

Recognizing Drug Use in Adolescents

**A Quick Guide for
Caregivers and Adults**



NCTSN



The National Child
Traumatic Stress Network

Recognizing Drug Use in Adolescents

A Quick Guide for Caregivers and Adults

Concerned caregivers and adults play an important role in ensuring that youth receive adequate help. However, at times it is hard to tell that youth are developing a problem with alcohol and drugs. This guide summarizes the signs of intoxication, use, and abuse commonly reported by substance users. It is important to recognize, however, that some of the behaviors and experiences described in this booklet may also be present among adolescents who are not using substances. For this reason, when deciding on the best course of action to obtain help for your teenager, make sure to talk with your teenager, gather as much information as possible, and consult with health professionals available in your community.

Alcohol and drug use poses significant risks for the healthy development of adolescents, yet substances of abuse are often readily accessible at school, at home, and in the community. This guide has been developed to facilitate early identification of substance use problems in youth. Included is information about common drugs of abuse and key information to help identify youth at risk. Recognizing the signs of use includes how a teenager might look, act, and feel while intoxicated as well as drug paraphernalia and language associated with each drug.

⇒ **Signs of intoxication vary by type of drug. Here are common signs a teen has recently used drugs or alcohol:**

Impaired judgment and motor skills
Nausea and vomiting
Lack of coordination
More talkative than usual
Rapid heartbeat and breathing
Bloodshot eyes
Visual or auditory hallucinations
Marked difference in appetite
Extreme moods, like euphoria or depression
Slurred speech
Agitation, irritability, anxiety, paranoia, or confusion
Tremors, shaking
Excessive energy or drowsiness

⇒ **The following items are often used in connection with illicit drugs:**

Pipes and rolling papers
Syringes
Razor blades
Small mirror or piece of glass
Metal spoons or foil shaped into a bowl
Small glass vials or plastic baggies
Latex balloons
Pacifiers, hard candy, lollipops
Sugar cubes, Altoids
Altered soda cans or bottles
Empty medicine bottles/blister packs
Excessive use of incense, cologne, or room deodorizers like Febreze®

If you suspect an overdose or see evidence of a bad reaction to substances of abuse, **call 911 immediately.**

Table of Contents



Introduction and Table of Contents	i-iii
Alcohol	1-2
Cocaine.	3-4
DXM (Dextromethorphan).	5-6
Ecstasy (MDMA).	7-8
Heroin.	9-10
Inhalants	11-12
LSD (lysergic acid diethylamide)	13-14
Marijuana.	15-16
Mescaline (peyote)	17-18
Methamphetamine	19-20
Mushrooms (psilocybin)	21-22
PCP (phencyclidine)	23-24
Tobacco	25-26
How you can help	27

Alcohol



Other names for alcohol:	Booze, liquor, hard A, sauce
Terms for intoxication:	Drunk, wasted, tipsy, trashed, smashed, gone
Common settings for alcohol use:	Alcohol is consumed in a variety of settings where supervision is limited (e.g., friends' homes, secluded woods, or parks at night).
Paraphernalia:	Shot or bar glasses, a funnel with a long tube attached, product advertising

HOW SOMEONE CURRENTLY USING ALCOHOL MIGHT:		
L O O K	A C T	F E E L
Dilated (large) pupils Flushed cheeks or ears Staggering or off-balance	Giggly or talkative Slurring words Poorly coordinated or slow reactions Aggressive Making uncharacteristic judgments	Less inhibited Quickly changing moods Disoriented and dizzy Excessively calm or generally unconcerned Nauseous

Lingering effects: Consuming large amounts of alcohol can result in a hangover. Symptoms include: headache, nausea, dehydration and thirst, grogginess and fatigue, and sensitivity to light and sound.

Dangers of starting young: The younger someone starts drinking, the more likely it is that he or she will develop alcohol problems at some point in life. Because the adolescent brain is still developing, drinking at a young age can have serious effects on the brain, especially to the prefrontal cortex, which is involved in decision making and impulse control. Heavy drinking in the teen years is also linked to learning and memory difficulties.

Alcohol



Other information: Sweet malt liquor beverages are often an adolescent's first introduction to alcohol. Kegs (metal barrels containing 15 gallons of beer) are often found at large parties as they are relatively inexpensive and are a convenient mechanism for transporting large quantities of alcohol. A funnel with a long plastic tube attached, sometimes called a "beer bong," can be used to consume alcohol very quickly.

Overdose information: Drinking too much alcohol, especially in a short amount of time, can result in alcohol poisoning, a potentially life-threatening condition. Symptoms include vomiting, slow or irregular breathing, pale or blue skin, seizures, and unconsciousness. How much alcohol is "too much" depends on a variety of factors including age, weight, sex, rate of alcohol consumption, and whether or not the person has recently eaten. In addition, taking alcohol in combination with other drugs (either prescription or illicit) can enhance the effects of alcohol and increase the danger of overdose. For information regarding drug interactions, consult your pharmacist.

Cocaine



Other names for cocaine: Coke, dust, toot, snow, blow, sneeze, powder, lines, lady, nose candy (powder cocaine), and rock (“crack” cocaine)

Terms for intoxication: Chalked up, amped up, chasing the dragon (inhaling vapors from tin foil), speed-balling (injecting a mixture of cocaine and heroin)

Common settings for drug use: Cocaine is often snorted at nightclubs, dance parties, or other social situations where having high energy levels might be acceptable or desired.

Paraphernalia: Small spoon-shaped items that can fit in the nostrils, rolled bills or straws for snorting, razor blades for making lines of powder cocaine, small bottles with screw-tops or small plastic packets with white residue, small pipes for smoking

HOW SOMEONE CURRENTLY USING COCAINE MIGHT:		
LOOK	ACT	FEEL
Dilated pupils Bloodshot eyes White powder on face or clothing Runny or bloody nose Red or irritated nostrils	Restless, excited, or agitated Extremely talkative Paranoid (especially at higher doses— see overdose information)	Increased energy Extremely alert and aware Warm or hot due to increased body temperature Racing heart

Lingering effects: The high from cocaine is relatively short-lived (approximately 15–30 minutes when snorted, and 5–10 minutes when smoked), and many users experience a depressed mood after using, known as a “crash,” that includes irritability, fatigue, and depression. Frequent users who snort may have a chronic runny nose or frequent nosebleeds as a result of damage to their nasal tissues. Prolonged use of crack cocaine can lead to aggressive and paranoid behavior.

Cocaine



Other information: The word “cocaine” refers to the drug in both powder form (previous page) and more potent crystalized form, known as “crack,” (top left), which is smoked. Individual units of crack cocaine are known as “rocks.”



Cocaine is made from the coca plant and causes a short-lived high that is immediately followed by feelings of depression, edginess, and a craving for more of the drug. Cocaine may be snorted as a powder, converted to a liquid form and injected with a needle, or processed into a crystal form to be smoked with a pipe (right). Some of the items used to convert the powder to a crystal form are depicted at the lower left.



Users frequently develop tolerance to cocaine and have to continue to increase their use to achieve the feeling obtained at their first use.

Overdose information: The chemical properties of cocaine cause blood vessels to decrease in size and cause the heart to beat more rapidly. The combination of these two effects can result in a heart attack, burst blood vessel, or a seizure. At high doses, users may exhibit paranoia and aggressive or violent behavior. Additionally, the combination of cocaine and alcohol can result in sudden death.

DXM (Dextromethorphan)



What is DXM:	DXM is an ingredient commonly found in over-the-counter cough medication that produces hallucinogenic and dissociative effects when taken in large doses.
Other names for DXM:	Robo, tussin, robomax (for Robitussin™), skittles, triple-C (for Coricidin Cough & Cold™), Drix (for Drixoral™)
Terms for DXM intoxication:	Tripping, robo-copping, tussing; DXM users also refer to “plateaus” of use (see reverse side for more information)
Common settings for drug use:	Teens report use in both public party settings and in private settings such as the home or a friend’s home.
Paraphernalia:	Ammonia, citric acid, and lighter fluid can all be used to “extract” DXM from cough syrups. Evidence of home-based chemistry experiments, empty bottles, boxes, or blister packs of cough medicine should be cause for concern.

HOW SOMEONE CURRENTLY USING DXM MIGHT:		
L O O K	A C T	F E E L
Dilated pupils Facial redness Lethargic, “slowed down,” or disoriented Doubled over with abdominal cramps	Uncoordinated or strange, fluid movements or changes in gait Contorting to strange positions or making muscles rigid Slurring speech Irregular heartbeat	Distorted and disjointed senses Itching or dryness of the skin Disconnected, “strobe-like” visual effects Difficulty with memory Euphoric and dream-like Nauseous Irregular heartbeat

Lingering effects: Lethargy, sadness, or depression are common after use. Unpleasant “hangover” effects are noticeable with increased use.

DXM (Dextromethorphan)



Other information: DXM users report four levels of intoxication, referred to as “plateaus,” associated with increased dosages. Symptoms and dangers of each are outlined below:

1st — A feeling similar to alcohol or marijuana intoxication, as well as the ability to operate in social situations (associated with drinking the equivalent of 2–3oz of maximum strength cough syrup)

2nd — Visual hallucinations, impaired physical coordination, and some vomiting (3–5oz of maximum strength cough syrup)

3rd — Overwhelming feelings of disorientation, including highly impaired vision, hallucinations, delusions, and lack of muscular coordination (5–8oz of maximum strength cough syrup)

4th — Extreme “out of body” experiences, inability to move or communicate, profuse sweats, extreme nausea, blackouts (more than 8oz of maximum strength cough syrup)

Overdose information: While there is a danger of poisoning from DXM itself, there is an even greater danger from overdosing on a medication with DXM combined with other active medications such as acetaminophen, which can cause liver failure. For more information about possible interactions and overdose information, talk to your pharmacist.



Ecstasy (MDMA)



Other names for ecstasy: E, X, XTC, hug drug, Adam

Terms for ecstasy intoxication: Tripping, rolling

Common settings for drug use: Ecstasy is commonly referred to as a “club drug” and is often found at nightclubs or underground parties called raves.

Paraphernalia: Ecstasy users often use hard candy, lollipops, pacifiers, candy necklaces, or other objects to combat the common side effects of jaw-clenching or teeth-grinding. Candy and mints can also be used to conceal ecstasy tablets. Fluorescent light sticks are also popular accessories.

HOW SOMEONE CURRENTLY USING ECSTASY MIGHT:

L O O K	A C T	F E E L
Dilated pupils Sweaty and thirsty Hyper-alert Clenched jaw Overheated while reporting feeling cold	Heightened emotional responses (more empathetic than usual) Fatigued Agitated (see “Overdose Information”)	Heightened perception to color, texture, touch, and sound Thirsty and parched Calmness and well-being Desire to be close to others Nauseous

Lingering effects: After using, an individual is likely to feel lethargic, sad, or depressed. These unpleasant “morning after” effects intensify with increased use. Longer-term effects can include depression, trouble sleeping, paranoid or confused thoughts, and anxiety weeks after taking the drug.

Ecstasy

Other information: Ecstasy is usually found in the form of a tablet with a symbol or “brand” stamped on one or both sides (below right) but can also be found as a powder. The image below left shows the relative size of various drugs.

Overdose information: Excessive agitation can indicate an overdose, which often occurs when users “stack” doses, taking more than one dose at a time or within a short period. An MDMA overdose is characterized by high blood pressure, faintness, panic attacks, and, in more severe cases, loss of consciousness, seizures, and a drastic rise in body temperature. MDMA overdoses can be fatal, as they may result in heart failure or extreme heat stroke.



Heroin



Other names for heroin:	Smack, H, skag, junk, horse, brown sugar
Terms for heroin use:	Mainlining (injecting), chasing the dragon (smoking)
Common settings for drug use:	Heroin is now frequently smoked or snorted as well as injected, increasing its attractiveness to young people. The drug is most commonly used in private settings due to its sedative effects.

Paraphernalia: Balloons, metal spoons, straws, syringes, needles, string or elastic cord, aluminum foil, lighters

HOW SOMEONE CURRENTLY USING HEROIN MIGHT:		
LOOK	ACT	FEEL
Flushed skin	Nodding head (“on the nod”)	Heaviness in arms and legs
Constricted (small) pupils	Slow or slurred speech	Surge of euphoria followed by sense of satiety
Droopy eyelids	Slow gait	Dry mouth
	Slowed breathing	Constipation
	Vomiting	

Special health concerns: Users who inject heroin are at higher risk for infectious diseases including hepatitis and HIV/AIDS. They may also experience complications such as collapsed veins, abscesses at injection sites, bacterial infections, and infection of the lining of the heart. Additionally, users who smoke or snort, rather than inject, are at just as much risk for overdose as those who inject the drug.

Heroin



Other information: Heroin is bought in powder form and ranges in color from white to brown. It may be compressed into pills or packaged in small balloons (left). The powder is mixed with water and heated over a flame, often using a spoon. Cord or elastic may be used to tie off an arm before the heroin is injected using a syringe.

Overdose information: Because the purity of street heroin varies, there is no “safe dose.” Impurities in the batch can cause complications and overdose. In addition, users develop tolerance quickly, and a normal dose for a regular user can be fatal for a novice. Tolerance can drop after a period of non-use, and users have been known to die upon returning to their “regular dose” after an abstinence period of a few weeks.



Symptoms of overdose include muscle spasms, slow and labored breathing or no breathing, pinpoint pupils, cold and clammy skin, bluish fingernails and lips, low blood pressure, weak pulse, disorientation, delirium, and coma.

Inhalants



Other names for inhalants:

Laughing gas, whippets (nitrous oxide), poppers or snappers (amyl nitrate), rush, bolt, locker room, bullet, climax (butyl nitrite), poor man's pot

Terms for inhalant use and intoxication:

Huffing, sniffing, bagging, glading

Common settings for drug use:

Basement, garage, bedroom or bathroom, the woods or secluded areas of parks, areas with no adult supervision

Paraphernalia:

Spray cans, paint cans, gasoline, cleaning solutions, office supplies (e.g., correction fluid, permanent markers, glues and other adhesives), saturated clothing, paper and plastic bags, balloons

HOW SOMEONE CURRENTLY USING INHALANTS MIGHT:

L O O K	A C T	F E E L
Dilated pupils	Disoriented	Lightheaded
Watery eyes	Uncoordinated	Nauseous
Runny nose	Slurred speech	Headache
Drowsy or in a stupor	Vomiting	Buzzing in the ears
Stains around mouth or nose	Moody	Numbness
Slowed breathing	Agitated	Euphoric
Fumes on clothing		

Lingering effects: Inhalant intoxication is considerably briefer than that of other drugs, typically lasting between 15 and 30 minutes, which may add to its appeal. Users can prolong intoxication to several hours by using repeatedly, but they typically exhibit no symptoms the following day.

Inhalants



Specific signs of inhalant use: Caregivers may notice missing or hidden empty containers of paint, cleaning solutions, gasoline, and office supplies including correction fluid, adhesives, and permanent markers. Users may have stains around the mouth, nose, or on their hands, and fumes on their clothing.

Other information: Inhalants can be ingested in a variety of ways, including inhaling directly from a container (e.g., aerosol can, rubber cement, etc.), sniffing fumes from a paper or plastic bag held over the mouth and nose, inhaling from a balloon filled with the gas, or sniffing a fabric soaked in the substance.

The chemicals in inhalants can be extremely dangerous and potentially damage the lungs, liver, kidneys, heart, and brain. Inhalant use can also cause permanent damage to the nervous system. Long-term use can lead to hearing loss, limb spasms, and bone marrow damage. Because inhalants are highly volatile substances, even a small spark can cause a fire or explosion in enclosed areas. Users may suffer burns as a result.

Overdose information: Inhalant use can result in sudden death in several ways. Users may die from lack of oxygen caused by inhaling the chemicals, suffocate on the bag used to inhale, choke on vomit, or suffer sudden cardiac arrest known as “sudden sniffing death syndrome.” There is no “safe dose” of an inhalant. Overdose is unpredictable and can occur at any time.



LSD (lysergic acid diethylamide)



Other names for LSD: Acid, blotters, tab, orange sunshine, window pane.

Terms for LSD intoxication: Tripping, trippin'. Many terms refer to method of "delivery" (i.e., microdots or tabs), or to the pattern on the blotter paper (i.e., Bart Simpson, planets).

Common settings for drug use: LSD can be easily hidden and can thus be used in many different settings. It is often used in calm, quiet settings, or settings viewed as conducive to hallucinogenic effects.

Paraphernalia: The use of LSD doesn't require additional objects.

HOW SOMEONE CURRENTLY USING LSD MIGHT:

L O O K	A C T	F E E L
Dilated pupils	Bizarre rambling or strange speech	Out of control
Sweaty	Rapid mood changes	Increase in body temperature
Tremors	Panicked or anxious	Delusions or visual hallucinations
Odor on clothes/in the room	Disoriented	Increase in heart rate
Wearing or displaying items that promote LSD use (e.g., clothing, posters, jewelry)		"Feeling" colors or "seeing" sounds
		Nauseous
		Fearful of dying or going insane
		Paranoid
		Loss of appetite

Lingering effects: The effects of LSD are long-lasting, and typically take over 12 hours to dissipate, depending on the dose. Other outward signs are not common. Users run the risk of re-experiencing portions of the hallucinogenic experience suddenly and without warning or during other drug use.



Other information: The photograph to the left shows LSD in several forms: from top down, in “microdot” form, on a sugar cube, and on blotter paper. Each square of blotter paper typically represents one “dose,” though the amount of drug in a dose is not standard. Liquid LSD can also be dropped on candy or mints, as depicted in the bottom left.

Below are several examples of different images printed on the absorbent paper used to distribute LSD. These patterns tend to vary by region.



Overdose information: Some users experience a severe loss of control, including having overwhelming and horrifying hallucinations, thoughts, and feelings, as well as an intense fear of death or losing one’s mind. While this experience alone, known as “having a bad trip,” is not known to be lethal, fatal accidents have occurred during states of LSD intoxication.



Marijuana



Other names for marijuana: Weed, pot, herb, ganja, bud, grass, Mary Jane, kif, chronic, skunk, boom, or gangster

Terms for marijuana use and intoxication: Smoking up, down, or out; being stoned, high, or blown out

Common settings for drug use: Marijuana can be easily hidden and can thus be used in many different settings. It is often used in calm, quiet settings, or settings viewed as conducive to hallucinogenic effects, or in settings where the odor of smoke will not be detected.

Paraphernalia: Rolling papers, pipes, water-filled pipes (“bongs”), plastic bags, small clips that may be made from tweezers, electrical clips, etc. (“roach clips”), decorative boxes designed to conceal and store the drug. Other signs of use include odor on clothes and in the bedroom, the use of incense or deodorizers, the use of eye drops, or wearing or displaying clothing, posters, jewelry, etc., promoting drug use.

HOW SOMEONE CURRENTLY USING MARIJUANA MIGHT:

L O O K	A C T	F E E L
Red, bloodshot eyes	Silly and giggly	Hungry
Dilated pupils	Dizzy	Impaired short-term memory
Sleepy appearance	Sluggish	Difficulty thinking or problem-solving
Uncoordinated and off-balance		Less motivated
Wearing or displaying items that promote marijuana use (e.g., clothing, posters, jewelry)		Temporarily less anxious or stressed

Marijuana



Lingering effects: The immediate effects of marijuana typically take between 2 and 3 hours to subside. User may feel sleepy as the effects wear off. Users may experience symptoms similar to those of tobacco smokers including coughing, asthma, wheezing, and increased incidence of respiratory problems.

Other information: Marijuana is a mixture of dried, shredded leaves, stems, seeds, and flowers from the hemp plant. It is typically green, brown, or grayish in color. Marijuana is most typically rolled into a cigarette called a “joint,” pictured left. Marijuana is also sometimes smoked by slicing a cigar open and replacing the tobacco with marijuana, creating what is called a “blunt.”

The drug can also be smoked in pipes or out of a water pipe called a “bong” (also pictured left). Marijuana is also sometimes mixed in food or used to make tea. Use of marijuana has been associated with memory loss and deficits in learning and attention.

Addiction: Despite common misconceptions, people can become addicted to marijuana. A person is considered dependent or addicted to a drug if they compulsively seek out and take the drug.

Signs of a bad reaction: It is possible to have a bad reaction to marijuana. Users can experience acute anxiety and have paranoid thoughts. In rare cases, typically when very high doses are ingested, a user can have severe psychotic symptoms and may need emergency medical treatment. Other types of bad reactions can occur when marijuana is mixed with other drugs.



Mescaline (peyote)



What is mescaline:

Mescaline is a hallucinogenic drug that comes from several species of cactus including the peyote cactus. The drug comes from button-like nodules located on the top of the plant. The effects are similar to, but not as strong as, LSD.

Other names for mescaline:

Peyote, buttons, mescalito, mesc, STP

Common settings for drug use:

Mescaline is typically used in group settings, such as parties or raves, or in more calm or tranquil settings conducive to its hallucinogenic effects.

Paraphernalia:

Aspirin-like pills/capsules, brown powder, brown dried-up disc-shaped cactus buttons, live cactus plants

HOW SOMEONE CURRENTLY USING Mescaline MIGHT:

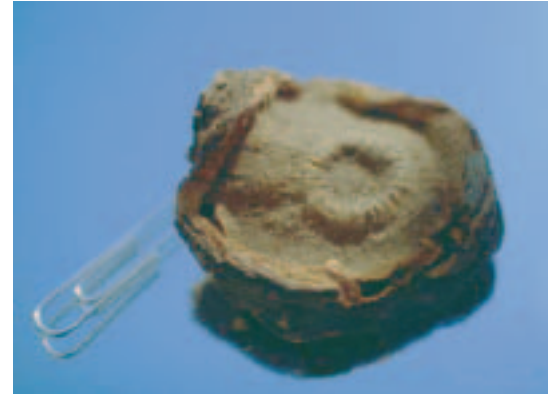
L O O K	A C T	F E E L
Flushed due to increased body temperature	Panicked or anxious	Faster heart rate
Tremors	Violent behavior	Muscle tension
Dilated pupils	Rambling, sparse, mangled speech	Sleeplessness
Sweaty	Uncoordinated	Disoriented
		Paranoid
		Sense of distance and estrangement
		Euphoric

Lingering effects: The effects of mescaline begin anywhere from 30 minutes to an hour after ingestion and can last up to 12 hours.

Mescaline

Other information: Mescaline has been part of spiritual and social rituals in the southwestern United States, Mexico, and South America for hundreds of years. Mescaline is typically ingested orally or smoked. Peyote buttons can be chewed, soaked in water to produce a liquid, or ground into a powder. The drug can also be produced synthetically and put into capsule form.

Overdose information: Injury and death resulting from mescaline overdose is uncommon. However, high doses can result in respiratory depression, slow pulse, and low blood pressure. Additionally, users may experience a “bad trip” including frightening visual hallucinations, a feeling of being disconnected from reality, anxiety, and panic. Because the user’s perception of reality is distorted, he or she is more at risk for fatal accidents.



Methamphetamine



Other names for methamphetamine: Meth, speed, chalk, or crank. The crystals that are smoked can be known as ice, crystal, glass, tina.

Terms for methamphetamine intoxication: Tweaking, being amped

Common settings for drug use: Methamphetamine is more common in rural and small-town areas that offer more space for hidden labs. It is also used at all-night dance parties, called raves, and in the club scene. Adolescents may also use it to lose weight.

Paraphernalia: Glass pipes, metal spoons, tinfoil formed into a bowl

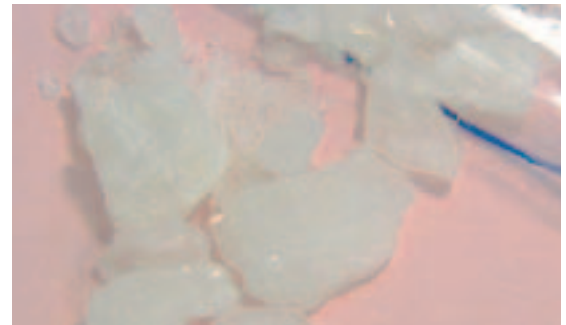
HOW SOMEONE CURRENTLY USING METHAMPHETAMINE MIGHT:

LOOK	ACT	FEEL
Dry skin	Anxious	Restless
Acne or sores, especially on the face and arms	Incessant talking	Euphoric
Dilated pupils	Decreased appetite	Paranoid
Poor oral hygiene	Jerky movements	Irritable
Decayed teeth after extended use	Insomnia	Nervous
	Excessive teeth grinding	Unpredictable emotions
		Insomnia

Lingering effects: A period of recovery, called a “crash,” may last up to three days, with the user needing many hours of sleep. After several days of no use, the user may experience withdrawal symptoms including sleeplessness, anxiety, confusion, depression, and severe craving.

Methamphetamine

Other information: Methamphetamine comes in many forms and can be taken orally, snorted, smoked, or injected. Crystals that are smoked (middle and right) may also vary in color (including clear, white, yellow, and even pink) depending on the specific chemicals used in the particular batch. Methamphetamine is highly addictive, and users can become addicted after only one use.



Overdose information: Because each person has a different sensitivity and the potency of methamphetamine varies from batch to batch, there is no way to calculate a “safe” dose. Symptoms of overdose include a sudden increase in blood pressure and body temperature, sweating and a high fever, seeing spots, rapid breathing, dilated pupils, and convulsions. Overdose can result in cardiovascular failure, and increases in body temperature and convulsions can result in death.

Mushrooms (psilocybin)



Other names for mushrooms: 'Shrooms, magic mushrooms, caps and stems

Terms for mushroom intoxication: Tripping

Common settings for drug use: Parties, private use, group settings, often used in calm settings or those conducive to visual hallucinations

Paraphernalia: Mushrooms are consumed orally, but users often grow their own mushrooms. Small plastic or metal tubs, bricks of nutrient-rich soil, gardening supplies, and mushroom imagery should be cause for concern.

HOW SOMEONE CURRENTLY USING MUSHROOMS MIGHT:

LOOK	ACT	FEEL
Dilated pupils Clammy hands Wearing or displaying items that promote mushroom use (e.g., clothing, posters, jewelry)	Giggly Quick-changing emotions Somewhat uncoordinated Anxious and paranoid	Sense of connection to others and the universe Heightened perception of color and shapes Slightly nauseous Butterflies in stomach

Lingering effects: Lethargy and sleepiness are common after-effects of psilocybin use.

Mushrooms

Other information: Mushrooms are usually dried before ingestion (right). They may be eaten alone, with food, or brewed as a tea. One danger of ingesting mushrooms is the possibility of accidentally consuming one of the many poisonous varieties that may resemble a recreational type.

Although it is illegal in all states to possess mushrooms, laws regarding the possession of mushroom spores vary by state and country. In states where it is not illegal, some people grow them from kits (bottom), which are widely available via the Internet.

Overdose information: Psilocybin, the active substance in mushrooms, has a very low toxicity. There are no known cases of death from psilocybin ingestion alone. However, when taken in combination with other drugs or during times of emotional instability, it can cause negative experiences, often called “bad trips.” The user may experience frightening hallucinations, anxiety, a deep feeling of disconnection from the self, or a sense of confronting internal conflicts, all of which can cause intense feelings and even panic.



PCP (phencyclidine)



Other names for PCP:

Angel dust, ozone, wack, rocket fuel, hog, squeeze, dust, zoot, peace pill, killer joints or crystal supergrass (when mixed with marijuana), space base (when mixed with crack)

Terms for mushroom intoxication:

Smoking wet or wetting up (when smoking cigarettes or joints dipped in PCP)

Paraphernalia:

Tablets, pills, gelatin capsules, dark-colored cigarettes, paper or cellophane packets, and clear liquid in small glass vials

HOW SOMEONE CURRENTLY USING PCP MIGHT:

L O O K	A C T	F E E L
Sweaty	Speech difficulties	Sleepy
Poor muscle coordination	Restless	Numb
Increased breathing	Panicked or anxious*	Changes in body awareness (similar to alcohol)
Rapid and involuntary eye movement	Hallucinating*	Anxious and irritable*
Blank stare	Delusional*	Paranoid*
		Delirious*

* Associated with higher doses of PCP. The effects of PCP vary depending on many factors such as dose, purity, and user's state of mind. It is extremely hard to predict how someone will react to PCP, as it simultaneously acts like a hallucinogen, stimulant, depressant, and anesthetic.



How is PCP taken: PCP comes in tablet, liquid, and powder form (pictured on the reverse side). It can be ingested orally, snorted, injected, or smoked (typically by lacing marijuana or tobacco cigarettes; sometimes by lacing herbs such as mint or parsley). PCP can also be absorbed through the skin.

Bad reaction/overdose information: PCP is associated with many risks and is considered by some to be one of the most dangerous drugs of abuse. PCP is known for inducing violent behavior and negative physical reactions such as seizures and coma. Its use can lead to death from respiratory depression. Altered perception of the mind and body can lead to reckless behavior and/or loss of touch with reality which can lead to self-mutilation, injury, or death.

Many PCP users are brought to the emergency room due to the drug's negative psychological effects or because of an overdose.

Tobacco

Other names for tobacco:

Cigarettes are also called cigs, smokes, and butts; smokeless tobacco is also called dip, chew, snuff, and pinch.

Common settings for initial drug use:

Older children and teenagers may start using as a result of peer pressure, wanting to fit in with friends who smoke or chew, to imitate adults they admire, or as an act of rebellion.

Paraphernalia:

Ashtrays, lighters, metal cigarette cases, rolling papers

**HOW SOMEONE CURRENTLY USING TOBACCO MIGHT:**

LOOK	ACT	FEEL
Protrusion in the cheek/lip from chewing tobacco Spitting mucus/discolored saliva Discolored teeth/fingernails Smoky-smelling clothes	More alert Use room or fabric deodorizer Sneak out of the house for short periods of time	Light-headed Depressed appetite Relaxed Craving upon awakening

Tobacco



Other information: About 1 in 10 (11.8%) boys in high school use smokeless tobacco. Twenty-five percent of users started smoking in 6th grade, 75% in 9th grade. In 2003, 3.6 million young people age 12 to 17 reported using tobacco in the past month. Cigarette smokers are fourteen times more likely to use marijuana than are non-smokers. The average age of first cigarette use is 12–13 years. About 90% of adult smokers

started smoking before their 19th birthday. After the onset of intermittent smoking, tobacco users typically become dependent on nicotine quite rapidly. Furthermore, compared to boys, girls tend to develop symptoms of dependence faster.

Nicotine is a stimulant and users experience an initial “rush.” Most users report using tobacco products to relax. Users experience this feeling of relaxation when the new dose of nicotine alleviates withdrawal symptoms, which can start as soon as an hour after last use. People who smoke or chew regularly experience a craving upon waking, due to the lowered level of nicotine in their system.

Overdose information: Nicotine is a poison and in high doses can be very toxic. However, overdose most commonly occurs when a person tries to stop smoking or chewing with the aid of nicotine gum or patches. The gum or patch may deliver too-high a dose, resulting in overdose.

Symptoms include dizziness, headache, upset stomach, vomiting, cold sweats, difficulty breathing, seizures, and heart rhythm disturbances.



How you can help...

⇒ If you believe that your teenager is using drugs and alcohol, act quickly. Talk to your teenager and seek help. For tips on how to talk to your teen, visit the National Clearinghouse for Alcohol and Drug Information at www.health.org. To find referrals for local substance abuse treatment facilities, visit SAMHSA's substance abuse treatment locator at <http://dasis3.samhsa.gov>.



⇒ Much of the information contained in this guide was obtained from the following sources:

Drug Enforcement Administration | www.usdoj.gov

National Cancer Institute | www.cancer.gov

National Clearinghouse for Alcohol and Drug Information (public domain) | www.health.org

National Institute on Alcohol Abuse and Alcoholism | www.niaaa.nih.gov

National Institute on Drug Abuse | www.nida.nih.gov

Office of National Drug Control Policy | www.whitehousedrugpolicy.gov/publications

The National Youth Anti-Drug Media Campaign | www.theantidrug.com

About the National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic- and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education. For more information, go to www.NCTSN.org

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

NCTSN



The National Child
Traumatic Stress Network