



A PARENT'S GUIDE

**UNDERSTANDING
YOUR TEEN'S MOODS,
BRAIN DEVELOPMENT,
AND
DRUG & ALCOHOL PREVENTION**

**PROMOTING
POSITIVE FUTURES**



GCSAPP.NET

Dear Parents of the Gunnison Valley:

This guide is written for you! At Gunnison County Substance Abuse Prevention Project (GCSAPP) we hear from parents that approaching and dealing with the topic of drugs and alcohol with kids can be a difficult topic to navigate. This guide will hopefully answer some of your questions and calm some of your fears about those conversations. The most important thing to remember is that you CAN make a difference! Kids whose parents talk to them about drug and alcohol use are up to 50% less likely to use substances. On the flip side, research shows that the earlier young people start to use drugs and alcohol the more likely they are to struggle with addiction later in life. So, taking those first steps in talking to your kids is crucially important.

In Gunnison County the average age of first use for alcohol is 12 and for marijuana its 13. So, kids are trying alcohol and marijuana early. In 2012 the percentage of high school students who said they'd binged with alcohol, which means 5 or more drinks in one sitting, as least twice a month was 17%. And, the percentage of high school students who reported having alcohol in the last 30 days was 38%.

When asked about marijuana use 20% of high school students said they had used marijuana in the last 30 days and 38% said they had used it in their lifetime. *These figures are all within a couple of percentage points of statewide comparisons.*

So, what to do? When to start? Research shows that starting to talk to your kids about drugs and alcohol as early as age 9 can be effective. When kids are between the ages of 9-13 they are starting to become curious about using substances and they are starting to understand the cultural and media messages around drinking and using drugs. So, talking casually, often and with candor about these issues with your kids is the best way to inform and empower them to make good decisions. And we hope this guide will provide some of the information you might want in your back pocket when those opportunities come up for talking.

GCSAPP is a community coalition working to promote a healthy and safe community through the reduction and prevention of substance abuse. Please visit us online for up to date research, news and information about our work at www.gcsapp.net



www.gcsapp.net

TIPS FOR TALKING TO YOUR KIDS ABOUT DRUGS AND ALCOHOL

Every child is potentially vulnerable to experimenting with drugs and alcohol, but every parent has the power to influence their child's decisions and behaviors. There's no inoculation against substance abuse; however, you as parents hold a great deal of power to reduce the odds that your child will begin to use drugs or alcohol. And, by being silent, those odds go up. Your constant and caring involvement can help inspire your child to make healthy, drug-free choices.

Adolescence is a time of learning and discovery, so it's important to encourage kids to ask questions, even ones that might be hard to answer. Open, honest, age-appropriate communication now sets the stage for your kids to come to you later with other difficult topics or problems.

ELEMENTARY: AGES 4 TO 7

Kids this age still think and learn mostly by experience and don't have a good understanding of things that will happen in the future. Aim to keep discussions about alcohol in the present tense and relate them to things that kids know and understand. For example, watching TV with your child can provide a chance to talk about advertising messages. Ask about the ads you see and encourage kids to ask questions too.

Kids are interested in how their bodies work, so this is a good time to talk about maintaining good health and avoiding substances that might harm the body. Talk about how alcohol and drugs impair a person's senses and judgment- for example bringing up how alcohol makes people wobbly on their feet, unable to talk clearly and can make people stumble and trip. You can also talk about the physical effects of too much drinking like that it gives people bad breath, headaches, stomach aches and overall can really damage a person's health.

ELEMENTARY TO MIDDLE SCHOOL: AGES 8 TO 11

The later elementary school years are a crucial time in which you can influence your child's decisions about alcohol use. Kids at this age tend to love to learn facts, especially strange ones, and are eager to learn how things work and what sources of information are available to them.

So it's a good time to openly discuss facts about drugs and alcohol: their long- and short-term effects and consequences, physical effects, and why it's especially dangerous for growing bodies.

LATE MIDDLE TO HIGH SCHOOL: AGES 12 TO 17

By the teen years, your kids should know the facts about alcohol and your family rules, attitudes and beliefs about substance use. So use this time to reinforce what you've already taught them and focus on keeping the lines of communication open.

Teens are more likely to engage in risky behaviors, and their increasing need for independence may make them want to defy their parents' wishes or instructions. But if you make your teen feel accepted and respected as an individual, you increase the chances that your child will try to be open with you.

Kids want to be liked and accepted by their peers, and they need a certain degree of privacy and trust. Avoid excessive preaching and threats, and instead, emphasize your love and concern. Even when they're annoyed by parental interest and questions, teens still recognize that it comes with the territory.

STARTING THE CONVERSATION: DISCUSSION TIPS

Having the 'say no to drugs' talk needn't be out of the ordinary, it can evolve naturally. But, when tackling tough topics like drugs and alcohol, just figuring out what to say can be a challenge. Kids are smart, they know when they're about to be "talked to" or they can usually sense a lecture coming on. Here are some everyday scenarios you can use to bring up the topic of drugs and alcohol.

SCENARIO:

Every time you ask your teen how his day was, you get a mumbled, "Whatever, it was okay," in return.

WHAT YOU CAN SAY:

Skip asking general questions like "How's school?" every day. Instead, ask more specific questions on topics that interest both you and your teen "Tell me about the assembly you had", or what topics are you covering in social studies?" "Are there a lot of cliques in your school?" You can also use humor and even some gentle sarcasm to get the conversation flowing. Try, "Oh, what a joy it is to live with a moody teenager!" to make your child laugh and start opening up a bit which makes it easier to slide in questions about drugs/alcohol.

SCENARIO:

Your kids will most likely have access to drugs and alcohol eventually. 27% of Gunnison County middle school students said it would be "easy" or "sort of easy" to get beer, wine or liquor.

WHAT YOU CAN SAY:

There are a lot of changes in your peer's behavior now that you're in middle school. I know we talked about drinking and drugs when you were younger, but now is when they're probably going to be an issue. I'm guessing you'll at least hear

about kids who are experimenting, if not find yourself some place where kids are doing risky things. I just want you to remember that I'm here for you and the best thing you can do is just talk to me about the stuff you hear or see. Don't think there's anything I can't handle or that you can't talk about with me, Okay?

SCENARIO: Fictional Character

You just took your teen to a PG-13 movie in which one of the main characters drinks and smokes excessively. It's a good thing you insisted on tagging along, because now you have the opportunity to discuss the film—especially that lead character's addiction—with your teen. Did your son or daughter think the main character's drug use was cool or did he recognize that he or she had a problem?

SCENARIO: People in your child's life

Celebrities: Your sons and daughters have actors they look up to, ones that are in all their favorite movies. So what happens when their magical movie star goes to rehab for the third time? When that famous face graces the cover of People magazine, ask your daughter why she thinks Lindsay or Paris or whoever it may be is such a cool person. If your kids only care about celebrity lifestyles and good looks, remind them that their role model should also be someone who drinks responsibly and either doesn't do drugs or has taken the initiative to get help for her drug problem.

Classmates: You don't necessarily need a movie star to get the conversation going with your teen. Maybe it's a recent DUI arrest of CBCS students. A lot can come out of this conversation — why drunk driving is so dangerous, the consequences of getting caught, and why you never want your son to get into a car with a friend who's been using — no matter what. (** in the 2012 survey, 22% of 8th graders reported having ridden in a car with someone who had been drinking. And 7% of high school students reported driving after drinking.)

Relative: Substance abuse issues can often hit close to home, and it's important that we're open and honest with our kids when it happens. If you can, tell them all the details about your relative who is struggling. Explain why there's a problem and how you, as a family, are going to do what you can to support one another through this tough time. If your teen isn't asking a ton of questions, that's okay—he might be feeling uncomfortable about the topic. It might help to emphasize that while addiction can wreak havoc on a person's life, it is always possible for him or her to make a recovery with the support of friends and family.

SCENARIO: What do I say if my kids ask me if I ever experimented with drugs?

For many parents, a child's "Did you ever use drugs?" question is a tough one to answer. Unless the answer is no, most parents stutter and stammer through a response and leave their kids feeling like they haven't learned anything—or,

even worse, that their parents are hypocrites. It's difficult to know what to say. You want your kids to follow your rules and you don't want them to hold your history up as an example to follow—or as a tool to use against you. But the conversation doesn't have to be awkward, and you can use it to your advantage by turning it into a teachable moment. Some parents who've used drugs in the past choose to lie about it—but they risk losing their credibility if their kids ever discover the truth. Many experts recommend that you give an honest answer—but you don't have to tell your kids every detail. The discussion provides a great opportunity to speak openly about what tempted you to do drugs, why drugs are dangerous, and why you want your kids to avoid making the same mistakes you made.

WHAT YOU CAN SAY:

"I took drugs because some of my friends used them, and I thought I needed to do the same in order to fit in. In those days, people didn't know as much as they do now about all the bad things that can happen when you take drugs. We now know how incredibly dangerous drug use can be and how detrimental it is to your developing brain."

"Everyone makes mistakes and trying drugs was one of my biggest mistakes ever. I'll do anything to help you avoid making the same stupid decision that I made when I was your age."

SCENARIO: My kid thinks marijuana is safe. How do I handle this one?

With Recreational Marijuana being legal in Colorado, kids think it's a safe drug with no consequences. But we know that each year, more kids enter treatment with a primary diagnosis of marijuana dependence than for all other illegal drugs combined and that marijuana use can lead to a host of significant health, social, learning, and behavioral problems at a crucial time in a young person's development.

WHAT YOU CAN SAY:

"Just because marijuana is legal for adults, it does not mean it's a safe drug. Much more is known today about the serious health and social consequences of using marijuana and its long term effects on the teen brain - effects that are found to be permanent. Your brain is developing and during this crucial time, marijuana can adversely affect the way your brain goes together."

RESOURCES

- Califano, James. How to Raise a Drug Free Kid- The Straight Dope for Parents. Simon and Schuster. 2009. (Also available in Gunnison Public Library).
- Knox, Richard. The Teen Brain: It's Just Not Grown Up Yet. 3/1/10.
- <http://www.npr.org/templates/story/story.php?storyId=124119468&sc=nl&cc=h-20100301>
- <http://www.timetotalk.org/> - tips on talking to your kids.
- <http://timetoact.drugfree.org/> - if you think your child may be using.
- Trudeau, Michelle. Teen Drinking May Cause Irreversible Brain Damage. 1/25/10. • <http://www.npr.org/templates/story/story.php?storyId=122765890>
- <http://kidshealth.org/parent/positive/talk/alcohol.html>

WHO IS THE MOODY STRANGER DOWN THE HALL?

Understanding your teen's moods through bio-psychosocial development



University
Psychology Professor
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Adolescence is thought of as a period of emotional upheaval. In this chapter, we'll look at the bio-psychosocial factors that contribute to adolescent development. Basically, why adolescents act the way they do.

Identifiable biological and psychological hallmarks of this development period are numerous. Here are some big ones:

SLEEP PROBLEMS

This is typically seen as not being able to get to sleep because adolescents are thinking of or worried about all of the social possibilities of tomorrow. Will Jason ask me out? What shirt should I wear? Will I score in tomorrow's game?

This is also the time when adolescents' circadian clock shifts back an hour making it harder to wake up. The neurotransmitter melatonin (which regulates circadian rhythms and the sleep) shifts during this time, resulting in a greater need for sleep. This results in less REM sleep and difficulties with memory, learning and retention of information, ultimately making it harder for adolescents to get ahead or catch up academically. It can also result in more erratic mood swings and low frustration tolerance.

MOOD SWINGS

Early adolescents: females 11-13 years and males 12-14 years are starting to experience wide mood swings that can range from euphoria to sadness in minutes, without obvious predisposing factors. These changes can last for hours or days and are characteristic to this stage of development.

Middle adolescents: females 13-16 years and males 14-20 years is when we start to see parental conflict peak. Kids are consistently challenging authority and attempting to renegotiate rules. Peer group conformity becomes the norm, launching urges for modes of their emerging identity (designer clothes, new hairstyles etc). Their peer group dictates communication

style and behavior; and peer pressure climaxes. Sexual drives lead many into dating and sexual experimentation, with intercourse starting at earlier ages. Risk-taking behaviors like experimentation with sex, drugs, and dangerous activities occur more often at this stage of adolescence.

These periods are also identified as adolescent egocentrism; a time when adolescents believe that they are more socially important than they really are and believe that their experiences are unique. No one could possibly understand me! It is often over exaggerated to the point of difficulty and can result in unhealthy choices. This is largely due to the changes happening in the brain.

ADOLESCENT BRAIN DEVELOPMENT

During adolescence there is a reduction in the rate of growth in the frontal lobe and prefrontal cortex ; the executive parts of the brain. As a result, Adolescent thinking has limitations, specifically in abstract thinking, logic, problem solving abilities, impulse control and emotional regulation.

Also during this time, there is an increase in the rate of growth of the amygdala and hippocampus; the limbic system that controls emotions. This growth enables the child to feel more than they have before. As a result, adolescents need more stimulation in order to have the same sensations and experiences. Brain neurotransmitter shifts also figure prominently in the developmental changes of adolescence:

Dopamine - This neurotransmitter affects brain processes that control movement, emotional response and the ability to experience pleasure and pain. Dopamine levels fluctuate (slightly increase) during adolescence resulting in mood changes and difficulty with emotional control which can lead to more risky behaviors such as substance use.

Serotonin - This neurotransmitter plays a role in mood fluctuations, anxiety, impulse control and arousal levels. Serotonin levels decrease during adolescence. This decline is associated with decreased impulse control and as a result, adolescents experience stronger “depressed feelings”.

All of this development leads to the adolescent’s ability to feel more emotions than before with an inability to think logically and systematically about how to solve problems that arise. Suicide is growing among this population as adolescents have no prior experience overcoming these life problems and have such strong and intense emotions. See references pg - if you suspect your child may be suicidal.

Also part of adolescent bio-psychosocial growth is their engagement in personal stories or fantasies as a coping mechanism for the changes they’re experiencing. These are largely due to the adolescent experiencing “Adolescent Egocentrism”, a perception that they are much more socially important than reality.

- **Imaginary audience** - This arises from many adolescents' assumption that other people are as intensely interested in them as they themselves are. This results in acute self-consciousness. OH MY GOD I HAVE A PIMPLE!
- **Personal fable** - Another false conclusion resulting from adolescent egocentrism is the personal fable, through which adolescents imagine their own lives as unique, heroic, or even mythical. They perceive themselves as different from others, distinguished by unusual experiences, perspectives, and values.
- **Sense of invincibility or invincibility fable**, by which young people feel that they will never fall victim, as others do, to dangerous behaviours. It won't happen to me attitude (car accidents, drug abuse, pregnancy, STD, etc.)

AUTONOMY FROM PARENT AND PEER RELATIONSHIPS

Adolescents during this time push towards autonomy in a constant struggle to be treated as an adult. They begin to look to their peers for advice and rely less on their parents for counsel. Although they are pushing for more freedom and independence, guidance from parents is extremely important at this time.

SOURCES

- Berger, K. (2010). Invitation to the Lifespan. Worth Publishers: New York, NY
- Davies, D. (2004). Child Development; A Practitioner's Guide. The Guildford Press: New York, NY
- Public Broadcasting Station (2002). Frontline: Inside the Teenage Brain. WGBH Educational Foundation.
- Spiers, M. and Zillmer, E. (2001). Principles of Neuropsychology. Wadsworth/Thomson Learning: Belmont, CA.

**Parents, if you suspect
your teen is using,
take the quiz:**

timetoact.drugfree.org

**Additional resources
for parents:**

timetoact.drugfree.org

www.teen-safe.org

www.safety1st.org

www.alcoholfreechildren.org

www.madd.org

www.teens.drugabuse.gov

www.abovetheinfluence.com

I WANT IT NOW!

Instant Gratification and the Science of Addiction



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Research on the neurological effects of drug use is filled with examples of long-lasting and permanent changes in brain chemistry and function. Furthermore, research with human subjects has also highlighted the potential risks associated with drug exposure at critical periods in brain development, such as childhood. One specific developmental issue is the long-term effect of drug exposure on a region of the brain called the frontal lobes. The frontal lobes are an area of the brain involved in long-term planning, decision-making, impulsivity and other types of executive function. While the results of these types of studies are interesting, what is easily missed is the concept that all behavior—not just drug use—involves changes in the brain. Everything from studying for a spelling test to taking a bike ride permanently changes our brains.

Recently, scientists showed that early experience with instant and near-instant forms of gratification makes test subjects less likely to work when gratification is delayed. Other researchers have shown how taking drugs significantly increases impulsivity while experience with delayed gratification can dramatically decrease impulsivity. This growing area of neuroscience research continues to show that all forms of instant gratification (drugs or otherwise) should cause similar changes in the brain.

For parents, it should be particularly alarming that regular experience with “instant gratification” can produce effects similar to chronic drug use. In many ways, adolescent experimentation with drugs might best be viewed as a symptom of impulsivity, as much as a problem in and of itself. Parents should consider coming up with new “delayed gratification” opportunities as a way to potentially decrease the likelihood of adolescent drug use and impulsive behavior in general.

As parents it's important to realize the impulse seeking nature of this age-and it can be beneficial to provide opportunities for delayed gratification.

Examples:

- > Have kids help with meal planning during the week (including shopping) as a way to plan and set goals, several days in advance.
- > Establish a bank account and money management with long term savings in mind. This can also mean saving for a certain event or thing your son or daughter has been wanting.
- > Encourage participation in organized sports and extra curricular activities.
- > Set time limits for internet use and texting.

SOURCES

- Thompson, Gosnell and Wagner (2002)
- Achat-Mendes, Anderson and Itzhak (2003)
- Shahak, Slotkin and Yanai (2003)
- Bartzokis, Beckson, Lu, Edwards, Bridge and Mintz (2002)
- Crews and Boettiger (2009)
- Adriani, Zoratto, Romano and Laviola (2010)
- Mendez, Simon, Hart, Mitchell, Nation, Wellman and Setlow (2010)
- Eisenberger, Masterson and Lowman (1982)

can also pick up addictions much quicker. Teen brains are more sensitive to the rewards of pleasure, and find it harder to shake off the allure.

- Alcohol and other drugs turn on the pleasure-producing chemistry of the brain, making dopamine, a brain chemical. But when a drug is used repeatedly, the brain loses some of its natural ability to produce dopamine. With repeated drug use the brain gets used to having a lot of these pleasure chemicals and needs more and more of them to feel good. This change in the brain is called “neuroadaptation”.
- Neuroadaptation interferes with the normal experience of pleasure as the brain no longer feels stimulated enough by other sources of pleasure. Without drugs, the user feels depressed, angry, bored, anxious, and/or frustrated. Neuroadaptation is the mechanism for the disease of addiction, as the user needs drugs to feel pleasure.
- Teen brains are more sensitive to the rewards of pleasure and they do not yet have fully developed impulse control and decision-making skills. This combination makes teen alcohol and drug use dangerous.

ALCOHOL AND THE TEEN BRAIN

Recent studies show that alcohol does serious and immediate harm to the cognitive abilities of the teen brain. Early, heavy drinking undermines the neurological capacities needed to protect oneself from eventual alcoholism.

Brain scans of teens that binge drink (five or more drinks in one setting, twice a month) showed damaged nerve tissue in the brain’s white matter. White matter, very important for the relay of information between brain cells, is continuing to develop during adolescence. Damage to the brain’s white matter causes poor, inefficient communication between brain cells and specifically affects attention span in boys, and girls’ ability to comprehend and interpret visual information.

RX DRUGS AND YOUR TEEN

Research shows that many teens are turning away from street drugs and are instead using prescription drugs to get high. Second only to marijuana, prescription drug abuse is the mostly widely abused drug by teenagers—and the most potentially deadly. Nearly 1 in 5 teens (19%) report abusing prescription drugs that were not prescribed to them.

Nationally, 47% of teens reported getting prescription drugs from friends for free while another 10% took them from family members. Many teens feel that prescription drugs are safer to use than street drugs since they are easily obtained from friends and family medicine cabinets. In one report, the teens stated that for the first time prescription drugs are now easier to get than beer.

Prescription drugs can have powerful effects in the brain and body. They act on the same brain pleasure sites as illicit drugs. The risk of neuro-adaption and addiction is similar as well. Opioid painkillers, such as Vicodin, act on the same sites in the brain as heroin. Prescription stimulants, such as Ritalin, have effects in common with cocaine. It is dangerous to take these medications in ways other than what and who they were prescribed for. Some people may take a pill meant to be swallowed and instead crush it up in order to snort or inject it. This misuse can be very dangerous in both the short and long term. Also, abusing prescription drugs is illegal—and that includes sharing prescriptions with friends.

Pain relievers such as OxyContin and Vicodin are the most widely abused prescription drugs by teens.

Painkillers (Vicodin, Tylenol with Codeine, OxyContin, and Percocet)

Painkillers are essentially opioids. Opioids attach to specific proteins called opioid receptors, which are found in the brain, spinal cord, gastrointestinal tract, and other organs. When opioid drugs attach to these receptors, they reduce the perception of pain. They also affect areas of the brain that deal with pleasure—which is why they are often abused and why they can be addictive.

An overdose of opioids can cause breathing to slow down so much as to cause death. Overdose can occur when people take too high a dose; when they crush a time-release pill or capsule before swallowing, sniffing, or injecting the drug; or when they combine opioids with central nervous system depressants, such as alcohol, Valium, or Xanax.

Also, some types of opioid medications contain very high doses. These are typically used to overcome the loss of the medication's effect after a person takes it over a long period of time to relieve chronic pain. However, someone who has not used opioids previously can overdose because their bodies are not used to the drugs' effects.

Depressants (Klonopin, Nembutal, Soma, Ambien, Valium, and Xanax)

Central nervous system (CNS) depressants slow down activity in the brain. These drugs increase the activity of gamma aminobutyric acid (GABA), a chemical that inhibits the activity of other brain cells, called neurons. When GABA is increased, people can feel drowsy or calm, an effect that is helpful for those suffering from anxiety or sleep disorders. Too much GABA, though, is not a good thing. It can cause confusion, slowed breathing, and death. Benzodiazepines and barbiturates are CNS depressant medications; and alcohol—although not a medication—is also a CNS depressant. Combining them is risky and potentially deadly.

Since CNS depressants work by slowing the brain's activity, stopping their use suddenly after long-term use can cause seizures, because the brain cells become overactive. This reaction can be prevented when these medications are taken and stopped under a doctor's care.

Stimulants (Concerta, Dexedrine, and Ritalin)

Stimulants have chemical structures that are similar to certain key brain neurotransmitters, the chemicals that allow nerve cells to send messages to each other. Stimulants increase the levels of these chemicals in the brain and body. This can increase blood pressure and heart rate and open up the pathways of the respiratory system, which can increase alertness, attention, and energy.

Again, too much of a good thing is not good. An overdose of stimulants can cause anxiety, panic, tremors, irregular heartbeat, dangerously high body temperatures, and even heart attack. People who stop taking stimulants after some time may suffer from fatigue and depression because the brain adapts and decreases its natural response to the brain chemicals that stimulants resemble.

MARIJUANA; EMERGING STUDIES OF ITS EFFECTS ON THE TEEN BRAIN

Marijuana is the most widely used illegal drug among youth today and is more potent than ever. Marijuana use can lead to a host of significant health, social, learning, and behavioral problems at a crucial time in a young person's development.

Today's teens are smoking a more potent form of marijuana than what their parents may be familiar with and they are starting use at increasingly younger ages during crucial brain development years. There is plenty of evidence showing the ways in which marijuana is harmful to the mental health of adolescents. Marijuana can have long term consequences on the brain, even changing the way it works.

In the recent study “Neuro-imaging Marijuana Use and its Effects on Cognitive Function” professor of psychology, Krista Lisdahl Medina found that chronic, heavy marijuana use during adolescence – a critical period of ongoing brain development – is associated with poorer performance on thinking tasks, including slower psychomotor speed and poorer complex attention, verbal memory and planning ability. Her research found these effects were evident even after a month of stopping marijuana use. Even with partial recovery of verbal memory functioning within the first three weeks of stopping marijuana use, complex attention skills continue to be affected.

A similar study by Manzar Ashtari, Ph.D which appeared in the Journal of Psychiatric Research found that adolescents and young adults who are heavy users of marijuana are more likely than non-users to have disrupted brain development and abnormalities in areas of the brain that interconnect brain regions involved in memory, attention, decision-making, language and executive functioning skills.

SOURCES

- http://www.breitbart.com/article.php?id=D8T9L33O0&show_article=1
- <http://www.digitaljournal.com/article/266428>
- http://www.ehow.com/facts_4964014_effects-marijuana-teen-brain.html
- <http://www.jeffwolfsberg.com/articles/how-drugs-affect-the-teenage-brain>
- <http://www.mentorfoundation.org/brain.php?nav=4-160>
- National Institute on Drug Abuse. NIDA InfoFacts: Prescription and Over-the-Counter Medications (<http://www.nida.nih.gov/Infofacts/PainMed.html>). Revised July 2009. Retrieved August 2009.
- <http://www.npr.org/templates/story/story.php?storyId=122765890>
- Partnership for a Drug Free America. (2005-2006). The Partnership Attitude Tracking Survey: Teens in Grades 7-12.
- http://teens.drugabuse.gov/facts/facts_rx2.php
- <http://www.theantidrug.com/drug-information/otc-prescription-drug-abuse/prescription-drug-dangers/rx-danger-zones.aspx>
- The National Center on Addiction and Substance Abuse at Columbia University. (2008). National Survey on American Attitudes on Substance Abuse XIII: Teens and Parents.
- <http://www.uc.edu/News/NR.aspx?ID=9011>

THE RISKS, COSTS AND LEGAL CONSEQUENCES OF SUBSTANCE ABUSE

Risky Behavior

- Each year, approximately 5,000 people under 21 die as a result of drinking alcohol with deaths resulting from motor vehicle accidents, homicide, suicide, and other injuries.
- Underage drinking increases the risk of carrying out, or being a victim of physical or sexual assault.
- Alcohol also plays a role in risky sexual behavior, increasing the chance of teen pregnancy and sexually transmitted diseases (1 in 4 teens have an STD), including HIV/AIDS.
- Alcohol use by youth impairs a young person's decision making ability which can lead to seeing nothing wrong with driving drunk or riding in a car with a drunk driver. In Gunnison County 18% of 6-12 graders reported in 2012 riding with a drunk driver and 7% reported driving after drinking.

Costs Associated with Underage Drinking and Drug Use

- Underage drinking cost the state of Colorado \$1.2 billion in 2010.
- Colorado ranks 10th out of 50 states for the cost per youth of underage drinking.
- In 2009, 3,858 youth 12-20 years old were admitted for alcohol treatment in Colorado.
- In 2009 underage drinkers consumed 16.9% of the alcohol sold in the state, totaling \$397 million in sales.
- Each year, more kids enter treatment with a primary diagnosis of marijuana dependence than for all other illegal drugs combined.
- In Colorado the deaths resulting from the abuse of opioids more than doubled from 180 in 2000 to 373 in 2008.
- In 2008 three times as many people in Colorado died from prescription drug abuse (562 deaths) than from drunk-driving related crashes (173 deaths).

Providing Alcohol and Underage Drinking are Against the Law

- Colorado law says that providing alcohol for minors is a crime. A violation of the law is a class 2 misdemeanor punishable by fines up to \$1,000 and/or 3-12 months imprisonment.

- In the City of Gunnison it is now also illegal for adults to knowingly host parties for underage youth with alcohol present, punishable by fines and/or jail time.
- It is illegal for anyone under 21 to possess alcohol, with the exception of parental presence and approval for their own children. Violations can include fines, community service and alcohol education.
- It is illegal for anyone under 21 to purchase or attempt to purchase alcohol. This is a class 2 misdemeanor with fines and/or jail time.
- Youth who are caught drinking and driving can have their license suspended for up to a year.
- DUI's can cost up to \$10,000 in legal fees and charges for either an adult or a teen caught driving drunk.

SOURCES

- Colorado Department of Public Health and Environment- Health Statistics Sections
- http://www.ehow.com/facts_4964014_effects-marijuana-teen-brain.html
- Healthy Kids Colorado Survey, Gunnison County 2009.
- Mother's Against Drunk Driving- Colorado Office
- The International Institute for Alcohol Awareness, a project of the Pacific Institute for Research and Evaluation
- U.S. Surgeon General

COSTS ASSOCIATED WITH A FIRST DUI



Detoxification.....	\$455	Victim Assistance Fund.....	\$78
Chemical Testing Fee (\$30-\$150).....	\$90	Victim Impact Panel.....	\$25
Towing Fee.....	\$143	Victim Compensation Fund.....	\$33
Court Cost.....	\$26	Ignition Interlock	
Car Storage Fee (\$27-\$50).....	\$39	Rental (\$480-\$1,460).....	\$970
Defense Attorney.....	\$2,500	Law Enforcement Assistance Fund.....	\$90
Jail Fee (\$10-\$50).....	\$30	License Reinstatement.....	\$95
Alcohol Treatment Evaluation.....	\$200	Community Service Supervision Fee.....	\$60
Bail Fee.....	\$150	License Retesting/New License.....	\$21
Alcohol Education		PDD Surcharge Fee (\$50-\$500).....	\$275
Classes (\$150-\$1,000).....	\$575	Auto Insurance Increase.....	\$3,000*
First Conviction Fine (\$600-\$1,000).....	\$800	Brain Injury Fund Fee.....	\$15
Probation Supervision			
Fee (up to \$1,200).....	\$600		

TOTAL \$10,270

BEYOND YOUR WALLET

Loss of Freedom • Property Damage • Hard to Find a Job

Social Isolation • Serious Injury • Lives Lost

SOURCE: <http://www.coloradodot.info/duiwillcost/>

LOCAL RESOURCES

Prevention, Information and General

Gunnison County Substance Abuse Prevention Project: 970-642-7396 / www.gcsapp.net
Prevention information, tips for parents, community coalition.

Gunnison County Public Health: 970-641-0209
Youth tobacco prevention and smoking cessation kits and resources.

Center for Restorative Practices: 970-641-7668
Family mediation, school-based mediation, high school substance abuse group therapy sessions, referrals to treatment.

Gunnison Country Partners: 970-641-5513 / www.gunnisonmentors.com
Mentoring and support for youth.

Western's Responsible Alcohol Partnership (WRAP): 970-943-2500
College based prevention and intervention referrals.

Intervention and Treatment

Alcoholics Anonymous:
Gunnison meetings held at The Last Resort, 114 N. Wisconsin Ave, 970-641-6056.
Crested Butte meetings held at Union Congregational Church, 403 Maroon Ave, 970-349-6405

Center for Mental Health: 970-641-0229
Counseling, substance abuse treatment and referral.

Family Advocacy and Support Team (FAST): 970-641-7665
Intensive family support through Gunnison County.

Screening, Brief Intervention and Referral to Treatment (SBIRT): 970-596-2661
Brief substance abuse screening and counseling with options for referral.
Available at Gunnison Valley Hospital and Western State Colorado University Clinic.

Additional Community Resources

Gunnison County Early Childhood Council: 970-641-7978
Resources for parents of young children.

Confidential Advocacy Center: 970-641-2712
Services for victims of violence.

Multicultural Center: 970-641-7999
Services for immigrant families.

Nurturing Parent Program: 970-642-4667
Training program for parents.

Safe Ride: 970-209-7433.
After hours designated driver vans.

YOUTH INVOLVEMENT OPPORTUNITIES

Excellent opportunities for your son or daughter to get involved!

CHOICE PASS!

The Choice Pass program invites all 6th through 12th grade students in the Gunnison Valley to receive discounted passes and memberships from various businesses in exchange for their pledge to maintain a healthy and safe lifestyle by remaining drug free throughout the school year.

As part of the Choice Pass program GCSAPP and our partners will provide student participants with ongoing events and activities that promote health, wellness, and positive choices in our community.

The Choice Pass program places high expectations on both the student participant and their parents, expecting them to be active in organized events and learning opportunities as well as creating a climate of ownership and pride in the program. In addition to a pre-season saliva drug test, participants will be subject to random drug tests during the season. Failure to pass drug testing will result in forfeiture of pass with the option to receive education and counseling to regain pass privileges.

Interested students and their parents must attend the initial program orientation where they will receive a clear understanding of program basics and expectations, sign all related paperwork and receive their Choice Pass! Learn more by visiting ChoicePass.org



CRESTED BUTTE

The Crested Butte Youth Council

With the leadership of GCSAPP and the support of the Crested Butte Town Government, students formed the Crested Butte Youth Council in early 2010. Comprised of representatives and a general body, the Council works in three community spheres.

Community Service

Council members work with the community on service projects as well as contribute to existing community service organizations and programs such as the CB Town Cleanup, Adaptive Sports Center, The Trailhead Discovery Museum and the Crested Butte Arts Festival.



Town Government

The Youth Council works with the Mayor and Crested Butte Town Council on informing policy and working together on the shared goals of promoting youth engagement,

healthy choices by youth and drug free activities for youth.

Youth Empowerment

Based on student interests and needs, the Council plans events for middle and high school students such as concerts and dances to not only provide area youth with entertainment, but also promote safe alcohol and drug free opportunities for youth in the valley.

GUNNISON

CREW

The C.R.E.W. is Gunnison's Youth Coalition which was formed in the summer of 2013. C.R.E.W.'s mission is to guide youth to make positive choices and encourage them to be the best they can be. Through Choices, Reasoning, Engagement and Wisdom, youth can become healthy, stable and productively involved in their community. CREW is open to all high school youth and young adults. For more details and information on how to join, please contact GCSAPP by calling (970) 642-7396 or emailing contact@gcsapp.net



The Latino Boys and Girls Groups

Boys and Girls at Gunnison Middle School meet separately once a week during the school year and over the summer as an opportunity to engage in meaningful activities and discussions centered on community, culture and involvement. They are dedicated to educating their peers and the community of the Latino heritage. This group is nonexclusive and open to any middle school boy or girl who wants to participate. They focus on building relationships, getting connected and using their resources, healthy competition, emotions, bullying, the importance of getting involved with clubs and sports, and the importance of school and doing well in school.

The framework of the group, as defined by its members, is *"held together by people that to their best capacity aim to learn and practice, have respect for others, engage in positive thinking, listening, humor, honesty, loyalty to all communities and cultures doing so with confidence, trust and teamwork."*

The boys group is facilitated by Jesse Cruz, supported by the Family Advocacy Support Team (FAST) and the girls group is facilitated by Kristina Herron, supported by Gunnison Middle School. The groups meet weekly during lunch and access periods. The Latino Boys and Girls Groups works closely with GMS teachers and staff and Western State Colorado University's Amigos Club to coordinate their efforts, weekly meetings, campus visits and special events.

For more information contact mdougherty@gunnisoncounty.org or jcruz@western.edu.



Gunnison Country Partners

The mission of Gunnison Country Partners is to promote the healthy growth of young people through its one-to-one mentorship program and supporting services. Partners believes that every child deserves a mentor.

Partners matches caring, volunteer mentors into one-to-one mentoring relationships with referred youth, utilizing a variety of mentoring strategies. Mentors offer support, encouragement, advice, friendship, and positive examples for youth ages 6 to 17, and are a proven, powerful tool

for helping young people fulfill their potential. Partners also provides a leadership-skills based day camp each summer for youth ages 6-11.

Mentoring Matters! Research indicates that children need at least four positive role models in order to grow into successful adults.

- Mentored youth have better school attendance, better chances to go to college, and better attitudes toward school than youth without mentors. Students who meet regularly with their mentors are 52% less likely than peers to skip a day of school.
- Youth with mentors are 46% less likely than their peers to start using illegal drugs and 27 % less likely to start drinking.
- Partners serves 325+ youth each year with mentoring and leadership development opportunities in Gunnison, Crested Butte and Lake City.



DRUG GUIDE FOR PARENTS: LEARN THE FACTS



Street Names / Commercial	Brandy	Big C, Blow, Bump, Coke, Nose Candy, Rock, Snow	Box, Red Devil's, Robo, Triple C, Truss, Shakes, Syrup	Adam, Bean, E, Roll, X, XTC	Big H, Black Tar, Dope, Junk, Skunk, Snark	Whippersnappers, Bagging, Huffing, Poppers, Snappers, Dosing	Blunt, Boom, Dope, Grass, Hash, Herb, Mary Jane, Pot, Reel, Skunk, Weed	Ice Chalk, Crack, Crystal, Fire, Glass, Meth, Speed	Codine, DyrContin (Oxy, O.C.), Percocet (Percs), Vicodin (Vic, Vitamin V)	Mekabar, Quaaludes, Xanax, Valium	Adderall, Deserline, Ritalin	Juice, Roids, Stickers, Pumpers, Gym Candy	Cancer Sticks, Chew, Cigarettes, Dip, Fags, Snomies
Looks Like	Liquid (types include beer, wine, chums or white liquor)	White crystalline powder, chips, chunks or white rocks	Liquid, pills, powder, gel caps	Branded tablets (Fraxip, Dummies, Nike swoosh)	White to dark brown powder or tar-like substance	Pain thinners, glasses, tall paper, cream aerosol, air conditioner fluid (Freon) and more	A green or gray mixture of dried shredded flowers and leaves of the hemp plant.	White or slightly yellow crystal-like powder, large rock-like chunks	Tablets and capsules	Multi-colored tablets and capsules; some can be in liquid form	Tablets and capsules	Tablet, liquid or skin application	Brown, cut tip leaves
How It's Used/Abused	Alcohol is drunk	Cocaine can be snorted or injected; crack can be smoked	Swallowed	Swallowed	Injected, smoked, freeseased or snorted	Inhaled through nose w mouth	Smoked, brewed into tea or mixed into foods	Swallowed, injected, snorted or smoked	Swallowed or injected	Swallowed or injected	Swallowed, injected or snorted	Swallowed, applied to skin or injected	Smoked or chewed
What Teens Have Heard	Makes a boring night fun	Keeps you amped up, you'll be the life of the party	Causes a trippy high with various pleases	Enhances the senses and you'll love everyone	Full-on euphoria, but super-frixy	A cheap, 20-minute high	Relaxing, not dangerous and often easier to get than alcohol	Can keep you going for days	A free high, straight from the medicine cabinet	A great release of tension	Keeps you attentive and focused	Will guarantee a spot on the starting lineup	An oral fraction and appetite suppressant
Dangerous Because	Impairs reasoning, clouds judgment, long-term heavy drinking can lead to alcoholism and liver and heart disease	Can cause heart attacks, strokes and seizures. In rare cases, sudden death on the first use	Can cause abdominal pain, extreme nausea, liver damage	Can cause severe dehydration, liver and heart failure and even death	Chronic heroin users risk death by overdose	Chronic exposure can produce significant damage to the heart, lungs, liver and kidneys. Can induce death	Can cause memory and learning problems, hallucinations, delusions and depersonalization	Chronic long-term use, or high dosages, can cause psychotic behavior (including paranoia, delusions, hallucinations, violent behavior, insomnia and strokes)	A large single dose can cause severe respiratory depression that can lead to death	Slows down the brain's activity and when a user stops taking them, there can be a rebound effect, possibly leading to seizures and other harmful consequences	Taking high doses may result in dangerously high body temperatures and an irregular heartbeat, phenylal for heart attacks or lethal seizures	Boys can develop breasts, girls can develop facial hair and a deepened voice. Can cause heart attacks and strokes as well as many forms of cancer	Cigarette smoking harms every organ in the body and causes coronary heart disease, and stroke, as well as many forms of cancer
Teen Usage (Grades 7-12)	1 in 2 teens drank alcohol in the last year	1 in 10 teens have used cocaine or crack in their lifetime	1 in 10 teens abused cough medicine in their lifetime	1 in 12 teens have used Ecstasy in their lifetime	1 in 20 teens have used heroin in their lifetime	1 in 5 teens have used inhalants in their lifetime	2 in 5 teens have used marijuana in their lifetime	1 in 12 teens have used methamphetamine in their lifetime	1 in 5 teens have abused prescription pain relievers in their lifetime	1 in 10 12th graders have abused sedatives and tranquilizers in their lifetime	1 in 10 teens have abused Ritalin or Adderall in their lifetime	1 in 10 8th graders have used steroids in the last year	1 in 7 teens smoked cigarettes in the last 30 days
Signs of Abuse	Slurred speech, lack of coordination, nausea, vomiting, hiccoughs	Nervous behavior, restlessness, bloody noses, high energy	Slurred speech, loss of coordination, disorientation, vomiting	Teeth chattering, chills, sweating, dehydration, anxiety, unusual displays of affection	Track marks on arms, slurred speech, vomiting	Missing household items, drunk, dazed or dizzy appearance	Slowed thinking and reaction time, impaired coordination, paranoia	Nervous physical activity, scabs and open sores, decreased appetite, inability to sleep	Medicine bottles present without illness, Rx bottles missing, disrupted eating and sleeping patterns	Slurred speech, shallow breathing, sluggishness, disorientation, lack of coordination	Lack of appetite, increased alertness, attention span and energy	Rapid growth of muscles, opposite sex characteristics, tics and extreme irritability	Smell on clothes and hair, yellowing of teeth and fingers that hold cigarettes
Important to Know	Being a child of an alcoholic places children at greater risk for developing alcohol problems	Cocaine is one of the most powerful addictive drugs	The "high" from cough medicine is caused by ingesting a large amount of dextromethorphan (DXM), a common active ingredient found in many cough medications	Can be addictive. Has become a popular club drug because of its stimulant properties which allow users to dance for extended periods of time	Heroin overdose is a particular risk on the street, where the purity of the drug cannot be accurately known	More than 1000 common products are potential inhalants that can kill either on the first use or any time thereafter	Contrary to popular belief, marijuana can be addictive	Meth has a high potential for abuse and addiction, putting children at risk, increasing crime and causing environmental harm	Abusing prescription painkillers is just as dangerous, addictive and deadly as using heroin	Using prescription sedatives and tranquilizers with alcohol can slow both the heart and respiration and possibly lead to death	Many teens abuse this prescribed medication to help them cram for exams or suppress their appetite	Teens who abuse steroids before the typical adolescent growth spurt risk staying short and never reaching their full adult height	Secondhand smoke contributes to more than 35,000 deaths related to cardiovascular disease

Thanks to Endo Pharmaceuticals, National Supporter, Parent Resources | Find more tools and tips at www.timetotalk.org. Sources: Partnership Attitude Tracking Study 2006, National Institute on Drug Abuse, Monitoring the Future, National Institute on Alcohol Abuse and Alcoholism. ©

2007 Partnership for a Drug-Free America | www.drugfree.org

The Gunnison County Substance Abuse Prevention Project (GCSAPP) is a project currently funded through a 5 year federal Drug Free Communities Grant which is funded by the President's Office of National Drug Control Policy and the Substance Abuse and Mental Health Services Administration (SAMHSA) along with additional State Grants and local foundation and individual support.

In the summer of 2006 the project started through a state Colorado Prevention Partners grant. At that time a coalition of residents, professionals and youth was formed to work on impacting community level change throughout the Valley. The group went through the SPF-SIG coalition building process which included planning through assessment, building capacity, planning, implementation, evaluation and sustainability.

The coalition is a strong group representing varied interests in the valley including County Commissioners, Gunnison Watershed School District, Gunnison and Crested Butte Police Departments, Department of Health and Human Services, District and Municipal Courts, Mental Health Center, Western State Colorado University, Gunnison Valley Hospital, Gunnison Country Partners, Center for Restorative Practices, and many interested citizens and youth.

All of the GCSAPP efforts to reduce and prevent substance abuse are based in current research and evidence-based practices.

