
Westwood

C A R E S

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Dear Westwood Community Member,

Westwood Cares is a group of parents, professionals and community members concerned with ensuring the well-being and healthy social development of middle and high school-aged students. During the adolescent years our youth are going through many changes and frequently experience pressure to engage in harmful behaviors. This booklet is designed as a supportive resource for the Westwood community as we help teens make good choices in the face of these pressures.

Westwood Cares encourages strong communication among community members, parents and children, and families and the support services that exist within our community. To facilitate this communication this booklet provides information about community resources, describes typical adolescent and teenage development, lists behaviors indicative of drug or alcohol use, and provides information about the ways in which our community is committed to encouraging safe and healthy social development.

If you are a parent or guardian, we encourage you to read this booklet with your son or daughter and to establish a habit of communication that will strengthen your relationship as you both grow through this period in your lives. Though youth of this age are gaining independence and responsibility, their main sources of reliable information and guidance are parents and other caring adults. It is your responsibility to be informed. Please use this booklet to support your efforts.

We also hope that this booklet encourages parents and community members to talk to one another about mutual concerns. We recommend that parents call one another to confirm social plans their sons or daughters are making, and that community members take appropriate action if they suspect unsafe social situations are occurring. We urge you to utilize the professional support systems and community resources that exist in Westwood as the need arises. We hope you will join us and become part of this effort.

Respectfully,

Westwood Cares Committee

WESTWOOD CARES
MISSION STATEMENT

W*estwood Cares is a parent and community support network established to encourage and enable frequent communication among all community members for the purpose of promoting safe, legal and healthy social development for our young people.*

WESTWOOD CARES PLEDGE

W*e pledge to:*

- Communicate freely with other parents, community members and with our children about safe, supervised activities
- Promote respect for the rights and property of others
- Promote tolerance for individual differences
- Play an active role in maintaining a safe environment during any gatherings in our homes, schools or community, including:
 - neither serving nor allowing youths under the legal age to consume alcohol or use tobacco products;
 - prohibiting the use of illegal drugs and the misuse of legal (prescription) drugs, *and*
 - encouraging the development of healthy adolescent relationships while discouraging inappropriate sexual behavior.
- Access community resources when needed

WHAT CAN I EXPECT FROM MY TEENAGER AND WHAT SHOULD THEY EXPECT FROM ME?

By Todd Danforth, Ph.D.

Director, Westwood Youth and Family Services

EARLY TO LATE ADOLESCENT DEVELOPMENT YEARS 11 TO 21

Adolescence can be a challenging experience for both children and their parents. It is a time of enormous change in the life and work of the family. The needs of children and the developmental tasks in which they are engaged are in some important ways very different from those of early and middle childhood. This is a time of profound cognitive changes and the emergence of the capacity for abstract thought and the importance of social relationships. And as many parents may remember, it is also a time when children are actively constructing their identity; first through clothes, music, the length and color of their hair and the brands they endorse, and later in the ideas they espouse and the values they endorse. Perhaps one of the most striking changes that parents report is that a much greater portion of their child's time is spent away from the home, either with peers or other significant adult figures.

These scholastic, social and recreational opportunities greatly limit the amount of time parents are able to spend with their children, either talking, or even working together in the home. Children's increasing interest in peers and life beyond their home is further complicated by their parents' often monumental struggles balancing family needs and their career expectations. This is one of the chief sources of stress in American homes today. Parents frequently talk about their sense of guilt and their feelings of inadequacy because of conflicts between the two. All of this, and parents' sense of bewilderment at the rapidity and scope of changes in their child, can lead to a sense of being "apart from" their child. During adolescence some parents report that they feel estranged and excluded from their child's inner world, a world that was once very accessible and so much fun to be part of when their kids were younger.

As difficult as it may be for parents, children's confidences, their fears, and the goings-on in their social world, are increasingly shared during adolescence with their peers or other important adults. Parents, therefore, need to demonstrate, not only an interest in what their kids are doing and a willingness to talk, but must also provide opportunities for discussion that model communication as an important value, regardless of what is going on developmentally in the lives their children. But how can one understand and organize all the various parts to their adolescent's cognitive, academic, social, and emotional development?

One suggestion is to consider three relatively distinct stages of adolescence: early, middle, and late. The age at which each stage is reached varies from child to child, and children often move between stages, particularly in times of personal or family stress. Also, there is considerable overlap between "stages." Developmentally, a child may exhibit aspects of more than one stage. Different rates of maturation are connected to physical and cognitive development and genetic variability. For this reason, adolescents should be treated as individuals, and guidelines for levels of responsibility should be adapted to the particular child.

We are including this brief description of adolescent characteristics in order to assist parents and children alike to identify and deal with developmental issues which occur in roughly three stages between ages 11 and 21. We recognize that there are significant developmental differences among teenagers in this group; however, the most salient and dramatic developmental differences between teenagers often occur between ages 14 to 17.

In outlining these characteristics we are making no value judgments. We leave that to you. Nor are we implying that certain social activities, behavior or concerns are desirable, only that they occur in this age group. It is our hope that as we see our children and/or ourselves in this description we can confront our concerns with better understanding.

EARLY ADOLESCENCE: 11-13 YEARS

Children often challenge adult authority at this age. However, more than ever they need a set of clear and consistently enforced family rules with consequences they can anticipate before they act. Consequences should be decided and communicated to a child before they violate a family rule. They need clear and unambiguous communication about family rules and values. This allows them to feel cared for and safe, despite their protestations to the contrary. Sitting down as a family to discuss

your concerns as a parent and the need for family rules is important. Children still need help in learning to choose between right and wrong. Setting a good example for children is an excellent way of teaching at this stage and will help them establish fair and human values, as they begin to develop more relationships outside the home. Gaining a sense of their maleness or femaleness is an important part of this stage of development. Although it may appear that children at this age are mature because of their physical development, kids this age need, more than ever, close adult supervision and monitoring.

- Early adolescents feel like they are in a period of transition or change. What is happening to them is a rehearsal for the future.
- Both boys and girls need a period of time in which most of their activities are with children of their own sex. Scouts, athletics, and church groups are some ways of meeting that need. Part of the “work” of early adolescence is developing increasingly sophisticated social skills, learning how to enter groups, developing the ability to read social cues, and developing the capacity to deal with conflict in a positive mutually beneficial manner.
- Teens need role models, heroes, or an adult to look up to at this age. Special people outside the family, as well as relatives, can be helpful.
- Curiosity about sexual matters begins. Early teens begin having new feelings, which are centered around their own bodies, rather than developing sexual relationships with the opposite sex. Accurate information needs to be made available.
- Special artistic, academic, musical, or athletic, talents may emerge and should be encouraged and supported as much as possible. This will help the child to develop a sense of mastery and competence that is important in building self-esteem and, thus, psychological resilience and growth.
- Experimentation with tobacco, alcohol and other drugs may begin at this age.
- Annoying habits, such as a refusal to wash on a daily basis, poor manners, and untidy dress, are normal ways in which children try to become independent.

Parents may feel that their teenager exhibits the following behavior:

- The teenager is trying to divide his/her parents or sets of parents (divide and conquer strategy).
- The teenager insists that every one else is wrong.
- The teenager exaggerates his/her position or plight.

MIDDLE ADOLESCENCE: 14-16 YEARS

Rapid social, physical, emotional, and cognitive growth, and sexual maturation, combines confusingly with an ever increasing need to be independent.

- Middle adolescents have renewed ego-centrism (inability to take on the perspective of another person) that is characterized by self-consciousness, self-criticism and self-admiration.
- They alternate between periods of immaturity (regression) and maturity.
- They experience increased stress as the transition from the middle school to the high school is made.
- They have increased susceptibility to peer pressure, but conformity is limited to issues like fashion, music and social activities.
- They aggressively negotiate for privileges. This is a new skill that they are attempting to master.
- Their peer groups change, becoming more reflective of their areas of interest.
- Teens have a strong sense of fairness, and they become judgmental if adults or peers do not do what is “fair.”
- Most young people have opportunities to experiment with drugs and alcohol by this stage, and parents have little power to prevent such opportunities from arising. A major objective should be working with adolescents to identify alternatives and make good choices for themselves. Parents should be frank about the dangers of substance use and of mixing drinking and/or drugs with driving. Tell your teens that you will provide transportation rather than have them ride with a driver who has been drinking or using drugs.

- They deeply need love and acceptance by parents and peers, but they may hide such needs in an effort to be mature.
- A physical need for extended periods of rest is normal. Sleeping late on weekends may be due to the fact that young people need more rest during this stage than at any time since infancy.
- They do not use clear verbal expression to communicate feelings such as anger and frustration.
- While few teens will admit it to parents, at this stage, they find security in structure and limit-setting by parents.
- Explain the reason for each rule and the risks and consequences for breaking it. Let the teen take responsibility for his or her own appearance, except when it is very important to you - a family wedding, for instance.

Parents may feel that their teenager exhibits the following behavior:

- The teenager is deliberately exploiting his/her parent's vulnerability.
- The teenager is trying to divide his/her parents or sets of parents (divide and conquer strategy).
- The teenager insists that every one else is wrong.
- The teenager exaggerates his/her position or plight.
- The teenager is always maneuvering defensively. And though parents may often feel otherwise, this is not deliberately malicious.

LATE ADOLESCENCE: 17-21 YEARS

The mature appearance and behavior that marks this period of development may be misleading. Worry about whether they are ready to face the changes of adulthood may cause frustration and depression for teens.

- Open communication about sexual matters is an ideal goal.
- As difficult as it can be, try to find ways to spend time with your teen. A shared activity enhances communication and builds the relationship.
- Late adolescents are suddenly aware that what they do today will affect their future lives. Some respond by applying themselves at school or work, others respond by rejecting social expectations.

- They often feel as if they are on the outside looking in. They can become alienated from parents and friends.
- Their experiences are intense and emotional, but they are not sure that these experiences are real. Reality is still seen to be fluid and contextual. They can be remarkably unaware of the consequences of their actions.
- They reject conformity to society as a whole, but demand conformity within their own small group.
- They are separating from their parents and transitioning to more mature relationships with their peers.
- They become more interested in meaningful relationships with the opposite sex, including physical relationships.
- They become interested in ethical and religious issues because they are forming their own standards and values.
- Most are capable of thinking on an abstract level, both verbally and non-verbally.
- They are capable of altruism and self-sacrifice, but continue to foster their own sense of separateness.

Parents may feel that their teenager exhibits the following behavior:

- The teenager has no sense that his/her privileges come with responsibilities.
- The teenager demands adult prerogatives but resists the right of the parent to control or limit them. The teenager does not impose any self-limitations.
- The teenager rejects his/her parent's standards and values.
- The teenager has "gone overboard" for some ideal or cause, without taking into consideration real world realities.
- The teenager appears to have no need for his/her parent's advice and counsel.

This information on adolescent development was adapted from a previous booklet compiled by Westwood Parents Who Care.

WHAT SHOULD I KNOW ABOUT GATHERINGS AND PARTIES?

Parents should be present to supervise any gatherings in their home. Be clear with your child that gatherings are not permissible when you are away. If you will be out of town or away from home, remember to alert a neighbor or the police. It's also helpful to give your child the name and phone number of a person to contact in the event that "uninvited guests" arrive during your absence.

GUIDELINES FOR PARENTS OF TEENS HOSTING PARTIES

Before the party:

Set ground rules with your teen in advance. Share responsibility for planning and hosting the party with your youth. Limit the number of guests and make invitations direct and specific. Be sure your teen understands your expectations regarding the attendance and behavior of his/her guests, and that this is not just an issue of trust, but an issue of safety. These expectations should include the following:

- Drugs, including alcohol, are not allowed, before or during the party.
- Smoking is not allowed.
- Chewing tobacco is not allowed.
- Leaving the party and returning is not allowed.
- Lights are to be left on.
- Certain rooms in the house are off limits to guests.
- Plan to be available and visible during the party. Invite parents who call regarding party plans or who drop off their teens to stop in and introduce themselves that night.

You may wish to arrange for another adult couple to be present for company and assistance, should it be needed.

Set specific beginning and ending times for the event. Common weekend ending times* are:

6th grade	parental discretion
7th & 8th grades	9:00 - 10:00 pm
9th & 10th grades	10:00 - 11:00 pm
11th & 12th grades	11:00 - 12:00 am

**Special events such as proms, graduation, etc. may call for an extension to these suggested times. Be aware that drivers under the age of 18 are legally required to be off the road by midnight.*

During the party:

- Make sure you (or another responsible adult who understands your ground rules) will be present for the entire party.
- Help maintain the supply of refreshments. Not only will this help the party to run smoothly, but also it will allow you to meet your teen's friends and to maintain a sense of your presence in the house.
- Do not allow guests to come and go. This will discourage teens from leaving the party to drink or use drugs elsewhere and then returning.
- Be prepared to ask guests to leave if they try to bring in alcohol or other drugs or if they refuse to cooperate with your expectations.
- Be willing to call the police if unwanted guests refuse to leave.
- Notify the parents of any teenager who arrives at the party drunk or under the influence of another drug to ensure his/her safe transportation home.
- Do not let anyone drive under the influence of alcohol or other drugs, even if it means taking the keys and calling a cab or asking a sober adult to give the teen a ride home.

GUIDELINES FOR PARENTS OF A TEEN ATTENDING A PARTY

Before the party contact the parents of the party-giver to:

- Verify the location and offer assistance
- Make sure a parent will be present
- Be certain that alcohol and other drugs will not be allowed
- Determine how your teen will get home from the party

Discuss with your teen:

- Arrangements for transportation to and from the party. Be sure to make accommodations to pick your youth up or have him/her picked up prior to the end of the party, should it become necessary. You may want to have a standing agreement with a friend or neighbor if you are unavailable.
- Ways to refuse offers of alcohol or drugs, and to request assistance in escaping from a situation that makes him/her uncomfortable in any way.
- The time your teen is expected to be home. Plan to be awake or have your youth awaken you when s/he gets home. This can provide you with a good time to discuss the events of the evening.
- The establishment of a code word in case s/he needs to leave a party.
- Having an understanding that there will be no punishments for a call letting you know that things are getting out of hand.
- A sleepover following a party should be confirmed with the host parents.
- Remind your child that friendship includes dissuading a friend from driving after drinking.
- Remind your child that s/he can blame you and your rules if s/he needs to remove her/himself from an uncomfortable situation.

WHAT DOES THE LAW SAY?

- The General Laws of Massachusetts, Chapter 138, section 34 says that serving or selling alcoholic beverages to any person under twenty-one years of age shall be punished by a fine of not more than two thousand dollars or by imprisonment for not more than six months, or both.
- “Social Host” legislation passed the Massachusetts Senate in July, 2000. Under this bill, “adults could face one year in prison and a \$2,000 fine if they allow minors to drink on their property.” (Sec. 34; Chap.138 MA General Law)
- For drivers under twenty-one years of age, Massachusetts has a “zero-tolerance” law. This means that a blood alcohol level of 0.02 (for the average person this would mean one drink) is above the legal limit if you are under twenty-one.
- Young drivers cited for operating under the influence of alcohol or for refusing an alcohol breath test will have their licenses suspended immediately.
- It is a felony to alter or falsify your driver’s license. It is also illegal to present someone else’s ID as if it were your own.
- Beginning July 1, for the first time, college students filling out their federal financial aid forms for the 2000-2001 school year must disclose whether or not they have been convicted of drug possession or sale. A person who has been convicted can lose eligibility for one or two years or indefinitely.
(Question 28 on the Free Application for Federal Student Aid)

*Commonwealth of Massachusetts. Driver’s Manual, Revised 02/99

WHAT'S REALLY GOING ON IN WESTWOOD?

A Message from the Westwood Police Department

Dear Community Member:

Thank you for your interest in the young adults of Westwood. This booklet provides information to assist parents, young adults, and other interested individuals surrounding issues of alcohol and other drug trends. At first glance you may be saying, "This is obviously written for someone else, because my son/daughter would never get involved with drugs." Do any of the phrases below sound familiar?

- "After the dance I'm going to sleep over at Mike's house."
- "Just drop us at Westwood center and we'll walk up to the dance."
- "We are allowed to leave school last block if we don't have a class."
- "Everyone drinks. What's the big deal?"

The list could be rather lengthy. Adolescents might provide these excuses or evasive statements to allow more opportunity to socialize with their friends. As with many adults, socialization is facilitated by the use of alcohol and other drugs. Let's look at some facts specific to Westwood:

- In 1999, Westwood Police Officers responded to fourteen calls of underage house parties where there was no adult supervision. Ten involved confiscation of alcohol by officers.
- Marijuana is the illegal drug of choice among Westwood youth. Of the seventeen juveniles brought before the Juvenile Court (age 16 and younger) in 1999, fifteen were marijuana related cases.
- Informal conversations with high school-aged students and parents reveal an increase in experimentation with ecstasy and acid. Although the police department has not arrested anyone in possession of these substances, they are available, and we have a number of ongoing investigations.

The facts above are a summary of cases brought before the Juvenile Court. There are a number of situations where an officer may choose to make parental contact for intervention rather than enter a juvenile into the system. Please also remember a juvenile is defined as a person under age 17.

As you read through the materials that follow, try to avoid rationalizing behaviors you may observe in your loved one. Westwood is a challenging place to grow up. Children and adolescents need our support and guidance, and we have a responsibility to ensure their well being. Reach out to the resources that are available, and remember that we are all in this together.

Sincerely,

Paul Toland
Juvenile Officer

John Saleda
Juvenile Officer

Paul Sicard
Juvenile Officer

WHAT DO I DO IF I SUSPECT DRUG USE?

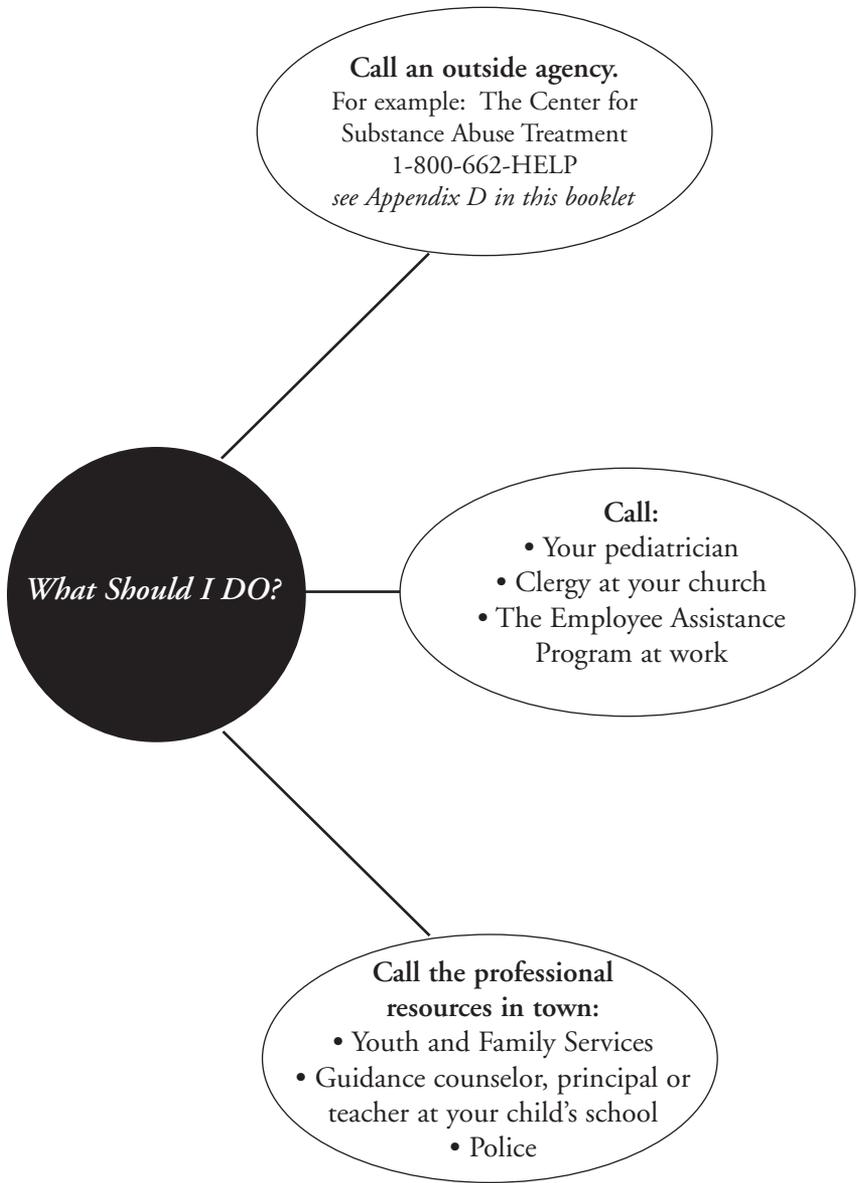
If you feel your child is in imminent danger from the use of alcohol and other legal or illegal drugs seek immediate medical help!

However, if you simply suspect your child may be using drugs or alcohol, there are a number of people and places to which you can turn to ask questions or to seek help. We are fortunate in Westwood to have many resources available to us in times of need.

You may choose to call your pediatrician for information or a member of the clergy for spiritual guidance as a first step. Or you may want to call your child's school and speak to the principal or a guidance counselor, or call Westwood Youth and Family Services and speak to Todd Danforth, Director. There are also many non-local resources if you prefer to look for help outside of town, as well as websites on the internet which provide factual information or resources in the public library. You can also choose to have your child drug-tested.

The Appendices in the back of this booklet provide this information:

- A. Signs and Symptoms of Commonly Abused Drugs
- B. Drug Testing Information
- C. What resources are available locally for parents, teens and members of this community?
- D. What alcohol and drug abuse information and services are available outside my community?
- E. What other resources are available for parents and teens regarding other adolescent concerns?
- F. Websites for Drugs, Tobacco and Alcohol Information



It is important to keep in mind that if an adolescent 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 normal adolescent 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 if they occur in a cluster. A mental health professional or a caring and concerned adult may help an adolescent successfully overcome a crisis and develop more effective coping skills, often preventing further problems.

Signs and Symptoms of Commonly Abused Drugs

The key thing to look for is change; it is important to keep an eye open for any significant changes in your child's physical appearance, personality, attitude or behavior.

Below is a list of possible signs and symptoms of alcohol and drug abuse.

- 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
- Smell of incense or other "cover-up" scents
- Extreme hyperactivity; excessive talkativeness
- Excessive need for privacy; unreachable
- Increasing and inappropriate anger, hostility and/or secretiveness
- Car accidents

- Chronic dishonesty
- Unexplained need for money; stealing money or items
- Change in personal grooming habits
- Possession of drug paraphernalia (such as pipes, rolling papers, small decongestant bottles, eye drops or small butane torches)
- Memory lapse; difficulty in concentration
- Chronic absenteeism
- Marked downturn in student's grades
- Reduced motivation, energy and/or self-esteem
- Diminished interest in extracurricular activities and hobbies
- Change in friends or social circle

On the following pages is specific information about commonly used drugs.

PLEASE NOTE THAT ANY PRESCRIBED DRUGS OR OVER-THE-COUNTER MEDICATIONS (E.G. CAFFEINE STIMULANTS, COUGH SYRUPS) WHEN USED IRRESPONSIBLY OR FOR SOMETHING OTHER THAN THEIR INTENDED PURPOSES CAN BE ABUSED, AND ARE POTENTIALLY DANGEROUS.

ALCOHOL

- One in three teenagers reports having a first drink by age 9.
- 71% of 7th-8th grade students in Massachusetts admit having used alcohol.

What is it?

Alcohol is a depressant.

How it's taken

Alcohol is usually taken orally.

Some effects

- Alcohol impairs thinking, judgment and coordination.
- It may cause severe liver damage including hepatitis, cirrhosis and cancer.

Risks associated with alcohol

- Alcohol use is a major cause of motor vehicle fatalities and accidents in general.
- Alcohol use leads to unwise behavior including promiscuity, which may lead to unplanned pregnancies and sexually transmitted diseases.

Other names for and varieties of alcohol

Booze, a pop, wine, suds, fuel, juice, reeb, hard liquor

Signs of Use

- Odor of alcoholic beverage
- Expected symptoms of alcohol intake (e.g. clumsy, difficult walking; slurred speech; sleepiness; glassy eyes, unsteadiness, etc.)
- Evidence of liquor missing from parent's liquor cabinet (including replacing liquor with water)
- A reluctance to make close contact with parent upon arrival home
- Chewing gum to mask odor
- Possession of a false ID card

NICOTINE

- The average age of first use for smoking a cigarette in Massachusetts is 12.2 years old.
- By 7th grade, one in five Massachusetts teens smokes daily.

What is it?

Nicotine is the addictive drug found in all tobacco products: cigarettes, cigars, pipe tobacco, chewing tobacco and snuff.

How it's taken

- Tobacco is usually chewed or smoked.

Some effects

- Nicotine produces a feeling of well being followed by a withdrawal phase during which the user craves more.
- Tobacco users may experience strokes, chronic bronchitis, chronic lung disease, asthma and/or cancer.
- Nicotine is responsible for approximately 83% of all lung cancer cases. Smokeless tobacco has been clearly associated with cancerous and pre-cancerous lesions of the mouth.

Risks associated with nicotine

- Smokers far exceed nonsmokers in reported use of alcohol, marijuana, and other drugs.
- Young people who smoke experience a measurable impairment of lung function; they are less likely to participate, much less excel, in athletics.

Other names for and varieties of tobacco

Butts, cigarros, chew, snuff

Signs of Use

- Odor of cigarette smoke
- Overuse of perfume or cologne to mask odor
- Remnants of tobacco products in clothing pockets
- Mild euphoria or hyperactivity
- In smokeless form, minor sores on gums and inside lower lip

MARIJUANA

- In Massachusetts, students in grades 7-12 report that the average age of first use of marijuana is 13.
- 52% of Massachusetts' students in grades 9-12 admit having used marijuana.

What is it?

Marijuana is a hallucinogenic drug. Marijuana purchased on the street is sometimes laced with other dangerous substances, such as herbicides or LSD.

How it's taken

Marijuana is taken orally or smoked.

Some effects

- Impairment of mental functions, such as memory, judgment, perception, coordination, and the ability to concentrate.
- A feeling of panic, paranoia or anxiety
- Reduced sperm production and testosterone levels in males; can cause irregular menstrual cycles in females

Risks associated with marijuana

- Marijuana use interferes with psychological functioning, personality development and emotional growth.
- Users can lose interest in school and other productive activities.
- Regular marijuana smoking produces a drug-dependent personality, and generally leads to the use of more drugs.

Other names for and varieties of marijuana

Weed, grass, dope, pot, herb, reefer, bud, Mary Jane, Acapulco Gold

Signs of Use

- Dilated pupils
- Watery eyes
- Euphoria
- Relaxed inhibitions
- Increased appetite
- Disoriented behavior

- Loud talking and inappropriate laughter, followed by sleepiness
- Fatigue
- Anxiety or paranoia
- Marijuana seeds in pockets
- A sweet burnt scent
- Room deodorizers in room
- Roach clips and other paraphernalia (such as pipes, rolling papers)

COCAINE

- In 1996, the rate of past month cocaine use increased among young adults age 18-25 from 1.2% to 2.0%.

What is it?

Cocaine is a powerful stimulant derived from coca leaves. It is extremely addictive.

How it's taken

Cocaine may be snorted as a white powder or injected or smoked in freebase form as "crack."

Some effects

- Increased heart rate and blood pressure, possibly leading to heart attacks and strokes
- A sense of over-confidence, well being and initial euphoria followed by anxiety and depression
- Paranoid and violent behavior
- Death from overdose

Risks associated with cocaine

Cocaine usage can produce very severe withdrawal symptoms, including lethargy, hunger, sleepiness, and depression so severe that it may lead to suicide.

Other names for and varieties of cocaine

Coke, crack, snow, flake

COCAINE cont.

Signs of Use

- Sleeping problems
- Runny or bloody nose
- Nasal sores
- Headaches
- Lack of appetite
- Severe mood swings
- Extreme paranoia
- Erratic or irrational comments or ideas
- Redness of the skin
- Dilated pupils
- Tremors
- Excited, talkative behavior
- Fever

MDMA (“Ecstasy”)

- Ecstasy is the drug of choice at all-night “rave” parties.
- Herbal ecstasy is legal in some states while banned in others. Young people buy such products because they wrongly believe they are safe forms of ecstasy.
- In Boston, a 1996-97 survey of public schools found that about 14 percent of male and 7 percent of female 12th graders had used MDMA during their lifetime.

What is it?

MDMA is a synthetic drug that produces both stimulant and psychedelic effects. It is chemically similar to the stimulant amphetamine and hallucinogen mescaline.

How it’s taken

Ecstasy is usually injected or taken orally.

Some effects

- A feeling of intoxication, increased energy and disinhibition
- At times, jaw clenching, muscle aches and accelerated heart rate
- Jerky eye movements, anxiety, and/or paranoia may also occur.
- At higher doses, hypothermia, hallucinations, panic attacks and mental confusion (the mind flooded with irrelevant or incoherent thoughts)
- Elevated blood pressure, leading to brain damage or death

Risks associated with MDMA use

Psychological difficulties, including confusion, depression, sleep problems, drug cravings and paranoia sometimes weeks after taking MDMA have been reported.

Other names for the varieties of MDMA

Ecstasy, XTC, PMA, STP, e-DMA, Adam and Eve, MDA

Signs of Use

- Increased sweating
- Involuntary clenching of teeth
- Biting inside of cheek
- Blurred vision
- Possession of absorbent papers (e.g. the cardboard from egg cartons)
- Possession of pacifiers (used to relieve discomfort from jaw clenching)

KETAMINE (“Special K”)

- Ketamine is frequently used at all-night “rave” parties.

What is it?

Ketamine is a drug widely used as an animal tranquilizer by vets in pet surgery.

How it’s taken

Ketamine is injected as a liquid, snorted or swallowed in powder form and sometimes sprinkled on tobacco or marijuana and smoked. It is also used in combination with other drugs, such as ecstasy, heroin, and cocaine.

KETAMINE (“Special K”) cont.

Some effects

- Hallucinations that include visual distortions and a lost sense of time and identity
- At higher doses, delirium, amnesia, impaired motor function, high blood pressure, depression and potentially fatal respiratory problems
- At lower-doses, impaired attention, learning ability and memory

Other names for and varieties of ketamine

Special K, kataral, ketaject, Super-K

Signs of Use

- Vomiting
- Remnants of liquid in small vials

GHB

- GHB was initially used by body builders to stimulate muscle growth. In recent years it has become popular as a recreational drug.
- Some individuals are synthesizing GHB in home laboratories. The ingredients are found in a number of dietary supplements available in health food stores and over the Internet.

What is it?

GHB is a synthetically produced central nervous system sedative. The effects can be felt within 5 to 20 minutes after use. GHB is cleared from the body relatively quickly, so it is sometimes difficult to detect in emergency rooms and other treatment facilities.

How it's taken

GHB is ingested in liquid, tablet or capsule form and is often used in combination with alcohol. GHB is odorless and nearly tasteless.

Some effects

- A relaxing, euphoric or intoxicating effect
- As the dose increases, sedative effects that can result in a coma or death

- An increased risk of seizures
- When combined with other drugs such as alcohol, nausea and difficulty breathing
- Withdrawal effects, including insomnia, anxiety, tremors and sweating

Risks associated with GHB use

GHB has reportedly been used in cases of date rape. Because GHB is odorless and tasteless, it can be slipped into someone's drink without detection.

Other names for and varieties of GHB

Grievous Bodily Harm, G, Liquid Ecstasy, Georgia Home Boy

Signs of Use

- The presence of small plastic bottles (the size of hotel shampoo bottles). Each bottle contains approximately nine doses.

PCP

PCP is commonly applied to a leafy material, such as parsley, mint, oregano or marijuana and smoked.

What is it?

Phencyclidine is a hallucinogen that is medically used as a veterinary anesthetic.

How it's taken

PCP is sold in tablet, powder and liquid form. It is taken orally or applied to a leafy material, such as parsley, mint, oregano or marijuana and smoked.

Some effects

- Anesthetic-type effects, progressing from muscular rigidity and "staring gaze" to a coma-like state

PCP cont.

Risks associated with PCP use

No one can guess how PCP will work in the body besides making a person high. PCP may affect the same person differently each time taken. When ingested, PCP is stored in the brain. In some people, it can remain there for months. Once in the brain, PCP can cause repeated flashbacks which can make a person go insane.

Other names for and varieties of PCP

Angel dust, supergrass, killer weed, hog, embalming fluid, PCE, PCPy, TCP, Loveboat, Rocket fuel, phencyclidine

Signs of Use

Four states may be observed in the user:

1. combativeness and hallucinations
2. toxic psychosis with paranoia and suicidal and destructive tendencies
3. psychotic episodes resembling schizophrenia, delusional thinking or bizarre behavior
4. depression with a high risk of suicide

LSD

- According to a 1997 study, 13.6% of 12th graders nationwide reported having used LSD.
- The percentage of seniors reporting use of LSD in the past year nearly doubled from a low of 4.4% in 1985 to 8.4% in 1997.
- Almost 51% of seniors said it would have been fairly easy or very easy for them to get LSD if they had wanted it.

What is it?

Lysergic Acid Diethylamide (LSD) is probably the best-known and most potent hallucinogen.

How it's taken

LSD is taken orally in the form of impregnated paper (blotter acid), tablets (microdots), or thin squares of gelatin (window panes).

Some effects

The effects of LSD are unpredictable. They depend on the amount taken; the user's personality, mood and expectations; and the surroundings in which the drug is taken.

- Dilated pupils
- Increased heart rate and blood pressure
- Sweating
- Loss of appetite
- Sleeplessness
- Dry mouth and tremors
- If taken in large enough doses, the drug produces delusions and visual hallucinations
- Changes in user's sense of time and sense of self
- Sensations may seem to "cross over," giving the user the feeling of hearing colors and seeing sounds. These changes can be frightening and can cause panic.
- Severe mood alterations with feelings of despair, panic, fear or death, insanity, and loss of control

Risks associated with LSD use

The user may feel several different emotions at once or swing rapidly from one emotion to another. Many LSD users experience flash backs, which may surface anywhere from a few days to more than a year after use. Users refer to their experience with LSD as a "trip" and to acute adverse reactions as a "bad trip." These experiences are long – typically they begin to clear after about 12 hours.

Other names for and varieties of LSD

Acid, Micro Dot, Cubes, Mickey Mouse, Blotter Acid Paper, Window Pane, Purple Haze

Signs of Use

- Sensations and feelings of the user change much more dramatically than the observable signs.
- Dilated pupils, sweating, loss of appetite
- Potentially, signs of panic

HEROIN

Heroin use is increasing rapidly, especially among youth. Over the past several years, heroin has become much more accessible, affordable and acceptable among local adolescents. As a result, more adolescents are experimenting with and becoming addicted to heroin.

What is it?

Heroin is a narcotic made from morphine. Morphine is the main drug derived from opium.

How it's taken

Heroin can be injected, smoked or snorted. As a result of education surrounding HIV transmission with needles, injecting heroin is less acceptable among adolescents. The effects of heroin last 3-6 hours.

Some current slang phrases on how to inject or inhale heroin

“chasing the dragon,” “mainlining,” and “popping”

Some effects

- An initial feeling of well being, followed by drowsiness and a craving for more of the drug
- Severe withdrawal symptoms including, vomiting, diarrhea, tremors, cold sweats, cramps, insomnia and/or depression

Risks associated with heroin use

- There is a high risk of becoming physically addicted to heroin, in part because the withdrawal symptoms are so severe. The risk of overdose is also extremely high for heroin users.
- Suicides are commonly linked to heroin abuse and addiction.
- AIDS and hepatitis may result from sharing needles.

Other names for and varieties of heroin

Horse, smack, dope, junk, Big H, H, black tar, mud, brown sugar

Signs of Use

- Constricted pupils
- Remnants in plastic bags of white powder
- Withdrawal symptoms

INHALANTS

Inhalants may be products in your home. They are available for purchase at any hardware or grocery store. Your child may buy them too.

What is it?

Inhalants include such things as:

- solvents (e.g. paint thinners, gasoline, glues, correction fluids, felt-tip markers)
- gases (e.g. propane tanks, butane lighters, whipping cream aerosols or dispensers [“whippets”], spray paints, hair or deodorant sprays)

How it’s taken

Inhalants are used either by inhaling through the nose or by “huffing” – that is by inhaling through the mouth.

Some effects

- Intoxicating effects
- Sniffing highly concentrated amounts of chemicals in solvents or aerosol sprays can directly induce heart failure and death.
- Various irreversible effects depending on the specific solvents, including: hearing loss, limb spasms, central nervous system damage, bone marrow damage
- Serious, but potentially reversible effects, including: liver and kidney damage, blood oxygen depletion

Risks associated with inhalant use

Initial use of inhalants often starts early. Some young people may use inhalants as a cheap, accessible substitute for alcohol. Research suggests that chronic or long-term inhalant abusers are among the most difficult to treat and they may experience multiple psychological and social problems.

Other names for and varieties of inhalants

Whippets, huffing, sniffing, glue, poppers, rush, bullet, bolt, ammonia, gasoline

INHALANTS cont.

Signs of Use

- Paper bags soaked with the inhalant product (e.g. spray paint sprayed into a bag)
- Remnants of the inhalant product on the user's face
- Finding empty aerosol cans in bedrooms, garage areas, etc.
- Cylindrical containers such as potato chip cans are common ways of disguising the aerosol container.

STEROIDS

- Steroids are used by athletes in hopes of increasing muscle mass and improving performance.
- According to the 1999 Monitoring the Future Study, 2.7% of 8th and 10th graders nationwide reported they had taken anabolic steroids at least once in their lives.
- In the 1999 survey, 62.1% of 12th graders perceived a great risk in taking steroids – the lowest percentage reported since questions about steroids were started in 1989.
- Among 12th graders in 1999, 44.6% felt it would be fairly easy or very easy for them to get steroids.

What is it?

Anabolic steroids are synthetic forms of testosterone, the male sex hormone.

How it's taken

Steroids may be taken orally or injected.

Some effects

- Personality change, increased aggression, violence, depression and psychosis
- In women, masculinizing effects resulting in increased body and facial hair
- In men, shrinking of the testes and abnormal sperm production

- Development of hepatitis, liver abnormalities, hardening of the arteries, heart disease and liver cancer

Risks associated with steroid use

People who inject steroids risk contracting HIV and other blood-borne diseases from infected needles.

Other names for and varieties of steroids

Juice, Roids

METHAMPHETAMINES

- According to a 1997 study, 4.4% of high school seniors had used crystal methamphetamine at least once in their lifetimes – an increase from 2.7% in 1990.
- Data show that 2.3% of seniors reported past year use of crystal methamphetamine in 1997 – an increase from 1.3% in 1990.
- Methamphetamine drugs have been used medically in treatment for attention deficit disorder, narcolepsy and obesity.

What is it?

Methamphetamine is a powerful, addictive stimulant that strongly activates certain systems in the brain. It is closely related chemically to amphetamine, but the central nervous system effects of methamphetamine are greater.

How it's taken

Methamphetamines are taken orally or injected. Crystal methamphetamine (“Ice”) is a highly addictive form, which is generally smoked in a six-inch glass pipe with two openings.

METHAMPHETAMINES cont.

Some effects

- After smoking or injecting, an intense sensation called a “rush” or “flash,” that lasts a few minutes and is described as extremely pleasurable
- After taking orally, a feeling of euphoria, though no “rush”
- Central nervous system problems, which may cause insomnia, restlessness, agitation and aggression
- At high or prolonged levels of dosage, profound mental changes such as violent and erratic behavior
- Toxic effects on the heart, including arrhythmias, high or low blood pressure, circulatory collapse and/or death
- Over time, reduced levels of the neurotransmitter dopamine, which can result in symptoms like those of Parkinson’s disease, a severe movement disorder

Risks associated with methamphetamine use

Methamphetamine has a high potential for abuse and dependence.

Other names for and varieties of methamphetamine

Ice, Crank, Crystal, Bennies, Pep Pills, Uppers, Speed, Meth

Signs of Use

- Increased physical activity
- Wakefulness
- Confusion
- Convulsions
- Agressiveness, irritability

SOURCES

Coleman, Lisa. *Parent's Guide to Street Drugs*. Governor's Alliance Against Drugs, March 1999.

INFOFAX. National Institute on Drug Abuse. May 26, 2000.
<http://www.nida.nih.gov/infifax>.

Monitoring the Future: A Continuing Study of American Youth. Institute for Social Research at the University of Michigan. May 26, 2000.
<http://www.monitoringthefuture.org>.

The Anti-drug: Drug Information. National Institute on Drug Abuse. May 26, 2000. <http://www.theantidrug.com>.

Drug Testing Information

Parents should be aware that there are testing procedures available to detect drugs and alcohol use.

URINE TESTS:

A urine test can be done by pediatricians. There are also testing labs available to the public that can be found in the yellow pages under “Laboratories Testing.” Parents should be aware that the “occasional” use of many drugs that can be detected in urine may only have a one day retention time.

How long after use can drugs be detected in the urine?

APPROXIMATE RETENTION TIME OF DRUGS IN URINE

Drugs or drug class	Approx. retention time
Amphetamines	1-2 days
Benzodiazepines (Sedatives)	1-14 days
Cannabinoids (Marijuana metabolites)	1-7 days (occasional use) 1-4 weeks (chronic use)
Cocaine metabolite	12-48 hours
Opiates (Heroin)	1-3 days
Phencyclidine (PCP)	1-8 days (occasional use); Up to 30 days (chronic use)

HAIR ANALYSIS:

Psychomedics can do hair analysis to detect drug use. The use of five major groups of drugs can be detected over the previous 90 days (approximately). It is more expensive (\$60) but more accurate than urinalysis. *Psychomedics'* phone number is 1-800-522-7424. Web sites that might be helpful are www.homepharmacy.com or www.drugfreeteenagers.com

ALCO-SCREEN:

Alco-Screen is a litmus-like test that detects alcohol in saliva. It is very accurate. It can be purchased in boxes of 24 for \$40. For information call Chematics at 1-800-348-5174 or go to www.chematics.com

What resources are available locally for parents, teens and members of this community?

COUNSELING SERVICES

Westwood Public Schools (781) 326-7500

Middle School –

Guidance Department, *Lisa Blackman*, x331; *Mark Yetman*, x333

Principal, *Carol Gregory*, x335

Assistant Principal, *Victor Palladino*, x398

High School –

Guidance Department, *Carol Armstrong*, x356

Principal, *Charles Flahive*, x309

Assistant Principal, *Emily Parks*, x311

Students may also access other students who have been trained as peer counselors.

Names of peer counselors are available through the high school guidance office.

Westwood Youth and Family Services

Director: Todd Danforth (781) 320-1006

Provides free, confidential services to Westwood children and their families.

- Short term and problem-focused counseling services.
- Program addressing child/juvenile firesetting
- Community service and restitution program
- Consultations/referrals and information
- Group counseling
- Mentor volunteer programs for youth
- Program recognizing community involvement of Youth.
- Alcohol/drug assessments

LOCAL CHURCHES AND TEMPLE CONTACTS

Church of Saint Denis

Pastor - Reverend Edwin D. Condon - 781-326-5858

Youth Minister Coordinator - Jon McCabe

Evangelical Free Church

Pastor - Reverend Robert J. Davidson - 781-326-0570

Youth Worker - Kevin Jameson

First Baptist Church

Pastor - Reverend Dr. Lawrence Whitlock - 781-461-1730

Youth Contact Person - Kim Poirier - 781-769-2506

First Parish, United Church

Pastor - Reverend Peter A. Lovett - 781-326-5344

Islington Community Church

Pastor - Reverend Colin Leitch - 781-326-5347

St. John's Episcopal

Rector - Reverend Stephen V. Smith - 781-329-2442

Youth Minister - Emily Sugg

St. Margaret Mary Church

Pastor - Reverend T. Joseph Moynihan - 781-326-1071

Youth Minister Coordinator - Jon McCabe

Temple Beth David

Rabbi Henry A. Zoob - 781-769-5270

Youth Commissioner - Bryna Bornstein

RECREATIONAL SERVICES**Westwood Recreation Department (781) 461-0070**

- Provides activities and classes for children and adolescents
- Leadership development programs for adolescents
- Volunteer opportunities
- Summer Activity Nights for 14-18 year olds
- Reciprocal arrangement with Norwood Civic Center for use of gym equipment

Hale Reservation (781) 326-1770

Offers reduced membership rates for outdoor recreation programs for youth ages 11-13 during the summer months.

What alcohol and drug abuse information and services are available outside my community ?

ALCOHOL/DRUG ABUSE

Massachusetts State Alcohol and Drug Hotline

1-800-327-5050

24-hour statewide, confidential hot line that will answer your questions, help you figure out your options, and link you with appropriate treatment programs.

Cocaine Abuse Hotline

1-800-COCAINE

24-hour information and referral hot line run by a national treatment provider providing help with cocaine and other drug use.

NORCAP of Norfolk

1-800-331-2900

Drug and alcohol treatment and referral. Will answer questions and discuss problems.

Family Service of Dedham

781-326-0400

Private, non profit agency with full array of counseling options for individuals and families.

Family Counseling and Guidance Centers, Inc. of Braintree

781-848-7840

Private sectarian, non profit agency with full array of counseling options for individuals and families.

Riverside Community Care Outpatient Center of Dedham

781-769-8670

Private, non profit agency with full array of counseling options for individuals and families.

May Counseling Center of Norwood

781-762-6592

Private, non profit agency with full array of counseling options for individuals and families.

HMO preferred providers

Most health plans have preferred systems of care for substance abuse problems. Call your health plan for details.

Employee Assistance Programs provided by your employer

Most public and private employers provide EAP benefits to employees and their families. Call your employer's Human Resource for details.

SELF-HELP ORGANIZATIONS**Alanon and Alateen**

1-781-843-5300

A support group for family members and teenagers who live with a loved one who has a drinking and/or drug problem. Call for dates, times and locations.

Alcoholics Anonymous

1-617-426-9444

Weekly meetings for teenagers and adults who want to stop drinking. Group members share their experiences to help themselves and others recover from alcoholism. Call for dates, times and locations.

Narcotics Anonymous

1-617-884-7709

Weekly meetings for people needing support to stop using drugs. Call for dates, times and locations.

What other resources are available for parents and teens regarding other adolescent concerns ?

HEALTH/SEX

The Teen Line

781-534-5700

This hotline is a supportive place you can call for any question or concern you may have.

Planned Parenthood League of Massachusetts

781-731-2525

Runs free, confidential telephone counseling services. Provides referrals to clinics for pregnancy tests and health care resources throughout Massachusetts.

Pregnancy Help

781-782-5151

Run by Catholic Archdiocese. Provides testing, confidential telephone counseling and help with living arrangements, school and job plans, financial aid, adoption and parenting.

AIDS Action Line

1-800-637-3776

Statewide hotline that provides information, HIV testing, counseling referrals and support.

Gay and Lesbian Hotline

781-267- 9001

Confidential counseling, support and referrals.

ABUSE AND NEGLECT**Child at Risk Hotline**

1-800-792-5200

24 hour statewide hotline that receives reports of abuse and neglect, provides information and guidance, and responds with help in emergency situations.

Mass Society for the Prevention of Cruelty to Children

1-800-442-3035

Provides crisis intervention, counseling and other services to victims of abuse, neglect, sexual assault, and adolescents at risk.

Parental Stress Hotline

1-800-632-8188 or 437-1990

24 hour statewide telephone counseling for young people and parents. Will listen to family or personal difficulty you may have and help you sort out your options.

EATING DISORDERS**Anorexia Bulimia Care, Inc.**

(ABC) 1-800-322-7072

Hotline Staff will answer questions and help you find a treatment program that meets your needs. Ask about support groups for families and symptomatic individuals.

Nutrition Hotline

(9am to 3pm) 1-800-322-7023

Nutritionists will answer questions about food, nutrition and health. Referral service for nutrition resources throughout the state.

Overeaters Anonymous

781-641-2303

Self help group for food addicts. 12 step fellowship based on Alcoholics Anonymous. Deals with food addictions including bulimia, anorexia and compulsive overeating.

SUICIDE AND DEPRESSION

Samariteens

781-247-8050

Confidential hotline staffed by teenagers who befriend other teenagers who are feeling, lonely, depressed or suicidal. Operates 3pm-9pm daily.

Samaritans

781-247-0220

24 hour confidential hotline for anyone feeling suicidal, lonely depressed. Face to face counseling is offered at 500 Commonwealth Ave. Boston between 8am-8pm.

LEGAL HELP

Committee for Public Counsel Services

781-482-6212

Advice on juvenile and adult criminal matters given over the phone.

Children's Law Center of Massachusetts

781-581-1977

Legal representation for youth.

RUN AWAYS

National Runaways Hotline

1-800-231-6946

24 hour hotline that provides shelter, legal and medical referrals around the country. Helps to relay messages between runaways and parents.

Bridge Over Troubled Waters

781-423-9575

If you've run away or are thinking about it, or if you have been thrown out of your home, call this 24 hour crisis hotline. They will provide emergency shelter, food and clothing and will work with you on what to do next. Services are voluntary and free.

** Most resources were found in Teen Yellow Pages sponsored by the United Way of Massachusetts. If there is something you cannot find, call their Information and Referral Service - 1-800-231-1377.*

