

Substance Use Warning Signs: What to Look For!

Indications that an adolescent is abusing alcohol and other drugs can range from subtle personality changes to more noticeable physical ones.



The **Sussex County Coalition for Healthy & Safe Communities** has created this informative flyer to help adults discern the changes teens may exhibit if they

are using different substances. The following are various indicators of drug use. It is important to remember that if a child shows one or more of the symptoms, it does not necessarily mean they are using drugs. Some behaviors could be the result of stress, depression, adolescent angst and/or other factors. A consultation with a professional could determine the precise cause. *However*, the more symptoms exhibited, the greater the possibility exists that a child may be drinking alcohol or using other drugs.

School Behavior

- ◆ Sudden or gradual drop in grades and achievement levels with no clear reason why
- ◆ Skipping classes, entire days or class tardiness
- ◆ Disrespect/defiance towards teachers and rules
- ◆ Dropping out of school activities
- ◆ Present in classroom, but inattentive
- ◆ Frequent fights, suspensions, expulsions
- ◆ Difficulty studying or working a job
- ◆ Denies knowledge of or ownership of paraphernalia
- ◆ Possession of alcohol or other drugs at school
- ◆ Sleeping in class
- ◆ Suspicion of being under the influence at school

Changes in Physical or Psychological Conditions

- ◆ Smells of alcohol, marijuana or stale smoke
- ◆ New or frequent use of mouthwash or breathe mints
- ◆ Frequent minor illnesses (headaches, nausea, slight tremors, flu-like symptoms, vomiting, sluggishness)
- ◆ Neglects taking prescribed medications or takes more medication than usual
- ◆ Dramatic loss, gain or unusual changes in body weight
- ◆ Unusual eating patterns (types of foods, amount of food, or unusual/different than usual time of the day)
- ◆ Pinpoint or dilated pupils (that don't react to light)
- ◆ Change in normal sleep patterns (more or less than usual, frequent naps)
- ◆ Injuries occurring more often
- ◆ Hyperactivity, excessive talkativeness
- ◆ Frequent infections or infections which don't heal
- ◆ Blood shot eyes, frequent use of eye drops
- ◆ Easily upset (emotional state changes rapidly)
- ◆ Burns on hands or clothing or self-mutilation
- ◆ Changes in speech pattern (slurred speech), tremors or shakes of the hands, feet or head
- ◆ Defensive attitude, unreasonable anger or resentment
- ◆ Stumbling, confusion, disorientation or blackouts
- ◆ Mood and/or personality changes
- ◆ Denial, minimizing, blaming, rationalizing
- ◆ Attention span shorter or memory lapses
- ◆ Change in clothing choices, wearing drug-oriented clothing or accessories

Family and Community Behavior

- ◆ Changes in attitude toward rules, parents, siblings
- ◆ Isolating (staying in room, etc.)
- ◆ Breaking curfew, sneaking out, becoming secretive (excuses for late hours)
- ◆ Lying (blaming others for irresponsible behavior)
- ◆ Violence (physical and verbal)
- ◆ Erratic sleeping/eating habits (too much, too little)
- ◆ Vagueness about company kept
- ◆ Vagueness about where time was spent
- ◆ Strange telephone calls (parties hang up or refuse to be identified); strange text messages or emails
- ◆ DUI's or unusual car accidents
- ◆ Extreme wear and tear on car
- ◆ Unreasonable resentments
- ◆ Money or alcohol missing from parents or siblings
- ◆ Prescription drugs missing from parents or siblings
- ◆ Stealing and/or selling possessions for money (hocking clothing, CD's, gifts, etc.)
- ◆ Manipulating parents; playing one against the other
- ◆ Seems to have money, but has no job; OR has job, but always needs more money
- ◆ Value conflict: lying, stealing, stops going to church/temple, family functions, meals, etc.
- ◆ Having drug paraphernalia in bedroom, car or locker (pipes, rolling papers, lighters, medications, etc.)
- ◆ Reading drug-oriented magazines or websites
- ◆ Using drug slang, talking about drugs
- ◆ Increased secrecy about possessions or activities
- ◆ Dropping out of sports and extra-curricular activities
- ◆ Use of incense, room deodorant, or perfume possibly to hide smoke or chemical odors

Friends and Peer Group

- ◆ Changes in peer group and hangouts with little interest in old friends
- ◆ More frequent phone calls and text messages
- ◆ Social activities occurring more, may be at odd hours
- ◆ Peers that use drugs or have used drugs
- ◆ Parents don't know friends; Can't get names
- ◆ Begins to associate with an older crowd
- ◆ Thrill seeking behaviors— law breaking, promiscuity, and other dangerous physical situations

What to do..... *When in doubt, reach out!*

While experimenting with drugs doesn't automatically lead to substance use disorders, early use is a risk factor for developing more serious problems with alcohol & other drugs. Risk of drug use also increases during times of transition, such as changing schools, relocating, death of a loved one or divorce (parents). The challenge is distinguishing between the normal ups and downs of adolescence and the red flags of the beginnings of serious drug use that could result in a substance use disorder. Adolescents can benefit from having an adult to talk to through a difficult time. Although it can be very scary to learn that a young person may be using drugs, when lines of communication remain open, the results can be more positive.

Parents: When in doubt, reach out for help. You are not alone!

- ◆ Have a medical professional examine your child to rule out any physical problems.
- ◆ Never confront a child who is under the influence of alcohol or other drugs. Wait until he or she is sober. Then, discuss your suspicions with your child, calmly and objectively. More help can be found at www.drugfree.org
- ◆ If your child is **unresponsive**, seek **immediate** medical help by calling 911.
- ◆ If you think your child is being untruthful and the evidence thereof is strong, it would help to receive a consultation by a professional experienced in adolescent mental health and/or alcohol and other drug-related problems.
- ◆ If you find drugs or drug paraphernalia in your child's possession, the Sussex County Prosecutor's Office suggests you do not touch the substance, if unidentifiable. You could call your local police station.

Note: Police investigations follow retrieval of drugs/paraphernalia and youth are appointed a juvenile court lawyer. Parents and police officers involved would be subpoenaed. Each case is unique and there are no guaranteed outcomes.

Teachers: Your presence could change a life. What to do to keep students safe.

As an educator, you see students on a regular basis. While it isn't your job to understand all types of drugs and their symptoms of use, having a general understanding can help you be aware of changes in a student and refer them to the appropriate resources your school offers for the student's best outcomes.

- ◆ NJ Law 18A says if a teacher suspects a student is under the influence of a substance, it is the teachers responsibility to report this to the administration who, in turn, must send the student out to obtain medical clearance. The student must report to an appropriate place to receive a drug screening. This is the law.
- ◆ If you **suspect** a student is having a problem with drug use, but is not currently under the influence, you can also report this to the administration, Core Team (if applicable in your school) or your School Assistance Counselor for follow up.

Addiction and Recovery Resource Numbers

Ambulance/Police/Overdose	911
NJ Addiction Services and Referral Hotline (available 24/7)	844-276-2777
Bergen Regional Medical Center (18 yrs.+)	800-730-2762
Carrier Clinic (adolescent/adults, detox/in-patient)	800-933-3579
Center for Prevention and Counseling (adolescent/adult, drug screens/counseling/referrals)	973-383-4787
DAYTOP Adolescent Services- Mendham, NJ (in & out-patient)	973-543-5656
Hackettstown Community Hospital (adolescent/adults services)	908-850-6810
High Focus, Parsippany, NJ (adolescent/adults services)	800-877-3628
NewBridge Services (adolescent/adult services)	888-746-9333
Newton Medical Center Behavioral Health (adolescent/adult services)	973-383-1533
National Help Lines (Treatment referral router service, available 24/7)	800-662-HELP (4357)
New Life Recovery of West Milford (adolescent/adult services)	973-728-7788
Newton Psychiatric Emergency Services	973-383-0973
St. Clare's (adolescent/adult, alcohol/chemical dependency)	888-626-2111
Summit Oaks (adolescent/adults, detox and in-patient)	800-753-5223
Summit Behavioral Health (adolescent/adults, detox, in and out patient)	888-465-4187
Sussex County Division of Community & Youth Services	973-940-5200 ext. 1383
Sussex County Narcotics Task Force	973-948-2345
Sussex County CLEAR (Community Law Enforcement Addiction Recovery, 18 yrs.+)	1-844-SC-CLEAR



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Warning Signs of Commonly Abused Drugs



- **Alcohol:** Odor on the breath.; intoxication/drunkenness; difficulty focusing; glazed appearance of the eyes; uncharacteristically passive or combative and argumentative behavior; gradual decline in personal appearance and hygiene; gradual development of difficulties, especially in schoolwork or job performance; absenteeism (particularly on Monday); loss of memory (blackouts).

- **Depressants (including Xanax, Valium, GHB):** Contracted pupils; drunk-like, but with no alcohol odor on breath; difficulty concentrating; clumsiness; poor judgment; slurred speech; sleepiness.



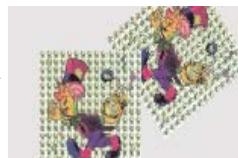
- **Marijuana:** Glassy, red eyes; loud talking, inappropriate laughter followed by sleepiness; loss of interest, motivation; weight gain or loss.

- **Stimulants (including amphetamines, cocaine, crystal meth):** Dilated pupils; hyperactivity; euphoria; irritability; anxiety; excessive talking followed by depression or excessive sleeping at odd times; may go long periods of time without eating or sleeping; weight loss; dry mouth and nose.



- **Inhalants (glues, aerosols, vapors):** Watery eyes; impaired vision, memory and thought; secretions from the nose or rashes around the nose and mouth; headaches and nausea; appearance of intoxication; drowsiness; poor muscle control; changes in appetite; anxiety; irritability; lots of cans/aerosols in the trash.

- **Hallucinogens (LSD, PCP):** Dilated pupils; bizarre and irrational behavior including paranoia, aggression, hallucinations; mood swings; detachment from people; absorption with self or other objects, slurred speech; confusion.



- **Ecstasy:** Confusion, blurred vision; rapid eye movement; chills or sweating; high body temperature; sweating profusely; dehydration; confusion; faintness; paranoia or severe anxiety/panic attacks; trance-like state; transfixed on sights and sounds; unconscious clenching of the jaw; grinding teeth; muscle tension; very affectionate.

- **K2/K3/Spice:** Profuse sweating; internal restlessness; palpitations; insomnia; headache; diarrhea, nausea and vomiting; tremors; in rare cases, seizures, anxiety and paranoia without reason; manic episodes (hyperactivity, agitation); sudden emotional and personality changes; feelings of depression and desperation.

- **Narcotics/ Prescription Drugs/Heroin:** Constricted pupils; no response of pupils to light; needle marks; sleeping at unusual times; sweating; vomiting; coughing, sniffling; twitching; loss of appetite; slurred speech.



*Courtesy of the Sussex County Coalition for Healthy & Safe Communities,
a program of the Center for Prevention and Counseling, 973-383-4787.*

Hidden Agendas

Adolescents are very creative when hiding illegal substances or paraphernalia. The following is a list of very common hiding places.

Bedroom, In...

- ♦ 35mm film canister
- ♦ Pockets of clothing in closets/drawers
- ♦ Wall and ceiling light fixtures
- ♦ Air conditioner/heating vents
- ♦ Light switches and electrical sockets
- ♦ Inside pillow or under mattress
- ♦ CD/DVD cases (under the CD/DVD)
- ♦ Curtains and furniture upholstery
- ♦ Trophies
- ♦ Bed posts
- ♦ Knife handles
- ♦ Closets (taped to wall above the door)
- ♦ Baseboards (behind or underneath)
- ♦ TV, VHS/DVD players
- ♦ Computer or printer (inside or behind)
- ♦ Old shoes, roller skates, pages of books
- ♦ Items/boxes in basement/crawlspace

Vehicles, In...

- ♦ Dome lights or under seats
- ♦ Under spare tire or gear shifter
- ♦ Air conditioner vents
- ♦ Headrest (in or under it)
- ♦ Ashtray (in, under or behind it)
- ♦ Gas tank, inside the latch

On Their Person, In...

- ♦ Lipstick tubes or tampon cases
- ♦ Mouth
- ♦ Alcohol in water bottles
- ♦ Lining of clothes/in underwear
- ♦ Pants (pockets, belt loops)
- ♦ Inside part of hat or purse lining
- ♦ Super glue containers
- ♦ In wallet, behind photos
- ♦ Small inner pocket of jeans

Drug Paraphernalia: Know What to Watch For:

Go to any shopping mall and you might be surprised to learn of the countless stores selling items that not only promote drug use, but also provide the means for teens to engage in drug-related activities. Posters, stickers, t-shirts, key chains, and air fresheners may be obvious items to spot in a line-up, but drug paraphernalia comes in many forms. Some paraphernalia is specifically designed to look like everyday items you might find in a teen's room, backpack, purse or car. According to the DEA, drug paraphernalia is often marketed specifically to youth with colorful logos, celebrity pictures and designs with smiley faces on them. They are meant to look harmless and disguise the dangers of taking controlled substances.



Soft drink can with false bottom



Assorted collection of drug pipes



Felt tip marker with concealed drug pipe

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