizziness, insomnia, loss of consciousness	Primarily oral, pills or syringes Empty pill bottles, burnt spoon
Rhoypnol - Sedative; "Date-rape" drug, Roofies, Rope, Roach	Forgetfulness, decreased inhibition (especially when mixed with alcohol)	Oral; Odorless and tasteless; powder is usually dropped into someone's drink unknowingly
Salvia - Hallucinogen; From a herb	Hallucinations, loss of coordination	Smoked, oral
Smokeless, Spit-free, Dissolvable Tobacco Products; Snus, Orbs, Sticks, Strips	Similar to nicotine from cigarettes but depends on the form of product used	Oral; Toothpick form, Tic Tac form, Dissolvable strip form, small paper

DRUG TYPES AND SIGNS