



Q. It seems we have not won the war on drugs as more and more youth are dying from drug overdose. What is the popular drug being used right now and what can parents do to prevent their kids from using it?

A. Good question! No, we have not won the war, yet! Last summer's headline news was the heroin-related death of *Gleestar* Cory Monteith, best known for playing television's clean-cut high school football star Finn Hudson. Last month's headline was Philip Seymour Hoffman, also known to teens for his role as head gamemaker Plutarch Heavensbee in the popular *Hunger Games* movie series. Yet beyond Hollywood, stories of heroin abuse and tragedy appear in communities nationwide.

According to the Centers for Disease Control and Prevention, U.S. drug poisoning deaths involving heroin increased 45 percent from 2006 to 2010 -- and the trend is especially dire for younger users ages 15 to 24.

Heroin is much more powerful than it used to be and, according to drug enforcement experts, is not limited to the use of a needle and back-alley experiences that might come to mind. According to a recent *Teen Vogue* article, getting heroin is as easy as purchasing a pill, because that's what heroin has become: a powder-filled capsule known as a

button

, designed to be broken open and snorted, that can be purchased for just \$10.

Experts say that many heroin users start with pain pills. Perhaps that is not surprising: The CDC 2011 Youth Risk Behavior Surveillance System reports that 20.7 percent of students surveyed had taken prescription drugs without a doctor's prescription one or more times during their life. But pain pills are expensive—legally and on the black market—pushing those dependent on them to seek out a cheaper, more easily accessible alternative with a similar kind of high: **heroin**.

The 1990s brought the widespread availability of higher purity heroin that made snorting or smoking the drug possible. This shift produced an increasing number of users, including youth that appeared in national survey data in the mid-1990s. In the big cities, the increase in heroin use again faded somewhat as the new century began. In major hubs for heroin distribution, such as New York and Chicago, data from ER visits, treatment admissions and arrest records showed that heroin users were an aging group with fewer young recruits.

Over the last few years, research shows that heroin use in general and among new young users in particular is increasing in unlikely places. In the years between 2000 - 2013, the proportion of arrestees 18-24 years old who tested positive for heroin when they were arrested has increased by more than 20 percent in unlikely cities such as Minneapolis and Indianapolis. Places such as Upstate New York, rural New Hampshire, small towns in Vermont, Maine, and counties in the Midwest are starting to see a rise in heroin use in areas that historically were relatively untouched by the drug.

About Heroin!

The thing about heroin is that it is highly addictive. It doesn't play favorites. Anyone from any socioeconomic group and age bracket can easily become addicted with a very short span of repeated use. Heroin is an opioid that is synthesized from morphine, a naturally occurring substance extracted from the seedpod of the Asian poppy plant.

It can be injected, inhaled by snorting or sniffing or smoked. Once it's in the body, it enters the brain where it is converted back into morphine - which binds to opioid receptors. These receptors are located in many areas of the brain (and body) and are especially involved in the perception of pain and reward. Opioid receptors are also located in the brain stem, which controls automatic processes critical for life, such as blood pressure, arousal, and respiration. Heroin overdoses frequently involve a suppression of breathing, which can be fatal if not addressed. Most fatal overdoses occur when someone is using alone.

In a short amount of time, a tolerance to the drug builds up so that it takes more heroin to get the same "euphotic" results. Even a short break in usage can cause an overdose if the user ingests the same amount of heroin they were using before the break.

Recent surveys of teens and college age young adults reveal that this age group doesn't believe that occasional use of heroin is dangerous. That should be a large red flag to parents of teens and soon to be or enrolled college students.

How Can You Tell If My Child Uses Heroin?

Heroin is usually smoked, snorted or injected. You may find the remnants of use in the bedroom, closet or bathroom. Heroin is a powdery or crumbly substance. The color is typically off white to dark brown. Black tar heroin is nearly black and is sticky instead of powdery. Syringes or small glass or metal pipes are used when someone is injecting. Spoons and lighters are used to cook the drug before injection and something like a belt, thin rubber hose or tie is often wrapped around the arm, hand or leg to make a vein stand out.

Users will usually get a dry mouth and his or her skin will flush. Small punctures in the skin appear (tracks or needle marks) in the arms, hands, legs and even feet. Heroin can cause someone to nod off in mid-sentence. Breathing is slowed. A user's thinking is typically impaired. They will tend to lose some memory. Self-control and good decision-making suffers. Some users itch a lot, are nauseated and vomit. Skin infections and constipation are common. Heroin users tend to become isolated except when they need to get more drugs. Personality changes occur and mood swings are typical.

What Should Parents Do?

Adolescence can lead to sudden changes in a child's moods and behaviors, making it hard for parents to spot the signs of alcohol or other drug use. But according to Lea Goldstein, a licensed psychologist who specializes in working with teens and families, struggling with substance abuse, observing more than a few of the following signs means that it's time to take action:

1. the smell of alcohol or odor of marijuana
2. stealing or borrowing money
3. defensiveness about activities and possessions
4. unusual mood changes or temper outbursts

5. marked changes in eating or sleeping habits
6. decline in academic performance
7. heavy use of perfumes, mouthwash or other scents to hide drug use
8. a bedroom littered with burned matches, pipes or other drug paraphernalia
9. changes in friend groups
10. significant change in personal appearance or hygiene
11. loss of interest in usual activities and hobbies
12. difficulty with concentration
13. Talk about it. Share your observations with your child, while avoiding direct accusations.

Stick to the facts and stay calm during this discussion. Don't have it if your child is under the influence of alcohol or other drugs.

14. Help your child create a plan for refusing drugs. The key is to come up with a plan that your teenager will actually use in a social setting where kids are using drugs. Ex. Tell teen to go to the bathroom--wherever it is--and sit in there for five minutes and time it. Then come out and tell your friends that you're sick and that you need to go home. Call home and have a parent pick you up.

15. Enforce a zero-tolerance rule. Research indicates that parental disapproval does deter adolescent drug use. Remind your children that you expect them to avoid all alcohol or other drug use--period. Set clear rules and expectations around alcohol and other drug use and establish reasonable consequences if those rules are broken. Develop a written contract.

16. Involve other people. You don't have to do this alone. Many people can help you intervene with your child--for example, a family doctor, school counselor, or addiction counselor. In addition, turn to support groups for teenagers and their families who are in recovery from addiction.

17. Focus on prevention. Stay actively involved in your teenager's life. Get to know his or her friends and their parents. Set and enforce curfews. Encourage participation in school and after-school activities. Also take time each week to ask what your child is thinking, feeling, and doing--and listen to the answers without interrupting.

18. Know where your child is at all times. Double check the information your child gives you and keep up with him/her via cell phone.

19. Some experts may disagree but an open bedroom policy is necessary these days. Let your child know you will walk in at any time and search his/her room regularly.

The earlier you respond to such signs, the better. Follow these guidelines:

Here is a link to the Parent Talk Kit to help parents start the conversation about drugs! http://medicineabuseproject.org/assets/documents/parent_talk_kit.pdf

Some information gathered from: <https://www.hazelden.org/web/public/prev50905.page> and

<http://www.kvue.com/news/health/kids-doctor/243710051.html>

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