

# Jefferson County DANGEROUS DRUG SUMMIT Report to the People



Founded 1973

## The Identified Problem

There has been a widespread and significant resurgence of heroin use in Jefferson County. In 2010 twenty four young people died from complications associated with heroin use; hundreds had other physical, legal, and mental issues just with this drug alone. And the use of other drugs is significantly impacting the children and young people as well as preparing them for possible heroin use. Alcohol and other drug abuse has become a problem of epidemic proportions. **Our children are at risk not only for addiction but also for death.**

On January 21, 2011, fifty-seven people from around Jefferson County met at COMTREA for the "Dangerous Drug Summit." The group looked at the causes of drug abuse in Jefferson County, what could be done to prevent and deal with the problems and created the first stage of a county-wide plan to address the issues. From the group came the Jefferson County Drug Task Force (DDTF). **This newspaper is part of the DDTF's efforts to protect our families and our neighbors' families.**

It is hoped that the information provided will encourage parents to evaluate their respective families, neighborhoods, and communities. By learning more about the immediate threat, parents, grandparents and community members will be able to counteract the trends toward drug use that we are seeing here in our County. By taking action we can save the lives of our children.

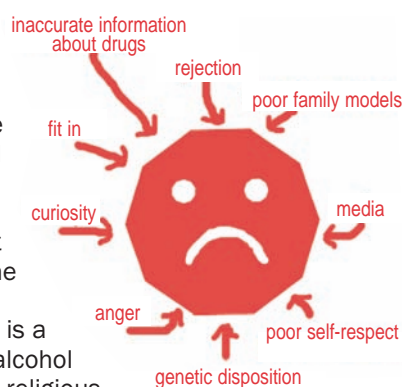
Dr. Stephen F. Huss, COMTREA CEO



## Why People Use Drugs

People use drugs for as many different reasons as there are people.

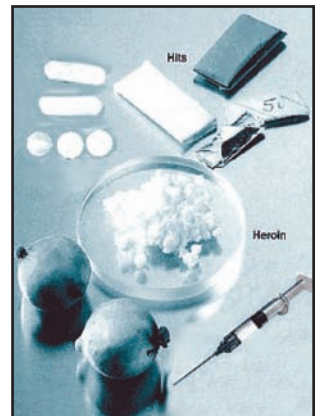
- Drugs can make one feel good. However, our society members often turn to drugs when the problems could be addressed in beneficial and less dangerous means.
- The media often glamorize alcohol and other drug abuse. Jokes about people in treatment are more prevalent than genuine concern for the person who has lost control of her or his life.
- Drugs are often part of a shared experience; it is a social thing to do. The use of drugs such as alcohol may be part of a family occasion, cultural or religious celebration or practice.
- Parents often do not model good decision making and social responsibility and use alcohol, tobacco, marijuana and other drugs themselves.
- Some have significant risk factors: 1) genetic disposition toward compulsive behavior; 2) use by parents and/or siblings; 3) rigid religious group membership; and 4) living in poverty.
- If one accepts little personal or family values then he/she is at risk for drug use.
- If one gets away with negative behavior this reinforces further negative behavior.
- New, exotic, and innovative drugs are being created every day appealing to people.
- Ineffective treatment of mental health disorders or not recognizing that one even has such a treatable problem may lead to an attempt to self-medicate.
- The lack of positive alternatives often leads to negative ones.
- People can become addicted to pain killers.
- Lack of critical thinking or common sense: making good decisions is not inherited; it has to be taught. Teaching can come from parents and from schools.
- Lack of respect of self, others, authority: questioning authority and adopting a lack of respect (often shown by our leaders in government, talk shows, and the media in general) isolates people and encourages individuals not to trust or listen to others.
- Once involved it is hard to get out. This can be true to the addiction itself or to the peers who can be violent and threatening or can just exert power through threatening exclusion from the group-an especially powerful fear of teenagers.
- Even in high schools the acceptability of performance enhancing drugs/supplements can not only be problematic in and of themselves but also may lead to other drug experimentation.



## The Most Dangerous Drugs

Listed in Order of their Danger

1. **Heroin** - popular street names include beans, buttons, smack, skag, and junk. The rapid addictive nature and propensity to overdose make it the most deadly drug in our county.
2. **Methamphetamine** - This highly addictive drug is capable of physically restructuring the brain and thus is extremely dangerous.
3. **Cocaine** - often referred to as snow, flake, coke, and blow. Its danger comes from its addictive nature and medical danger to the body.
4. **Barbiturates** - popular slang names include yellow jackets, reds, blues, Amy's, and rainbows. These drugs are prone to overdose in addition to their addictive nature and potential for overdose and death-especially when mixed with other drugs.
5. **Street Methadone** - This drug acts just like Heroin in regard to its danger.
6. **Alcohol** - The most dangerous of the legal drugs leading to medical issues as well as drunk driving and interpersonal problems.
7. **Ketamine** - It is in the same class of drugs as PCP (Angel Dust), DXM and nitrous oxide (laughing gas). At medium to high doses, it becomes a very powerful paralyzing psychedelic. Its effects are like a combination of cocaine, cannabis, opium, nitrous oxide, and alcohol.
8. **Benzodiazepines** - a family of sedative drugs whose effects and combination with other drugs can result in death.
9. **Amphetamines** - it acts like an adrenaline rush (speed), only longer and with a noticeable crash. This drug works in a similar way to cocaine. It is especially dangerous to the heart and central nervous system.
10. **Tobacco** - The leading cause of cancer; it is also the "gateway drug" to all the others.
11. **Buprenorphine** - also called bupe or subbies. An opiate with some dangers, it has some medical advantages in treating heroin addiction if used correctly.
12. **Cannabis** - includes marijuana. While some physical issues are possible, the legal implications are the most dangerous potential results of its use.
13. **Solvents** - volatile substances that can be inhaled, such as glue, nail polish remover, paints, hair spray, and lighter fuel (gas). These can burn one's sinuses and brain.
14. **LSD** - This widely used hallucinogenic drug can result in emotionally charged states.
15. **Methylphenidate** - central nervous system stimulant, commonly sold as ritalin.
16. **Anabolic steroids** - These derivatives of testosterone promote the growth of skeletal muscle and increase lean body mass and have serious side effects physically and psychologically.
17. **GHB** - short for Gamma hydroxybutyrate, a powerful central nervous system depressant, most commonly known as the date rape drug.
18. **Ecstasy** - Ecstasy has similar structure to stimulants, like cocaine, and hallucinogenics like LSD and significant negative side effects.



## Keeping Your Child Drug Free

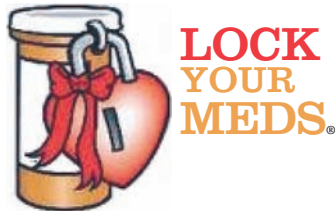
1. **Teach your values.** Communicate them openly. Talk about why values such as honesty, self-reliance, and responsibility are important, and how values help children make good decisions. Teach your children how each decision builds on previous decisions as one's character is formed, and how a good decision makes the next decision easier.
2. **Clean out your medicine cabinet** - any unused prescribed medicines should be safely removed from your home; not flushed or disposed of casually.
3. **Before you request medication,** especially for your child, discuss the need for the quantity and dosage.



4. **Know what you have,** keep medication safely stored and monitored; no matter how well you know and trust your child or your child's friends.
5. **Communication is the key.** Communication is open, it is honest, and it is a dialogue. It involves both talking and listening. It is never too early to let your children know how important they are to you. Ask your children what their experiences have been and how they respond to pressures from others around them.

**Prevention  
Is The Best  
Treatment**

6. **Teach them to say no**, teach them to refuse dangerous substances and to make healthy choices. You taught them to look both ways crossing the street, and to avoid the hot stove; you must do the same when it comes to drugs. Teaching implies modeling, as your child will learn more from what you do than from what you say. Recognize how your actions affect the development of your child's values.
7. **Be a parent, not a friend**; there will be plenty of time to develop a friendship when your child becomes an adult.
8. **Know your children's friends**, learn about their lives. The more you know, the more you can understand, and the more you understand, the safer your child is.
9. **Be aware**. If you see something, say something. Call the police if you observe any illegal activity.
10. **Understand the strength** and potency of the drugs available to your children, not just those available on the streets but also the medication prescribed by your own doctor. One night of poor decisions can be fatal. Communicate this to your children in a strong, yet loving way.
11. **Place time limits on activities** that keep your child isolated. Video gaming can disconnect your child from your family. Monitor the computer and other influences; computers should be located in a central place within your home, not your child's bedroom. Keep your child connected to your family.
12. **Make family time**. Somehow, with all the hectic demands of the day find the time to interact as a family- your children need to be your priority. You don't get a second chance to get time back.
13. **If you suspect your child is drinking** or drugging, get help immediately. Reach out to family, friends, school, and/or COMTREA.
14. **Make sure your pediatrician is knowledgeable** about the signs and symptoms of drug use and abuse. Ask him/her how they address the issue of substance use. Conducting a urine screen in your physician's office can alert you to a problem.
15. **Making excuses for behavior** that doesn't make sense or is illegal or illicit can be lethal. The earlier you can get your child help the sooner your child can begin to recover.
16. **Look for opportunities** to speak and teach your child about drugs and alcohol.
17. **Maintain your values**, even when it is often hard to stand your ground - hold firmly onto what is important to you. Your children are counting on it.
18. **Make rules and enforce consequences**. Don't be afraid to say, "NO". This simple word can save your child's life.
19. **Reinforce the healthy and positive choices**. Find what your children do well, as we all have strengths. Nurture them every day. Every child needs to have limitations and understand expectations.
20. **Keep educating yourself** - learn the signs and symptoms of drug use. Know the things that may put your child at risk for drug use (see below).
21. **More permissive attitudes** about substance use also predict greater risks for addiction.
22. **Be aware**. Maintain contact with the parents of your children's friends. Know who they are. Your children will find friends who share their values and perceptions. If you have concerns about friends, do something. If you don't know who your child's friends are invite them into your home!
23. **Follow your instincts**. If you think something is wrong, talk to your child. If your child won't talk or you can't get the conversation started, ask for help. There is help all around (school personnel, COMTREA, internet resources, houses of worship, etc.).
24. **If a child is uncomfortable talking** about feelings or certain topics, it's probably because we have given the impression that we are also uncomfortable.
25. **It can happen to anyone**; don't put your head in the sand. Pay attention, especially during stressful and/or transitional times in your family. It can be your child! Status, education, wealth, and other factors don't protect your children.
26. **Stay connected**. Speak with other parents; join in activities with your child. Find the commonalities that can bring you together. Have a dialog with the parents of your children's friends about their expectations. Agree to share information with one another and use one another for support. A united front from parents and other adults in your child's life that presents consistent expectations, consequences, etc., can save lives.
27. **Don't allow your teenager to attend unsupervised parties**. Volunteer to help chaperone; contact the parents where the party is to be held and be sure tobacco, alcohol or other drugs will not be allowed and they have a plan to deal with uninvited guests.
28. **Get your children involved**. Children who are more involved with outside clubs and organizations are less likely to become drug and alcohol involved. The more healthy resources they have, the safer they will be.
29. **Somehow, someway, find time**, each day, to connect to your child. Every child needs to connect, to feel loved, and to feel special. Life is busy and stressful, but making the time for what is important is essential.



## What To Look For

The key is change; it is important to watch for any significant change in your child's physical appearance, personality, attitude or behavior.

### Physical Signs of Drug Abuse

- Slowed or staggering walk; poor physical coordination.
- Inability to sleep, awake at unusual times, unusual laziness.
- Red, watery eyes; pupils larger or smaller than usual; blank stare.
- Cold, sweaty palms; shaking hands.
- Loss of appetite, increase in appetite, unexplained weight loss or gain.
- Puffy face, blushing or paleness.
- Smell of substance on breath, body or clothes.
- Extreme hyperactivity; excessive talkativeness.
- Runny nose; hacking cough.
- Needle marks on lower arm, leg or bottom of feet.
- Nausea, vomiting or excessive sweating.
- Tremors or shakes of hands, feet or head.
- Irregular heartbeat.



1998



2002

### Behavioral Signs of Drug Abuse:

- Change in overall attitude / personality with no other identifiable cause.
- Changes in friends; new hangouts; sudden avoidance of old crowd.
- Change in activities or hobbies.
- Drop in grades at school or performance at work; skips school or is late for school.
- Change in habits at home; loss of interest in family and family activities.
- Difficulty in paying attention; forgetfulness.
- General lack of motivation, energy, self-esteem, "I don't care" attitude.
- Sudden oversensitivity, temper tantrums, or resentful behavior.
- Moodiness, irritability, or nervousness.
- Silliness or giddiness.
- Paranoia.
- Secretive or suspicious behavior.
- Car accidents.
- Chronic dishonesty.
- Unexplained need for money, stealing money or items.
- Change in personal grooming habits.
- Possession of drug paraphernalia.

## Recommended Web Sites:

- **comtrea.org**: COMTREA's web site; includes treatment resources in Jefferson County, drug information, training opportunities, contact information.
- **HeroinPrevention.com**: Nassau County NY efforts to deal with this issue; includes information for parents on what to do for prevention/education/treatment.
- **ncada-stl.org**: St. Louis National Council on Alcoholism and Drug Abuse web site.
- **parentingstrategies.net**: Australian web site which focuses on alcohol misuse.
- **narcanon.org**: web site primarily dealing with high school programs; evidence based, NIDA funded.
- **nassaualliance.org**: provides clear information for parents.
- **timetotalk.org**: resources for parents to talk with children.

## COMTREA Services:

COMTREA is the private, not-for-profit, community mental health center for Jefferson County. The nationally accredited and nationally recognized organization has been serving clients since 1974 offering mental health care, a psychiatric nursing home, a shelter for abused women and their children, forensic sexual abuse evaluations for children referred from ten counties, alcohol and other drug abuse treatment, psychiatric medical care, general counseling and education for the county. Specifically designed to help the alcohol and other drug problem are these services:



- **School Liaisons**: located in all public schools in Jefferson County and several private ones, these professional mental health counselors can help parents through education, evaluation of a child, and appropriate referral. Contact can be made through the school counselor. There is no cost to these services.
- **Outpatient evaluation and treatment**: Nationally accredited treatment (individual counseling; group counseling; day treatment; and family counseling) is available at the **High Ridge** Office, the **Arnold** Office, or the **Festus** office by calling (636) 931-2700 or (636) 296-6206. Most insurance is accepted and many qualify for grants or state reimbursement with low or -0- co-pays.
- **Child psychiatric services**: upon appropriate referral, the COMTREA child psychiatrist may be brought in to assist the treatment. Most insurance is accepted and many qualify for grants or state reimbursement with low or -0- co-pays.

- **Residential care:** A 16 bed (male only) residential care facility is available as needed. Most insurance is accepted and many qualify for grants or state reimbursement with low or -0- co-pays.
- **Presentations/education/training** programs are available by calling COMTREA. Most presentations (under one hour) are free and training programs are available at a low cost.
- **COMTREA Web Message Board:** is provided for active clients and their families for support and further information.

## Marijuana Fact Sheet

- Marijuana is the most commonly abused illicit drug in the United States and is classified as a Schedule I substance (high potential for abuse; lack of safety, and no medical use) although the validity of this classification is highly questionable.
- It is a dry, shredded green and brown mix of flowers, stems, seeds, and leaves derived from the hemp plant *Cannabis sativa*. The main active chemical is delta-9-tetrahydrocannabinol (THC).
- Marijuana is usually smoked as a cigarette (joint) or in a pipe. It is also smoked in blunts, which are cigars that have been emptied of tobacco and refilled with a mixture of marijuana and tobacco. Marijuana can also be mixed in food or brewed as a tea. As a more concentrated, resinous form, it is called hashish; and as a sticky black liquid, hash oil. Marijuana smoke has a pungent and distinctive, usually sweet-and-sour odor.
- Cannabis use has been found to have occurred as long ago as the third millennium B.C.E. In modern times, the drug has been used for recreational, religious or spiritual, and medicinal purposes.



### EFFECTS

- Marijuana is used for several reasons including inquisitiveness, peer pressure or for fun. The majority of users claim that the drug often causes euphoria, a sense of relaxation, sexual arousal and facilitates easier socialization with others.
- When someone smokes marijuana, THC rapidly passes from the lungs into the bloodstream, which carries the chemical to the brain and other organs throughout the body.
- The amount of THC present in a cannabis sample is generally used as a measure of cannabis potency. The three main forms of cannabis products are the herb (marijuana), resin (hashish), and oil (hash oil). Marijuana often contains 5% to 13% THC, resin can contain up to 20% THC, and Cannabis oil may contain more than 60% THC.
- THC levels in cannabis samples between 1975 and 2007 increased from 4% to 9.6%; some "medical use" can offer over 13%.
- Detectable levels of THC can be found in the body for weeks or longer.
- THC acts upon specific sites in the brain, called cannabinoid receptors, kicking off a series of cellular reactions that ultimately lead to the "high" that users experience. The highest density of cannabinoid receptors are found in parts of the brain that influence pleasure, memory, thinking, concentrating, sensory and time perception, and coordinated movement.
- Marijuana intoxication can cause distorted perceptions, impaired coordination, lowering blood pressure, increased heart rate, bloodshot eyes, and a dry mouth and throat, difficulty with thinking and problem solving, and problems with learning and memory.
- Use increases heart rate by 20-100 percent shortly after smoking; this effect can last up to 3 hours.
- Marijuana smoke contains 50-70 percent more carcinogenic hydrocarbons than tobacco smoke. Marijuana users usually inhale more deeply and hold their breath longer than tobacco smokers do, which further increase the lungs' exposure to carcinogenic smoke. Marijuana smokers can have many of the same respiratory problems as tobacco smokers, such as daily cough and phlegm production, more frequent acute chest illness, and a heightened risk of lung infections.
- Heavy marijuana abusers reported impairment in physical and mental health, cognitive abilities, social life, and career status.
- Cannabis used medically does have several well-documented beneficial effects including the amelioration of nausea and vomiting, stimulation of hunger in chemotherapy and AIDS patients, lowered intraocular eye pressure (for treating glaucoma), as well as general pain relief
- Use during pregnancy has been known to cause a small size fetus with low birth weight.
- The most commonly reported effects of smoked marijuana are a sense of well-being or euphoria and increased talkativeness and laughter, alternating with periods of introspective dreaminess, followed by lethargy and sleepiness. A characteristic feature of a marijuana "high" is a distortion in the sense of time associated with deficits in short-term memory and learning. A marijuana smoker typically has a sense of enhanced physical and emotional sensitivity, including a feeling of greater interpersonal closeness. The most obvious behavioral abnormality displayed by someone under the influence of marijuana is difficulty in carrying on an intelligible conversation, perhaps because of an inability to remember what was just said even a few words earlier.

### WITHDRAWAL

- Long-term marijuana abusers trying to quit report withdrawal symptoms including: irritability, sleeplessness, decreased appetite, anxiety, and drug craving, all of which can make it difficult to remain abstinent. These symptoms begin within about 1 day following abstinence, peak at 2-3 days, and subside within 1 or 2 weeks following drug cessation.

## Alcohol Fact Sheet



- The most commonly used alcohol is ethanol, C<sub>2</sub>H<sub>5</sub>OH. It has been produced and consumed by humans since prehistoric times for a variety of hygienic, dietary, medicinal, religious, and recreational reasons.
- Alcohol is created when grains, fruits, or vegetables are fermented. Fermentation is a process that uses yeast or bacteria to change the sugars in the food into alcohol.
- Reasons that teens use alcohol and other drugs include: curiosity, to feel good, reduce stress, to relax, to fit in, to feel older. From a very young age, kids see advertising messages showing beautiful people enjoying life - and alcohol. And because many parents and other adults use alcohol socially - having beer or wine with dinner, for example - alcohol seems harmless to many teens.

### EFFECTS

- In very small amounts, alcohol can help a person feel more relaxed or less anxious. More alcohol causes greater changes in the brain, resulting in intoxication. People who have overused alcohol may stagger, lose their coordination, and slur their speech. They will probably be confused and disoriented. Depending on the person, intoxication can make someone very friendly and talkative or very aggressive and angry.
- Alcohol is a central nervous system depressant-leading to slowed reactions, slurred speech, and ultimately, to unconsciousness. Alcohol progressively affects different brain areas; first affecting the part of the brain that controls inhibitions. When people lose their inhibitions, they may talk more, get rowdy, and do foolish things. After several drinks, they may feel "high," but really, their nervous system is slowing down.
- The observed effects depend directly on the blood alcohol concentration (**BAC**), which is related to the amount of alcohol consumed. The BAC can rise significantly within 20 minutes after having a drink. The BAC increases when the body absorbs alcohol faster than it can eliminate it. The body can only eliminate about one dose of alcohol per hour. The body responds to alcohol in stages, which correspond to an increase in BAC:
  - **Euphoria** (BAC = 0.03 to 0.12 percent)
    - They become more self-confident or daring.
    - Their attention span shortens.
    - They may look flushed.
    - Their judgment is not as good – they may say the first thought that comes to mind.
    - They have trouble with fine movements, such as writing or signing their name.
  - **Excitement** (BAC = 0.09 to 0.25 percent)
    - They become sleepy.
    - They have trouble understanding or remembering things (even recent events).
    - They do not react to situations as quickly (if they spill a drink they may just stare at it).
    - Their body movements are uncoordinated.
    - They begin to lose their balance easily.
    - Their vision becomes blurry.
    - They may have trouble sensing things (hearing, tasting, feeling, etc.).
    - Confusion (BAC = 0.18 to 0.30 percent)
      - They are confused – might not know where they are or what they are doing.
      - They are dizzy and may stagger.
      - They may be highly emotional – aggressive, withdrawn or overly affectionate.
      - They cannot see clearly.
      - They are sleepy.
      - They have slurred speech.
      - They have uncoordinated movements (trouble catching an object thrown to them).
      - They may not feel pain as readily as a sober person.
  - **Stupor** (BAC = 0.25 to 0.4 percent)
    - They can barely move at all.
    - They cannot respond to stimuli.
    - They cannot stand or walk.
    - They may vomit.
    - They may lapse in and out of consciousness.
  - **Coma** (BAC = 0.35 to 0.50 percent)
    - They are unconscious.
    - Their reflexes are depressed (i.e. their pupils do not respond appropriately to changes in light).
    - They feel cool (lower-than-normal body temperature).
    - Their breathing is slower and shallower.
    - Their heart rate may slow.
    - They may die.
  - **Death** (BAC more than 0.50 percent) - The person usually stops breathing and dies.
    - Moderate use of alcohol may have a beneficial effect on the coronary system. For healthy people, one drink per day for women and no more than two drinks per day for men would be considered the maximum amount of alcohol consumption to be considered moderate use. However, the amount of alcohol that a person can drink safely is highly individual, depending on genetics, age, sex, weight and family history, etc. A drink is considered to be: 4-5 ounces of wine; 10 ounces of wine cooler; 12 ounces of beer; 1-1/4 ounces of distilled liquor.

### WITHDRAWAL

- **Mild to Moderate Psychological Alcohol Withdrawal Symptoms** that typically occur within 6 to 48 hours after the last alcoholic drink: anxiety; feeling nervous or jumpy;

depression; fatigue; irritability; nightmares; rapid emotional changes; difficulty thinking clearly.

- **Mild to Moderate Physical Alcohol Withdrawal** that typically occur within 6 to 48 hours after the last alcoholic drink: loss of appetite; nausea; rapid heart rate; vomiting; pulsating headaches; clammy skin; abnormal movements; sweating (especially on the palms of the hands or on the face); sleeping difficulties; tremor of the hands; looking pale; involuntary movements of the eyelids; enlarged or dilated pupils.
- **Severe Alcohol Withdrawal Symptoms** that typically occur within 48 to 96 hours after the last alcoholic drink: muscle tremors; extreme confusion; severe autonomic nervous system overactivity; black outs; convulsions; high fever; seizures; delirium tremens (DTs); visual hallucinations; agitation.

## Tobacco Fact Sheet

- **Tobacco** is an agricultural product processed from the leaves of plants in the genus *Nicotiana*.
- In consumption it most commonly appears in the forms of smoking, chewing, snuffing, or dipping tobacco, or snus.
- Because of the addictive properties of nicotine, tolerance and dependence develop. Absorption quantity, frequency, and speed of tobacco consumption are believed to be directly related to biological strength of nicotine dependence, addiction, and tolerance.
- The World Health Organization (WHO) reports it to be the leading preventable cause of death worldwide and estimates that it currently causes 5.4 million deaths per year.

### EFFECTS

- Nicotine produces effects in the user that are considered desirable to the user. These effects are caused by the nicotine and not simply by the vehicle of delivery (tobacco or tobacco smoke). Nicotine is psychoactive, producing transient dose-related changes in mood and feeling.
- It is a **euphoriant** that produces dose-related increases in scores on standard measures of euphoria. In the brain, nicotine activates the same reward system as do other drugs of abuse such as cocaine or amphetamine, although to a lesser degree
- It is a **reinforcer** (or reward), in both human and animal intravenous self-administration paradigms, functioning as do other drugs of abuse.
- It causes **neuroadaptation** leading to tolerance and physiologic dependence; the role of nicotine in the compulsive use of tobacco is the same as the role of morphine in the compulsive use of opium derivatives or of cocaine.
- The drug stimulates the release of the hormone epinephrine, which further stimulates the nervous system and is responsible for part of the "kick" from nicotine. It also promotes the release of the hormone beta-endorphin, which inhibits pain.
- Nicotine produces a variety of individual-specific therapeutic actions such as mood and performance enhancement.
- **Smoking causes death.**
  - The adverse health effects from cigarette smoking account for an estimated 443,000 deaths, or nearly one of every five deaths, each year in the United States.
  - More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.
  - Smoking causes 90% of all lung cancer deaths in men and 80% of all lung cancer deaths in women.
  - An estimated 90% of all deaths from chronic obstructive lung disease are caused by smoking.
  - **Compared with nonsmokers, smoking is estimated to increase the risk of cardiovascular disease; respiratory disease; cancer; infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS).**
  - Postmenopausal women who smoke have lower bone density than women who never smoked.
  - Women who smoke have an increased risk for hip fracture than women who never smoked.
  - Smokeless Tobacco Dangers: tooth abrasion; gum recession; increased tooth decay; tooth discoloration and bad breath; nicotine dependence; unhealthy eating habits oral cancer; other cancers.
- **Teens are especially affected:**
  - Tobacco can affect youth activities and athletic performance. Tobacco narrows blood vessels and puts a strain on the heart, it also leads to lack of oxygen and shortness of breath. Smokers run slower and can't run as far as non-smokers.
  - Girls who smoke are more likely to grow excess facial hair.
  - Smoking as few as 5 cigarettes a day can reduce teens' lung function growth, with teenage girls being especially vulnerable.
  - Teens who smoke break out with acne more than those who do not.
  - Zits last longer for teens who smoke.
  - Kids who smoke 2 or 3 cigarettes a day can get hooked in as short as two weeks.
  - Teens who smoke are more likely to catch a cold than people who don't - and



their symptoms will probably be worse and last longer.

- Teenagers who smoke have significantly more trouble sleeping than those who do not smoke.
- 1 out of every 3 young people who become regular smokers will die of a smoking related disease.

### WITHDRAWAL

- The number and intensity of effects noticed or felt varies from person to person, and even between each person's own cessation experiences.
- Withdrawal involves symptoms such as irritation; anger; hunger/weight gain; concentration problems; depression; headaches; fatigue; constipation; restlessness; insomnia; dizziness; anxiety and craving for nicotine. Most of these symptoms subside within 3 to 4 weeks, except for the craving and hunger, which may persist for months.
- It normally takes at least 8-12 weeks before a person starts to feel comfortable with their new lifestyle change of being an ex-smoker

## Heroin Fact Sheet

- Heroin (diamorphine) was the trade name of a drug launched by Bayer in 1898.
- Heroin is an addictive drug that is processed from morphine and usually appears as a white or brown powder, or a black, sticky substance known as "black tar."
- Street names include smack, ska, H, and junk.
- Heroin can be injected, inhaled, smoked or taken orally. Injected heroin accounts for the highest percentage of male and female users, with 43 percent of male and 56 percent of female users choosing this route of administration. Inhalation ranks next, with 36 percent of males and 27 percent of females. Smoking, oral, and other routes of administration account for 11 percent, 5 percent and 1 percent (female) and 12 percent, 8 percent, and 1 percent (male), respectively.



### EFFECTS

- Acute intoxication is characterized by euphoria and drowsiness.
  - Mast cell effects (e.g., flushing, itching) are common, particularly with morphine.
  - GI [gastro-intestinal] effects include nausea, vomiting, and constipation.
  - Users who inject the drug face increased risk of scarred and/or collapsed veins, abscesses (boils) and other soft-tissue infections, liver or kidney disease, and bacterial infections of the blood vessels and heart valves.
  - Sharing of injection equipment or fluids can also lead to infections with hepatitis B and C, HIV/AIDS, and many other bloodborne viruses; they may also be passed along to sexual partners and children.
  - Long-term effects of the opioids themselves are minimal.
- Note: The principal harm comes from the risk of overdose, problems with injecting, drug impurities and adverse legal or financial consequences.

### WITHDRAWAL

- Chronic use of heroin leads to physical dependence, a state in which the body has adapted to the presence of the drug. If a dependent user reduces or stops use of the drug abruptly, they may experience severe symptoms of withdrawal.
- These symptoms, which can begin as early as a few hours after the last drug administration, include restlessness, muscle and bone pain, insomnia, diarrhea and vomiting, cold flashes with goose bumps ('cold turkey'), kicking movements ('kicking the habit'), and others. Users also experience severe craving for the drug during withdrawal, precipitating continued abuse and/or relapse. Opioid withdrawal does not cause fever, seizures, or altered mental status. Onset and duration of the syndrome depends on the specific drug and its half-life. Symptoms may appear as early as 4 hours after the last dose of heroin, peak within 48 to 72 hours, and subside after about a week. Some individuals may show withdrawal symptoms for months.
  - Heroin withdrawal is less dangerous than alcohol or barbiturate withdrawal but it may be distressingly symptomatic. However, opioid withdrawal is not fatal unless there are other physical complications such as very poor general health.
  - The disadvantage of continuing to describe heroin-related fatalities as 'overdoses' is that it attributes the cause of death solely to heroin and detracts attention from the contribution of other drugs to the cause of death. Some studies have indicated that up to 70% of those deaths attributed to "overdoses" are a result of poly-drug use.

