



YOUNG FAMILIES NEWSLETTER — SEPTEMBER 2005

Dear Families:

*"The neighbors have a shack behind their house, and there are some suspicious things going on out there. We worry about the little kids we see over there too."
"My daughter has lost so much weight and has been acting so peculiar . . ."
"My son scares me."*



These are just a sample of responses about the alarming use and abuse of methamphetamine. Meth abuse is changing the American landscape unlike any other illegal drug before it. According to the most recent National Survey on Drug Use and Health Report (2005), 20.8 million Americans aged 12 and over have used prescription-type stimulants non-medically at least once in their lifetime. Past year dependence on or abuse of stimulants was most prevalent among ages 12-17 and 18-25. The class of stimulants most frequently reported was methamphetamine. (The National Survey on Drug Use and Health [NSDUH] Report: Stimulant Use, 2003 – February 4, 2005)

Meth is not just a big city problem. It has become the most dangerous drug problem of small-town America. Traffickers make and distribute the drug in some of our country's most rural areas. Twelve to fourteen year-olds that live in smaller towns are 104% more likely to use meth than those who live in larger cities.

This newsletter will provide an overview of methamphetamine use as well a list of symptoms of other drug use. Kids who learn from their parents about the dangers of drugs and other harmful substances are less likely to use those substances. In other words, you have the power to keep the child you love safe, healthy, and drug-free. But finding the right approach can be hard. This newsletter can help you put your good intentions into action.

Sincerely,

Gail Peavey
Family Living Agent

P.S. The Young Families Newsletter is available on the web at www.uwex.edu/ces/cty/polk. Check this web site to view parenting resources and support services for Polk County families.

What is Methamphetamine?

Methamphetamine (known on the street as “speed,” “meth,” “crank,” “crystal-meth,” and “glass”) is a man-made stimulant of the amphetamine family. Like cocaine, it is a powerful “upper” that produces alertness and elation, along with a variety of adverse reactions. The effects of methamphetamine, however, are much longer lasting than the effects of cocaine, yet the cost is much the same. For that reason, methamphetamine is sometimes called the “poor man’s cocaine.”

Common Meth Lab Supplies

Chemicals:

Anhydrous ammonia
Cold tablets
Alcohol
Starter fluid
Camping fuel
Anti-freeze
Drain cleaner
Rock salt
Red devil lye
Matches
Iodine
Acids
Lithium batteries



Equipment:

Coffee filters or cheesecloth
Aluminum foil
Plastic tubing
Funnels
Pyrex or corning dishes
Jugs and bottles
Strainer
Blender
Hotplate
Gas can
Propane tank



Health Risks of Meth Use



Neurological Hazards. Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement. It also appears to damage brain cells that contain serotonin, another neurotransmitter. Over time, methamphetamine appears to reduce levels of dopamine, which can result in symptoms like those of Parkinson’s disease, a severe movement disorder.

Addiction. Methamphetamine is orally ingested, snorted, or smoked, or intravenously injected. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a rush or “flash,” that lasts only a few minutes and is described as extremely pleasurable. Users may become addicted quickly, and use it with increasing frequency and in increasing doses.

Short-term effects. The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death.

Long-term effects. Methamphetamine use causes increased heart rate and blood pressure and can result in irreversible damage to blood vessels in the brain, producing stroke, irregular heart beat, extreme anorexia, and even death.



Signs and Symptoms of Drug Use

It is important to keep in mind that if a child shows any of the following symptoms, it does not necessarily mean that he or she is using drugs. The presence of some of these behaviors could be the product of stress. Others may be symptoms of depression or a host of other problems. Whatever the cause, they may warrant attention, especially if they persist or occur in a cluster. A mental health professional or a caring and concerned adult may help a youngster successfully overcome a crisis and develop more effective coping skills, often preventing further problems.



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

Physical Signs.

- Loss of appetite, increase in appetite, any changes in eating habits, unexplained weight loss or gain.
- 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.
- 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.



Behavioral Signs.

- Change in overall attitude/personality with no other identifiable cause.
- Changes in friends; new hang-outs; sudden avoidance of old crowd; doesn't want to talk about new friends; friends are known drug users.
- Change in activities or hobbies.
- Drop in grades at school or performance at work; skips 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.
- Excessive need for privacy; unreachable.
- 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.



Signs of Meth Use

Grinding of teeth	Hyperactivity
Tremor (shaking hands)	Dry mouth
Rapid/pressured speech	Euphoria
Increased aggression	Hallucinations
Disconnected thoughts	Sleeplessness

Heightened sensitivity
Rapid heartbeat and breathing
Light sensitivity due to pupil dilation
Sweating and increased temperature
Depression (when drug wears off)
Irritability, paranoia, suspiciousness

Why Meth Appeals to Youth

1. Youth concerned about their weight may use meth because they have heard it can help control their weight.



2. Youth involved in physical activities may use meth because they have heard it can increase their endurance.
3. Youth who are sexually active may use meth because they have heard that it can heighten their sexual desire or activity.

Parents Can Make A Difference!

You can influence your child's behavior. Kids who learn about the risks of drug abuse from their parents or caregivers are less likely to use drugs than kids who do not. How much less likely? Kids are about 36% less likely to smoke marijuana, 50% less likely to use inhalants, 56% less likely to use cocaine, and 65% less likely to use LSD.

The likelihood of substance use by teens is significantly lower when parents learn the facts and risks about drugs and have frequent conversations with their child about

them. Some examples of teachable moments might be when you're:

1. Having fun. One mother said, "I go for walks with my girls and everything just comes right out."
2. Discussing books or movies with your kids.
3. Eating dinner together as a family.
4. Just hanging out . . . reading, cooking a meal, going fishing, listening to music, watching a ball game, singing together, playing chess or other games, having a family picnic.



What's A Parent to Do?

Set expectations. Everyday parenting actions such as establishing clear rules and consequences and encouraging desirable behavior help prevent drug use.

Monitor. Be involved with your youth's activities, friends, and other important adults in their lives. Being informed and monitoring their relationships and behaviors will help you be able to distinguish between possible signs of drug use and typical changes in behavior.

Know your child's friends. Have his/her friends stay for dinner. Ask them about their parents. Make a point of meeting your child's friends' parents – find them at a PTA meeting, soccer practice, dance rehearsal, or wherever the kids hang out. Work with other parents to get a list of everyone's addresses, e-mails, and phone numbers so you can keep in touch with your child and his/her friends.

Show up a little early to pick up your child so you can observe his/her behavior.



Occasionally check to see that your kids are where they say they are going to be.

Many youth get in trouble with drugs right after school – from 3 to 6 pm. Try to be with your kids then, but if you can't, make sure your child is doing something positive with an adult around: sports, jobs, clubs, after-school programs, or religious youth groups. If your kids have to be at home, make sure they are doing homework or chores and not hanging out with friends.

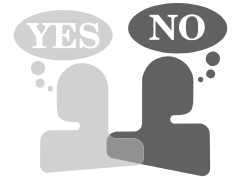
Ask the right questions: Who? What? Where? When? Know where your youth is and what he or she will be doing during unsupervised time. Research shows that youth with unsupervised time are three times more likely to use drugs. Unsupervised youth are also more likely to engage in risky behaviors such as underage drinking, sexual activity, and cigarette smoking. Make a list of his/her activities for the coming day and put it on the fridge, on a calendar or in your wallet or pocketbook.

Start an ongoing conversation. The most important thing to remember when it comes to talking about difficult subjects like drinking and drugs is that it's not a five-minute "talk." It's about building an ongoing dialogue. So start early and build on the conversation as your child matures. Discuss with your youth what is happening in their world. If they feel secure within the family and comfortable sharing their opinions, they are less likely to give in to pressure from friends.

Educate. Learn the myths before you talk. Knowing the facts is important when discussing the dangers of all drug use with your child. Did you know that today's marijuana is more potent, dangerous, and addictive than ever? Combine the realities of her world with the information you have to

help guide relevant and useful conversations.

Model. Model the values and behaviors that you hold important for your family. Modeling may not seem immediately effective, yet will have a lasting impact on the values your child develops, and the choices he makes about drug use. You are your child's most important role model. If you don't want your kids taking drugs, consider how your own use of tobacco and alcohol affects them. Kids notice.



References:

Keeping Your Kids Drug Free
www.theantidrug.com/pdfs/resources/general/keeping_your_kids_drug-free_guide.pdf

US Drug Enforcement Administration, FACT sheet "Fast Facts About Meth"
www.dea.gov/pubs/pressrel/methfact03.html

Methamphetamine. Parents. The Anti-drug.
www.theantidrug.com/drug_info/drug_info_meth.asp

Teens & meth: what can parents do?
E. McCann, U of MN Extension Service
www.extension.umn.edu/extensionnews/2005/teenmeth.html

American Council for Drug Education's Facts for Parents
www.acde.org/parent/default.htm

Other Sources of Information:

Parents. The Anti-Drug
www.theantidrug.com

US Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information
www.health.org

Information Bulletin US Dept of Justice
"Drug, Youth & the Internet (Oct 2002)