SIGNS AND SYMPTOMS OF DRUG USE

Drug abuse poses a threat to all families and no child is immune from the drug epidemic. Three of the most dangerous words a parent can hastily utter in response to the drug problem are "NOT MY KID". It is ESSENTIAL that as a parent you keep a watchful eye out to detect such use should it occur. If you find alcohol, drugs or drug paraphernalia in your child's possession, there is a strong possibility that he or she is using drugs. EVEN IF YOU DON'T, THERE IS.

The list indicates behaviors that warn you your child MAY BE USING DRUGS. While these symptoms may indicate drug use, they may also simply be signs of normal adolescent growing pains. A single symptom may not indicate an alcohol or drug problem, but a combination of TWO or more symptoms is definitely a warning to you as a parent.

* A DROP IN GRADES - This could be a slow decrease in the past six months to a year, or a sudden decrease. CUTING OR SLEEPING AT SCHOOL.
KEY→ * SWITCHING FRIENDS - Are you seeing a different set of friends around the house? More friends to whom you object? Friends you're not meeting? OLDER FRIENDS. FIGHTS
* EMOTIONAL HIGHS AND LOWS - Easily upset, emotional state changes rapidly, don't seem as happy as they used to be. OBVIOUS MOOD SWINGS
* DEFIANCE OF RULES AND REGULATIONS - Pushing limits around the house, not doing home chores. FRIENDS AT HOUSE WHEN YOU'RE AWAY.
* BECOMING MORE SECRETIVE - Sharing few if any of their personal problems. MYSTERIOUS PHONE CALLS, HANG-UPS.
* LOSS OF INITIATIVE - Less apparent energy, sleeping more than usual. OR HYPERACTI
* WITHDRAWING FROM FAMILY FUNCTIONS - Begging off camping trips, church attendance, meals.
* CHANGE IN PHYSICAL HYGIENE - Becoming more sloppy, wearing same clothes too long. OR EXTREMELY CLEAN.
* NOT INFORMING YOU OF SCHOOL ACTIVITIES - Of open houses, times to meet teachers, suspensions, warnings.
* STAYING OUT LATE - Not coming home on time - or at all - with constant excuses for behavior. RUNS AWAY OR THREATENS TO
* ISOLATING THEMSELVES - Spending a lot of time in their rooms. "DO NOT ENTER" SIGN.
* MONEY OR ALCOHOL MISSING - From parents and other family members. DARK ROOM.
* SELLING POSSESSIONS - Clothing, records, gifts missing; seem to have money but no apparent source of income.
* FEELING MANIPULATED AND BARGAINED WITH - Playing parents against each other. CONSTANT "LAWYER"ING
* ABUSIVE BEHAVIOR - Verbally or physically abusive to family. LYING/DENYING
* WEIGHT CHANGES - Drastic loss of gain. BIZARRE EATING PATTERNS.
* SHORT-TEMPERED - Becoming angry often, short fuse or temper. ABSENTEES
* LEGAL PROBLEMS - Driving while intoxicated, violating curfews, being at parties that get broken up by police. SHOPLIFTING. VANDALISM. FAKE ID.
* DEFENSIVE - When confronted on behavior or other concerns. HIGHLY SENSITIVE.
* CALLS FROM SCHOOL - Reports of skipping classes, sleeping in class, poor work performance, not doing homework.
* COMING HOME DRUNK OR HIGH - Smelling of pot or alcohol, unusually giddy, slurred of speech. COMING HOME HUNGRY (MUNCHIES).
* FINDING PARAPHERNALIA - Papers, pipes, clips, drugs, bottles. INCENSE.
* PALE COMPLEXION. BLOODSHOT EYES. BRUISES. LONG SLEEVES. COUGHING, SNIFFLES, BLOODY NOSE. "FLU".
* FORGETFUL, LESS RESPONSIBLE
* SUICIDAL ATTEMPTS, OR GESTURES OR TALK (90% DRUG RELATED) SUNGLASSES
* EXCUSES FOR BEING LATE.
* CAN'T MISS WEEKEND PARTIES
* PREGNANCY (70-80% ALCOHOL RELATED)

A Glossary of Street Names for Drugs

Street Talk is a regular feature of *Adolescent Counselor Magazine*. It is meant as a guide for our readers who may not be familiar with the drugs that are commonly used by today's adolescents. We have included the "street names" that we were able to gather from treatment programs on the East and West coasts. Some were provided by teenagers who are currently in treatment, others came from treatment staff. There are, no doubt, other drugs and slang terms being used in other areas of the country.

You can help the other readers of this publication by supplying information to us on drugs that are being used in your area, and the street terms for those drugs.

If you know of drugs or terms not listed on this page, please send them to: Victor Emert, Editor, A/D Communications, Inc., 12729 N.E. 20th, Suite 12, Bellevue, WA 98005

	WEST COAST STREET NAMES (Southern California)	SUBSTANCE GENERIC NAME	USAGE/COMMENTS	SUBSTANCE GENERIC NAME	EAST COAST STREET NAMES (Tennessee)
DEPRESSANTS	**BOOZE**	ALCOHOL Beer, wine, liquor	ORAL Most popular among teenagers Most commonly used with Marijuana	ALCOHOL Beer, wine, liquor	**BOOZE, JUICE, SAUCE**
	POT, BUDS, DOBIE, DOOBAGE, DOUBAJE, GANJA, HERB, SPLEEFIGE, HUNTER, GAGE, MARY JANE, BOO, J, NUGGET, BLAZE, WACKY TOBACCKY	MARIJUANA	SMOKED (Rare occasions in food) "getting high," "getting off," "mellowing out"	MARIJUANA	**POT, DOPE, GRASS, ACAPULCO GOLD, MARY JANE, HASH, COLUMBIAN GOLD, CANNABIS**
STIMULANTS	**CRACK, COKE, BOOTH, BLOW, RAILERS, SNOW, RINGER, DIVITS, LINES, TOOT, COLA, ROCK, BLAST, WHITE DUST, IVORY FLAKES, NOSE CANDY, MOBBELES**	COCAINE	SMOKE/SNORT/INJECT Special Mixes: 8-BALL (mix cocaine, heroin, amphetamines) PRIMO (lace marijuana joints with powdered cocaine) SPACE BLASTING (PCP, Crack, Cocaine)	COCAINE	**CRACK, ROCKS, COKE, SNOW**
HALLUCINOGENS	**ACID, FRY, BLAZE, TAB, DOSE, GEL, PYRAMID, TRIPS**	LSD	ORAL Tried/used by less than 4% of teenagers	LSD	**PURPLE MICRO DOT, BLOTTER ACID**
	CRYSTAL	MESCALINE	ORAL	MESCALINE	
	MAGIC MUSHROOMS, SHROOMS, MUSHIES	MUSHROOMS	ORAL	MUSHROOMS	
	KOOLS, SHERMS, KOOLLY, HIGH, WET DADDIES, DUST, JUICE	PCP (Phencyclidine)	SMOKE/SNORT/INJECT	PCP (Phencyclidine)	**ANGEL DUST,**
	CACTUS, BUTTONS	PEYOTE CACTUS	ORAL	PEYOTE CACTUS	
AMPHETAMINES	**SPEED, CRYSTAL, CRANK, METH**	BENZADRINE DESOXYN DEXADRINE BIPHETAMINE	ORAL/SMOKE/SNORT/INJECT Girls more prevalent users because of loss of appetite 3rd drug of choice of high school kids	BENZADRINE DESOXYN DEXADRINE BIPHETAMINE DIET PILLS PHENYLPROP-ANOLOMINE (Cold Pills)	**BLACK BEAUTIES, BENNIES, UPPERS, CRYSTAL, DEXIES, CRANK, SPEED, 357 MAGNUMS**
NARCOTICS	**CHINA WHITE, FIX, HORSE, MOTHER PEARL, SMACK, WHACK**	HEROIN	SMOKE/SNORT/INJECT	HEROIN	**JUNK, H**
	JUNK, MURDOCK, JUNGLE JUICE	METHADONE	ORAL	METHADONE	
INHALANTS			SNIFFED HUFFING: Place item in plastic baggie, place over mouth and nose and inhale. Users getting younger	PAINT THINNER GLUE LIQUID PAPER NITROUS OXIDE GASOLINE HAIR SPRAY FREON FINGERNAIL POLISH	
SEDATIVES BARBITUATES TRANQUILIZERS	**LUDES, DRUNK PILLS**	LIBRIUM QUAALUDE VALIUM	ORAL Special Mixes: LOADS (Doriden + Tylenol 3) Usually obtained from parent prescription	VALIUM	**BLUES**
NICOTINE	**BUTT, CHEW**	TOBACCO	SMOKE/CHEW Most frequent gateway drug	TOBACCO	**WEED, CIG, BUTT**

West Coast Street Names compiled by Dr. Michael Meyers (Life Plus Institute, Los Angeles, CA) from information gathered by his kids in treatment.

East Coast Street Names compiled from information supplied by John Leite, PhD and Paul King MD (Charter Lakeside Hospital, Memphis, TN).

Facts About Alcohol

Alcohol, a drug, is a central nervous system depressant. It is easily made and is the mood-altering ingredient in wine, beer, and liquor. Since it contains calories, it is considered a food, but the calories in no way contribute to good nutrition. In fact, even moderate drinkers may need to reduce their drinking to maintain ideal weight.

A 12-ounce bottle of beer contains approximately the same amount of alcohol as 5 ounces of wine, or 1 1/2 ounces of 80 proof liquor.

Physical Effects

Alcohol is absorbed in the blood stream and transmitted to virtually all parts of the body. Several factors influence the effects of alcohol, including the amount of alcohol consumed, the rate at which it is consumed, the presence of food in the stomach during consumption, and the individual's weight, mood, and previous experience with the drug.

With moderate drinking, a person may experience flushing, dizziness, dulling of senses, and impairment of coordination, reflexes, memory, and judgment. Taken in larger quantities, alcohol may produce staggering, slurred speech, double vision, dulling of senses, sudden mood changes, and unconsciousness. Taken in larger quantities over a long period of time, death may occur due to depression of the parts of the brain that control breathing and heart rate. Alcohol can be very damaging when used in larger amounts or over a long period of time. It can cause damage to the liver, heart, and pancreas. It may lead to malnutrition, stomach irritation, lowered resistance to disease, and irreversible brain or nervous system damage. Drinkers who also smoke are more at risk for developing certain cancers.

Who Should Not Drink Alcohol

Pregnant women, young people, alcoholics, those taking contraindicative medications, and those engaged in dangerous recreational activities should not drink alcohol.

All people should limit their intake of alcohol if they are going to drive or operate other machinery, especially firearms.

Dependence

Increased tolerance to alcohol may lead to physical dependence. At that point, alcohol becomes part of a person's normal physical functioning. Physical dependence is characterized by the presence of withdrawal symptoms when use is discontinued suddenly.

Alcoholism

According to the American Medical Society, "Alcoholism is a chronic, progressive, and potentially fatal disease. It is characterized by tolerance and physical dependency or pathologic organ changes, or both--all direct or indirect consequences of the alcohol ingested."

Scope of the Problem

If you conducted a public health survey, almost all communities would find that alcohol and alcohol-related problems should be on a high-priority list for action. The cost of these problems is conservatively estimated at more than $50 billion a year.

Myth: Teenage alcohol use has not changed much over the years.

FACT: ***Things are much worse today.***

- Comparing your child's drinking with adult drinking, or even teen drinking twenty years ago, is a serious mistake. Today, 50% of our sixth graders feel pressure to drink alcohol. The average age of first alcohol use is 12 years old, and it is not uncommon to find ten year old alcoholics.
- Most young people who get caught for an alcohol-related offense are regular drinkers. It is not their first experience.

Myth: It's only beer.

FACT: ***Alcohol is a drug, too.***

- Alcohol has been called the most active drug affecting the human body, impairing the intellect, physical abilities, and metabolism. The chemical action of alcohol on the nervous system is similar to that of ether.
- Ethyl alcohol (ethanol), the substance in beer, wine, and whiskey which produces intoxication, is a drug in the same chemical class as tranquilizers and barbituates.

Myth: It's just a harmless phase.

FACT: ***Alcohol impairs performance and retards development.***

- Use of alcohol decreases concentration, attention and memory retention, contributing to a loss of achievement and goal orientation.
- Alcohol use by teenagers impedes the development of a wide range of skills and competencies needed for developing self-confidence, for maintaining healthy relationships, and for fulfilling potential.
- Academic achievement declines as the regularity and intensity of alcohol and other drug use increases.
- A study of college students found that decreased thinking and reasoning performance on various tests was associated with increased quantity of alcohol per drinking occasion and total lifetime consumption.

Myth: Booze will keep them off harder drugs.

FACT: ***Alcohol is often the gateway to other drug use.***

- Early use of alcohol is associated with greater involvement in other drug use and with more frequent use of alcohol.
- There is a strong association between the use of alcohol and the use of marijuana. 63% of young heavy drinkers reported using marijuana during the previous month, while only 4% of

those who abstain from using alcohol smoked pot. The extent of marijuana use rises with increases in drinking levels by youth.

- Heavy marijuana smokers are 75% more likely than non- smokers to try cocaine.

Myth: There is no difference between adults and teenagers drinking. I would be a hypocrite to tell my child to abstain.

FACT: ***Teenagers are more vulnerable to the effects of alcohol.***

- The average alcoholic-prone adult takes 10 to 30 years to progress from the first drink to out-of-control alcoholism. Teenagers walk the same road from the first drink to alcoholism in 3 to 6 months.
- Regular drinking causes kids to give up sports, hobbies, and later productive work at school - resulting in guilt and a declining sense of self-worth.
- The use of alcohol suppresses inhibitions and judgments, permitting young people to cross the line of sexual involvement at younger and younger ages. 47 percent of teenagers surveyed in 1982 were intoxicated the first time they engaged in sexual intercourse.

Myth: My child can drink responsibly.

FACT: ***Teenage drinking is against the law.***

- Teenagers tell us that they drink to get intoxicated, not to be responsible.
- It is illegal in Pennsylvania for anyone under 21 to purchase, possess, consume, or transport alcohol. This includes: minors taking a sip of beer; buying beer for a party; even delivering a six-pack to a relative.
- Just as there is no such thing as a responsible shoplifter, burglar or murderer, there is no such thing as a responsible underage drinker. The 21 drinking age is the result of an overwhelming consensus of the citizens of Pennsylvania.
- Any violation of this law could subject the minor to a $300.00 fine.
- If a minor has a party in his home and serves alcohol, he can be fined and his parents notified if they were not at home. If the parents are at home when the violation occurs, they can be fined.
- Anyone convicted of driving under the influence (DUI) of alcohol will be sentenced to at least 2 days in jail for the first violation (30 or 90 days for second or third offenses) and fined at least $300. Also, his driver's license will be suspended for a period of time.
- A parent or other adult who serves alcoholic beverages to a teenager or permits a teenager to drink is legally liable for any resulting consequences.
- Anyone over 21 who buys alcohol for a minor is subject to a fine. That person could also be liable for any resulting injuries and/or property damages.

WHAT YOU AS A PARENT CAN DO

Now that you have become aware of the physiological,social, psychological, and legal problems associated with teenage drinking, isn't it time to take action? A good place to start may be with your relaxed attitude toward your teenager sipping a few beers. After all, that's where it all starts.

As a parent you are in a unique position to help your child refrain from drinking. No matter what your teenager may lead you to believe, you can exert an influence over his/her attitudes and actions.

Some of the signs to watch for are:

- Watered down alcohol in the family liquor cabinet.
- Sudden preoccupation with mouthwash or breathspray.
- Sudden use of strong perfume or cologne to cover the smell of alcohol.
- Ignoring curfews; coming home intoxicated.
- A drop in school grades.
- Loss of memory;lack of concentration.
- Bloodshot eyes, puffy face, tired look, slurred speech.
- Being stopped by the police or arrested for possession of alcohol under age, driving under the influence, or use of a phony I.D.
- Change in friends.

Where to get help -What to do if your teen is using alcohol.

- Keep an open line of communication with your teenager and serve as a role model.
- If your child is using alcohol, consult a professional counselor - one who believes that teenagers cannot safely use alcohol - to do an objective assessment of your child's alcohol use.
- Get informed, there are many national and state organizations willing and able to help you and your teen:

National Federation of Parents for Drug Free Youth
(1-800-554-KIDS)
PRIDE (National Parents Resource Institute for Drug Education)
(I-800-24I-9746)
PENNSYLVANIANS AWARE
(I-800-PA AWARE)

TAKE A FIRM STAND!

LeRoy S. Zimmerman
Attorney General

AMPHETAMINES

Short Term Effects

Behavioral & perceptual distortions
Rise in blood pressure
Irregular heartbeats
Hypersensitivity of eyes
Weight loss
Headaches
Nausea & dizziness
Increased blood sugar
Decreased pain sensitivity
Increased respiratory rate

Long Term Effects

Tolerance to drug
Addiction to drug
Use of other drugs, i. e., barbiturates to counteract amphetamines
Psychosis
anxiety, paranoia, & hallucinations
Damage to vascular system

BARBITURATES

Short Term Effects

Over reaction to external stimuli
Hypersensitivity
Behavioral & sensory distortion
Nausea
Vomiting
Blood pressure rise
Rise in respiratory rate
Fever & dizziness

Long Term Effects

Addiction
Overdose/death
Psychosis

COCAINE

Short-Term Effects

Increased heart rate
Restlessness
Aggression
Nausea
Dizziness
Euphoria
Decreased sensitivity to pain

Long-Term Effects

Seizures
Physical dependency & addiction
Psychological dependency
Hypertension
Cerebral hemorrhage

QUAALUDES (Methaqualone)

Short-Term Effects

Drowsiness & sleep
Tremors & spasms
Profuse sweating
Rapid heartbeat
Lack of bodily coordination
Amnesia
Chills
Respiratory depression
Slurred speech
Nausea
Headaches
Fatigue/restlessness

Long-Term Effects

Tolerance to drug
Psychological dependence
Physical dependence
Overdose/coma
Death

MARIJUANA

Short-Term Effects

Inflammation of respiratory tracks
Deposit of pre-cancerous substances & conditions same as cigarettes (carbon monoxide and tar)
Bacteria
Disruptive effect on cardiovascular system
Increased heart rate & breathing

Long-Term Effects

Effects immune system
(Interferes with lymphocytes)
(Anti-virus and cancer)
Distorts behavioral perceptions
(Mood swings, etc.)
Kills sperm cells

PCP (Angel Dust)

Short-Term Effects

Increased sensitivity to external stimuli
Mood elevation
Intoxication
Disorientation
Hyperexcitability
Mental confusion
Restlessness
Hallucinations
Disassociation of mind & body
Feelings of panic
Muscle spasms
Uncontrolled eye movement
Excessive drinking and urination
Decreased sensitivity to pain
High blood pressure
Irregular breathing
Irregular Heartbeat
Convlusions & vomiting

Long-Term Effects

Coma/death
Dependence
Psychosis
Hallucinatory flashbacks
Personality change
Acute depression

DRUG ABUSE WARNING SIGNS

Sudden changes in behavior patterns.

Drop in school work and grades.

Mood swings.

Listlessness.

Violent sudden eruptions of temper or emotion.

Restless energy.

Red eyes.

Sloppy grooming; decline in personal hygiene.

Complaints of headaches and sleeplessness.

Use of incense.

Runny nose.

Reddened or inflamed nostrils.

Body sores.

Increased or noticeable body odor.

Keeping different hours; going out suddenly.

New, less desirable companions.

Strange phone calls; increased furtiveness, paranoia about phone calls.

Increased paranoia in general.

Complaints of sweating and chills.

Drop off in appetite.

Sudden weight loss.

Increased need for money.

HIDING PLACES

1. Cassette tape boxes.
2. Lamp bases.
3. Behind switch and outlet plates.
4. Above false ceilings.
5. In upholstery.
6. Behind loose baseboards.
7. Shoes.
8. Clothes pockets.
9. Plastic bag in toilet tank.
10. Under carpets.
11. Taped in back of dresser drawers.
12. Inside mattresses and box springs.
13. Inside sports equipment such as fingers of baseball gloves.
14. Inside prescription drug bottles.
15. Inside stereo and other entertainment equipment.
16. Inside light fixtures.

DON'T FORGET TO SEARCH THE CAR.

ON PERSON

1. Crotch of pants, inside underwear, most popular places to hide drugs.
2. Girls, in brassiere.