

AN INFORMATIVE GUIDE TO KEEPING KIDS SAFE
PROTECTING OUR CHILDREN



DRUGS • SOCIAL MEDIA • BULLYING • VAPING • & MORE INSIDE!

BROUGHT TO YOU BY THE NASHVILLE GRAPHIC 2026

KNOW THE SIGNS: Child exploitation

**BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER**

NASHVILLE – Young people seem to be on their phones all the time - but those phones, sometimes coupled with a young person’s emerging sexual desires or trusting natures - are leading to cases of child exploitation right here in Nash County. Young people who get into phone relationships with people they don’t know can not only be misled, but can also become victims of “sextortion”: where sexual photos, sexual favors, or money is extorted by threats.

HOW & WHERE IT STARTS

Kirsten Pierce, a detective with the Nashville Police Department, said that first contact is often made through online gaming, snapchat or instagram. Predatory adults pose as young people, often of a totally different sex, in order to ‘groom’ and develop relationships with our teens or even middle-schoolers.

Pierce said two common online chat platforms: Roblox and Discord-



are prime locations for such contacts. Roblox is common, she said, because it hosts popular server games along with the game Fortnite as a spot that predators commonly use. Another site mentioned was OnlyFans, which has content created by models, fitness trainers, and public figures. It is also popular with adult con-

tent creators.

During gaming, players can converse online with each other. Pierce said that child predators establish “younger selves,” using different names and pictures- sometimes a.i. generated- of their false selves. The online relationships “could go on for years,” Pierce said, either until a parent figures out what’s going on or the child tells.

One tactic that appeals to young people, Pierce said, is that the predator may offer to be a “girlfriend” or “boyfriend,” which makes the child feel loved and special, particularly if they have never had one.

What these predators are after are sexual victims - with threats ranging from possible abduction to acquiring photographic or video images for sale and dissemination. And once it’s on the internet, it’s there forever - potentially affecting not only future relationships but jobs and school opportunities.

Of more immediate concern, however, is that child predators can use information that your children give to find them.

And a child’s images could make him or her targets for abduction.

INITIAL COMMUNICATIONS

The predator, posing as ‘Susie,’ let’s say - befriends the child, asking questions about what the child likes. It could start as basically as a favorite color, favorite music, type of clothes or shoes, or pets.

Other questions might be about where the young person likes to go after school- what park, what arcade, what restaurant- or about who the child lives with.

“When does your mom work? Does your mom take you home, or do you take the bus? Is there a park near your school or house that you like to go to? What is the name of the road you stay on? What school do you go to? What grade? What’s your teacher’s name?”

Pierce said some social media apps also come with features where “friends” can see locations. The feature, she said, is automatic with some, and has to be turned off.

CONTINUED TO PAGE 3



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The implications are terrifying. This is also why law enforcement tells parents not to post photos of their kids on social media with signs showing their grade level and school name.

At some point, ‘Susie’ will ask for a picture or two of her new friend, getting a head shot to begin with. Then the types of pictures requested change, becoming more explicit.

And it’s not just phones that could be involved. iPads and tablets, anything electronic with a camera.

**BEHAVIORS TO LOOK FOR,
PLACES TO CHECK**

Pierce said one thing parents should be aware of is when their children start to become secretive while using their phones or devices for extended periods of time- perhaps retreating to the bathroom or staying on their phones a long time behind locked bedroom doors. This may also involve being unwilling to say who they are talking to.

“A parent will know when something feels ‘off’ with their child,” Pierce said.

Pierce said it can be a delicate matter for a parent to start looking through their child’s phone for texts and contacts, which can lead to confrontations and trust issues. Nonetheless, she said if parents are paying for a child’s phone, they have a right to ask what social media apps are in use - to look at the list of contacts- and to check photos and text messages.

Sometimes communications can be hidden, as is the case with Instagram, which has the ability to chat in ‘invisible mode’ where communications instantly disappear. Snapchat, she said, holds information for only three days.

Verizon and T-Mobile, Pierce said, hold data for 30 to 60 days, sometimes longer.

“It’s an important safety measure to ask about these things,” Pierce said, because children are using social media at such young ages that their brains are literally not developed enough to comprehend potential dangers.

Parents can limit screen time and lock apps.

**IF PARENTS FIND SOMETHING
ALARMING**

If parents do find something suspicious or alarming on a child’s phone, they should contact law enforcement. Officers will then take the phone, via search warrant if necessary, and begin an investigation. They can use the child’s phone to find IP logs which show the predator’s phone location, with additional options involving getting the predator’s signup name and subscription information on game platforms or using the person’s user name and phone number.

**EFFECTS ON CHILDREN FOR EARLY
EXPOSURE TO SEXUAL MATERIAL**

Children exposed early to sexual content might be prone to develop porn addictions later, Pierce said, or their behaviors could alter to become sexualized because they may view such behavior as normal and acceptable. This also applies to pornography that portrays abusive or misogynistic acts, sexism, or sexual violence.

According to an August 2024 article from the *American College of Pediatricians*, “consumption of pornography is associated with many negative emotional, psychological, sociological and physical health outcomes,” including “increased rates of depression, anxiety, acting out and violent behavior, younger ages of sexual debut, sexual promiscuity and increased risk of teen pregnancy.”

In addition, teens who take sexual photos of themselves or their girlfriends/boyfriends have been known to broadcast such images if or when there is a threatened breakup. Pierce mentioned of local cases where such photos were sent to students’ workplaces, parents, or even grandparents.

INCREASED VULNERABILITY

Pierce, while not a parent herself, has young nieces who are already using social media.

“Kids growing up now have ipads or tablets that we never had,” she said, “which opens up at whole new area of vulnerability.”

LOCAL CASES

Pierce shared the following information with *The Graphic* about recent local cases.

“Juvenile was conversing with an individual through Instagram believing this individual was a person of their age and good looking. The unknown person behind the Instagram account began requesting the juvenile send nude images of their self in exchange for nude images of this unknown person. It was discovered through Instagram moderators that this juvenile account profile was likely being exploited.

Instagram, in compliance with federal laws, notified NCMEC who reports, investigates, and provides a cyber tip report on the possible exploitation of a minor to North Carolina SBI ICAC Task Force as they are the head agency in North Carolina that processes cyber tips.

The SBI then conducted a preliminary investigation into the reported cyber tip to identify a location within North Carolina of the suspect or victim.

In this instance, the victim was identified living in Nashville, North Carolina therefor, the cyber tip was forwarded to the Nashville Police Department for follow up with the victim.

The victim in this instance was a male juvenile, who was contacted related to the reported incident and for information known about the other Instagram account. The victim stated he was messaging a person on Instagram that he didn’t know, and this unknown person asked for a nude image of him in return for that profile sending him nude images as well. The juvenile did end up sending nude images of himself to this fake Instagram person who he initially believed to be a real person. The profile never sent the juvenile nude images in return but instead told the juvenile, their nude images were going to be sent to other people on his Instagram friends list.

The juvenile immediately being scared, blocked the unknown Instagram profile and “did a little research” as he stated and realized for himself the displayed person he was messaging was not a real person. The juvenile didn’t send any money or things of value to this person.

Law enforcement educated the juvenile on safe use of social media and the laws of North Carolina prohibiting the creating and dissemination of nude imagery of minors under 18.

An investigation into the offenders Instagram account revealed that the younger looking “female” was actually a 46-year-old male utilizing an IP address router out of Nigeria, pretending to be this younger female. The investigation into the offender was forwarded to another agency for follow up.”

Pierce also told of a case whereby NPD worked alongside the Nash County Sheriff’s Office regarding a similar incident, this one involving a local boy in middle school. She said he was talking with an individual who he thought was a young girl via a social media profile, eventually sending nude photos of himself.

The predator threatened to send those images to the boy’s family and friends if he didn’t send money. The boy, then frightened, told his parents what happened, who then reported the offenders’ profile to their service provider.

“The service provider did as required by federal law, and sent the information of exploitation to NCMEC who produced a CyberTip which eventually was sent to Nash County Sheriff’s Office for follow up investigation,” Pierce said.



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SCHOOL LOCKDOWNS: What to know

**BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER**

Not all kids like going to school, and in the “old days,” one tactic to get some time out was to pull the school fire alarm. The 2026 equivalent is to use social media to post a threat, potentially leading to a school shutdown: but the repercussions for that are far more serious now, with an arrest and transport to an out-of-county juvenile detention center as part of the consequences.

“We take every threat seriously, and increase law enforcement presence (at any school mentioned)” said Sgt. Kevin Bissette, School Resource Office Supervisor for the Nash County Sheriff’s Office.

STANDARD RESPONSE PROTOCOL (SRP)

While the general public may use the term “lockdown” for any and all school shutdowns, a lockdown is technically the third of five steps that can be used for student and staff protection at schools.

Bissette says NCSO and Nash County schools use a protocol outlined by the I Love U Guys Foundation, a group established in 2006 by Ellen and John-Michael Keyes following a school shooting that took the life of their daughter, Emily. On that day, Emily’s final text to her parents was “I love u guys.”

The foundation, led and supported by first responders, survivors, family members and community members, focuses on safety, preparedness and reunification in schools. It uses response protocols used in more 78,000 schools and districts around the world. Its message is “You don’t choose tragedy. You can choose your response.”

STAGES OF RESPONSE

Bissette said each situation is different, and is evaluated individually before a designation is assigned.

“Hold,” the first stage, is followed by the directive “in your room or area.” It is the protocol used when hallways need to be kept clear of occupants.

“Secure,” the second stage, is followed by the directive “get inside. Lock outside doors.” It is the protocol used to safeguard people within the building.

“Lockdown” is followed by “locks, lights, out of sight” and is the protocol used to secure individual rooms and keep occupants quiet and in safe. The term,

Bissette said, means that is an active shooter scenario.

“Evacuate” may be followed by a location, and is used to move people from one location to another, either in or outside the building.

“Shelter” and state the Hazard and Safety Strategy for the group and self-protection is another state. It would be used in severe weather events, such as a tornado, where students and staff would be moved to a secure location to shelter in place until the event is over.

Bissette said the SRP allows first responders to determine the algorithm for determine what level of lockdown is needed, and is based on the response to any given situation and not just individual scenarios.

SOCIAL MEDIA

COMMUNICATIONS/THREATS

“Every week now, we’re running into online threats,” Bissette said, which automatically starts up partnership investigations with the State Bureau of Investigations.

Bissette encouraged parents to have open, eye-to-eye communications with their children about the consequences for social media posts that could be construed as threats.

In addition to arrests and full prosecution, protocol is now for students to be taken to ‘secure custody,’ which means being taken to a juvenile detention center. All of those used are out-of-county.

In addition to legal prosecution, students found guilty of posting threats are subject to disciplinary measures by the schools, with one option expulsion for up to 365 days.

A recent case involving a 14-year-old Nash County girl resulted in the girl quickly identified and taken into custody with assistance from SBI data analysts.

Communicating a Threat of Mass Violence on an Educational Facility is a class H felony.

Bissette also said that if parents become aware of a possible threat, they should not post that on social media, but to call 9-1-1 or the Sheriff’s Office directly. He said one reason for that is the ease that social media can be used to spread misinformation, giving an example of a post being re-posted, leading readers to believe that there was more than one potential threat situation and that there was a current threat when there was not.

SCHOOL RESOURCE OFFICER TRAINING

NCSO’s SRO program “sets the gold standard,” Bissette said, and is recognized as the flagship for the state, with that designation granted by the Center for Safer Schools, a division of the North Carolina State Bureau of Investigation.

In addition to regular SRO training, the NCSO program equips SROs with ballistic shields and shield training, allowing deputies to make “full advancements” in active shooter cases rather than having to hide behind cover. They also have “breaching shotguns,” designed to use specialized ammunition that can shoot a lock off a door without penetrating into the room. Other specialized training to date relates to Autism, Juvenile Mental Health, Behavior Threat Assessment, Crisis Intervention and De-escalation, Critical Incident Response training, and firearms training four times a year, including with high capacity pistols.

To be added next, with most training having to occur over the summer, is training for all elementary school SROS from

the D.A.R.E. (Drug Abuse Resistance Education) Institution, which will bring every Elementary School officer into D.A.R.E. certification; currently, only two deputies are so certified.

Also planned is Gang training for all SROs serving in middle and high schools.

“We want early recognition so that we can provide big brother/big sisterly interventions and re-direct any negative behavior into a positive,” Bissette said. Among such recognition, he said, might be picking up on the use of gang symbols in student art or doodles, meaning that the student involved may have been exposed in some way or is expressing an attraction.

Nash County commissioners authorized spending of \$500,000 in December 2025 in order to expand the SRO program across Nash County so that each elementary school would have its own full-time officer. For NCSO, that meant adding three new positions. As of now, one of the three had been filled, Bissette said, with applications in the pipeline for the other two.

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IS YOUR TEEN USING?: Symptoms you need to know

The following is provided by
www.drugfree.org

Personal Appearance

- Messy, shows lack of caring for appearance
- Poor hygiene
- Red, flushed cheeks or face
- Track marks on arms or legs (or long sleeves in warm weather to hide marks)
- Burns or soot on fingers or lips (from “joints” or “roachies” burning down)

Personal Habits or Actions

- Clenching teeth
- Smell of smoke or other unusual smells on breath or on clothes
- Chewing gum or mints to cover up breath
- Heavy use of over-the-counter preparations to reduce eye reddening, nasal irritation, or bad breath
- Frequently breaks curfew
- Cash flow problems
- Reckless driving, car accidents, or unexplained dents in the car
- Avoiding eye contact
- Locked doors

- Going out every night
- Secretive phone calls
- “Munchies” or sudden appetite

Behavioral Issues Associated with Teen Substance Abuse

- Change in relationships with family members or friends
- Loss of inhibitions
- Mood changes or emotional instability
- Loud, obnoxious behavior
- Laughing at nothing
- Unusually clumsy, stumbling, lack of coordination, poor balance
- Sullen, withdrawn, depressed
- Unusually tired
- Silent, uncommunicative
- Hostility, anger, uncooperative behavior
- Deceitful or secretive
- Makes endless excuses
- Decreased Motivation
- Lethargic movement
- Unable to speak intelligibly, slurred speech, or rapid-fire speech
- Inability to focus
- Hyperactivity
- Unusually elated
- Periods of sleeplessness or high en-

ergy, followed by long periods of “catch up” sleep

- Disappearances for long periods of time

School- or Work-Related Issues

- Truancy or loss of interest in school-work
- Loss of interest in extracurricular activities, hobbies, or sports
- Failure to fulfill responsibilities at school or work
- Complaints from teachers or co-workers
- Reports of intoxication at school or work

Health Issues Related to Teen Substance Abuse

- Nosebleeds
- Runny nose, not caused by allergies or a cold
- Frequent sickness
- Sores, spots around mouth
- Queasy, nauseous
- Seizures
- Vomiting
- Wetting lips or excessive thirst (known

as “cotton mouth”)

- Sudden or dramatic weight loss or gain
- Skin abrasions/bruises
- Accidents or injuries
- Depression
- Headaches
- Sweatiness

Home- or Car-Related

- Disappearance of prescription of over-the-counter pills
- Missing alcohol or cigarettes
- Disappearance of money or valuables
- Smell in the car or bottles, pipes, or bongs on floor or in glove box
- Appearance of unusual containers or wrappers, or seeds left on surfaces used to clean marijuana, like Frisbees,
- Appearance of unusual drug apparatuses, including pipes, rolling papers, small medicine bottles, eye drops, butane lighters, or makeshift smoking devices, like bongs made out of toilet paper rolls and aluminum foil
- Hidden stashes of alcohol

Contrary to popular belief,
Marijuana Is Addictive.

3X
stronger
Marijuana today
has three times the
concentration of
THC compared to
25 years ago.

Higher THC
amounts have
stronger effects
on the brain.

1 in 10 adults
who use marijuana
can become
addicted

Among people
who use the drug
before the age of 18,
addiction rates rise to
1 in 6

Source: Substance Abuse and Mental Health Services Administration



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KIDS AND DRUGS: What you need to know

**BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER**

"I hope my child never gets mixed up in drugs."

"My boy? He knows better."

"I raised her better than that. She knows better."

Despite all the assurances, hopes and fears of parents everywhere, some of our kids do get 'mixed up' in drugs, sometimes with devastating effects or long-lasting damage.

What kind of drugs are most accessible to kids, and what can be done to protect our children?

HARD FACTS

Nearly four in ten teens nationwide have misused a drug at least once by 12th grade, according to National Center for Drug Abuse Statistics. That agency also reports that middle schoolers account for one of the biggest jumps in usage, with drug use among 8th graders increasing by 30% between 2016 and 2020.

What many parents may not realize is that drug experimentation most likely begins at home with prescription drugs, with "youth more likely to abuse prescription stimulants than they are to abuse cocaine or amphetamines."

Kevin Bissette and Elizabeth Frisbee, deputies with the Nash County Sheriff's Office, said that legal drugs, meaning those obtained by prescription, are much more likely to be a child's first avenue into drug use and/or abuse, simply because those drugs are already in the home and accessible.

PRESCRIPTION DRUGS

Listing the example of cancer patients, who may require multiple medications, including morphine or opioids for pain, Bissette said children in the household could be at easy risk for access.

Older family members may also have prescriptions for aging-related health concerns, such as medicine for high blood pressure. What might not come immediately to mind, though, is that if a child were to take that medicine, it could be fatal.

"If a BP med is dosed to lower a systolic rate of 200, and a smaller child's normal systolic rate is 70, it could kill him if he takes that pill," Bissette said,

stressing the need to keep meds locked up in any household that has children.

Even ADHD medicines like Adderall, a schedule II stimulant, can be misused for feelings of intoxication and sometimes used by athletes for their anti-fatigue properties.

DRUGS MISTAKEN FOR CANDY

Some drug ingestion by young children can be accidental.

"Kids will put anything into their mouths," said Bissette, noting that there have been multiple instances in Nash County of toddler 'exposure,' meaning that toddlers have consumed drugs accidentally. Especially attractive are drugs that look like candy, such as THC or "cannabis infused" gummies, many of which can be purchased at vape stores in packaging that looks like popular candies.

Ibuprofen, for example, might look like a Good & Plenty candy to a 5-year-old. Some Tylenol tablets look like Tic Tacs. Iron tablets also look similar to Red Hots or red M&Ms. Chewable calcium looks like chocolate. And the list continues.

Medicines need to be locked out of sight, or reach, of children. If no longer needed, it needs to be surrendered for safe disposal, such as in marked boxes at CVS stores or at the NCSO, rather than flushed down the commode, which is environmentally harmful.

PILLS FROM FRIENDS

Also worrisome can be medications that older children may accept from their friends, for example if an ibuprofen is offered, and accepted, for a headache. Whether by design or accident, the "ibuprofen" might not be that at all.

Sometimes all it takes for a child to take a pill is curiosity, having heard about "getting high" from movies, social media, or family members.

CHILDREN-PRESCRIBED DRUGS

Just as can be the case with adults, children can be prescribed medicine that can lead to addiction. According to a HealthAffairs article, "Children and the Opioid Epidemic" Age Stratified Exposures and Harms," one in ten adolescents in North Carolina filled at least one opioid prescription each year between

2016-2018. That data was collected using NC Medicaid claims. The most common prescribers were physicians (over 35%), and dentists (over 33%). The most common opioid prescriptions were Hydrocodone (44.9%) Oxycodone (28.7%) and Codeine (20%).

"Early drug abuse correlates with substance abuse problems later in life, and the most significant increases in destructive behavior appear to take place among older teens and young adults," the article stated.

ILLEGAL DRUGS

Among illegal drugs being trafficked up and down I-95 and US 64, Bissette said, are fentanyl, heroin and meth, in addition to marijuana and THCs. Fentanyl, he said, is more likely to be found laced inside cocaine, put there to give the high a "boost."

Most narcotics are being carried from Florida to New York. North Carolina is at the halfway point, which is why, Bissette said, Nash County is a natural stopping point for traffickers to stop and rest, either at a rest stop or "at a cousin's house," for a few hours or a few days. And yes, that provides a prearranged opportunity for unloading drugs to local dealers, most of whom have the possibility of gang affiliations.

Bissette and Frisbee said that Sheriff Keith Stone and his interdiction team are proactive in stopping any vehicle engaged in speeding or having a regulation violation, checking for drugs if there is "reasonable suspicion" to do so. Basically, deputies always have their eyes and other senses engaged for drugs and drug use, no matter what type, or where, they are called to be.

And then there are the overdose calls.

"A lot of overdoses we find on patrol are either from crack or cocaine," Frisbee said, who routinely patrols in the southern parts of the county. She said the youngest overdose victims she has seen are in their late teens, although more are older.

Deputies, like Nashville PD and other police departments, routinely carry Narcan in their patrol cars and are trained in its administration in case they are the first responders on scene.

KNOW YOUR CHILD

What parents can do, basically, is to know their children and to monitor them for changes in behavior, Bissette said. For example, if your child normally has lots of energy and turns sluggish, or vice-versa, it is worth a look to see what's being kept under their bed. Bissette also said that if the odor of alcohol or marijuana is detected, to look for the reason. Open conversations should be had if a child's usual crowd, or friends, change.

"Know who you allow into your house and around your kids, and what they are bringing in the house," Frisbee said.

Many kids today, Bissette said, are "being raised more by social media and their tablets than time with parents." Recent studies have shown that social media use triggers dopamine-driven 'reward' pathways in the brain, similar to addictive substances.

Asked if social media use was addictive, Bissette said "100%."

One problem with that is that young people may not be developing either strong social skills or relationships. Even in younger children, Bissette said, juveniles are becoming more involved in texting, emails and posting than talking.

"Take the time to talk with your kids," Bissette said, recommending phone and media-free dinner times. He said that open conversations can lead to kids feeling comfortable to tell their parents things, including about friends and those friends' activities.

GET DRUGS OUT OF THE HOUSE!

The Nash County Sheriff's Office offers a medicine drop box in the lobby which is open to the public during normal business hours for anyone to use. Expired and unused medications are accepted including prescriptions, prescription patches, prescription medications, prescription ointments, over-the-counter medications, vitamins, sample medication packets and pet medications. This does not include Hydrogen Peroxide, Inhalers, Aerosol cans, thermometers, needles, medical waste from businesses or clinics.

Look for warning signs of drugs or alcohol

Courtesy of
Partnership for Drug-Free Kids
www.drugfree.org

How to Find Out if Your Child is Using Drugs or Alcohol

Use Your Nose. Have a real, face-to-face conversation when your son or daughter comes home after socializing with friends. If there has been drinking or smoking, the smell will be on their breath, on clothing and in their hair.

Look Them in the Eyes. When your child gets home after going out with her friends, take a close look. Pay attention to his or her eyes. Eyes will be red and heavy-lidded, with constricted pupils if they've used marijuana. Pupils will be dilated, and he or she may have difficulty focusing if they've been drinking. In addition, red, flushed color to the face and cheeks can also be a sign of drinking.

Watch for Mood Changes. How does your teen act after a night out with friends? Are they loud and obnoxious, or laughing hysterically at nothing? Unusually clumsy to the point of stumbling into furniture and walls, tripping over their own feet and knocking things over? Sullen, withdrawn, and unusually tired and slack-eyed for the hour of night? Do they look queasy and stumble into the bathroom? These are all signs that they could have been drinking, using marijuana or other drugs.

Monitor Driving and the Car. Your teen's car and driving habits can offer clues as well. Is driving more reckless when he or she's coming home after being with friends? Are there new, unex-

plained dents? If you're suspicious, examine the inside of the car too. Does it smell like smoke or alcohol fumes? Are there any bottles, pipes, bong, or other drug paraphernalia rolling around on the floor or hidden in the glove box? If you find evidence of drug use, be sure to prepare for the conversation ahead.

Keep an eye out for deceit or secretiveness. Are their weekend plans starting to sound fishy? Are they being vague about where they're going? Can they describe the movie they supposedly just saw? They say parents will be at the party they're attending, but can't give you a phone number and come home acting intoxicated? They get in way past curfew or estimated time with an endless string of excuses? When excuses fail, do they respond to your inquiries and concern by telling you that it's none of your business? If these ring true, something is wrong and it's time to take action.

Should You Search Their Room?

The limits you set with your child do not stop at their bedroom door. If you notice concerning changes in behavior, unusual odors wafting from their room (like marijuana or cigarette smoke), smells to mask other smells like incense or air fresheners, or other warning signs, it's important to find out what's going on behind that "KEEP OUT" sign.

One note of caution, however. Be prepared to explain your reasons for a search, whether or not you decide to tell them about it beforehand. You can let them know it's out of concern for their health and safety. If you discover that your kid is not drinking or doing drugs, this could be a good time to find out if there's something else that may need to be addressed.

Kids come up with some crafty places to conceal alcohol, drugs, and drug paraphernalia. Some possible hiding spots include:

- Dresser drawers beneath or between clothes
 - Desk drawers
 - CD/DVD/Tape/Video cases
 - Small boxes – jewelry, pencil, etc.
 - Backpacks/duffle bags
 - Under a bed
 - In a plant, buried in the dirt
 - In between books on a bookshelf
 - Inside books with pages cut out
 - Makeup cases – inside fake lipstick tubes or compacts
 - Under a loose plank in floor boards
 - Inside over-the-counter medicine containers (Tylenol, Advil, etc.)
 - Inside empty candy bags such as M&Ms or Skittles
- Don't overlook your teen's cell phone or other digital devices. Do you recognize their frequent contacts? Do recent messages or social media posts hint at drug use or contradict what they've told you?
- If your search turns up evidence of drug use, prepare for the conversation ahead and do not be deterred by the argument of invaded privacy. Stand by your decision to search and the limits you've set.



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Common household poisons

Childhood is time of exploration for youngsters. Curiosity is a healthy way for kids to broaden their horizons. However, in an effort to learn more about their worlds, children may find themselves in harm's way.

The Victoria State Government says accidental poisoning is most commonly a problem in young children. Most poisonings happen at home, but they also can occur while visiting friends and family or while on vacation. The Centers for Disease Control and Prevention says that more than 300 children in the United States between the ages of zero and 19 are treated in an emergency department every day, and two children die as a result of being poisoned.

Parents may think that only chemicals with clear warning labels pose a threat to youngsters. However, many everyday items can be poisonous. Here's how to recognize some of the more common hazards lurking in typical homes.

Medications

Medications account for roughly half of potentially toxic exposures, according to NYU Langone Health. A child who

gets into over-the-counter or prescription medications can be in real trouble. To children, medicines may seem like food, beverages, candy, or toys. Some medicines need not be ingested to be dangerous, so make sure all are kept well beyond the reach of curious tykes.

Pesticides/herbicides

Chemicals used to treat lawns and gardens may be toxic to children and pets. It is important to read labels thoroughly and to always strictly follow instructions.

Household plants

Houseplants can be dangerous. Although many common indoor plants only cause mild gastrointestinal symptoms if consumed, daffodils, dumb cane, foxglove, hydrangea, lilies, oleanders, rhododendrons, and wisteria, may have toxins that can affect the stomach, respiratory system, liver, or heart. Speak with a pediatrician about how to keep kids safe around these plants.

Alcohol/nicotine

It may only take a small amount of alcohol to make children ill. Alcohol can



be found in beverages, but also in perfume, mouthwash, cleaning products, hand sanitizers, and over-the-counter cold medications. NYU Langone says alcohol poisoning in children can cause low blood sugar, which can lead to seizures and coma.

Liquid nicotine or nicotine replacement gum can be hazardous as well. Illicit substances also carry serious health consequences for children. Changes in breathing, unconsciousness or seizures may result depending on the substance.

Keeping children away from potential poisons takes diligence. Certain substances may be best kept behind lock and

key and/or up high where curious hands cannot reach. Homes should have the poison prevention hotline number clearly displayed. The CDC also recommends discarding unused products, medicines and vitamins to limit children's access to them.

GET DRUGS OUT OF THE HOUSE!

The Nash County Sheriff's Office offers a medicine drop box in the lobby which is open to the public during normal business hours for anyone to use.. Expired and unused medications are accepted including prescriptions, prescription patches, prescription medications, prescription ointments, over-the-counter medications, vitamins, sample medication packets and pet medications. This does not include Hydrogen Peroxide, Inhalers, Aerosol cans, thermometers, needles, medical waste from businesses or clinics.

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Top 8 reasons why teens try alcohol and drugs

The following is provided by
www.drugfree.org

There is no single reason why teenagers use drugs or alcohol. But here are some of the core issues and influences behind the behavior of teenage drug and alcohol use.

It's important that you, as a parent, understand these reasons and talk to your kids about the dangers of drinking and doing drugs.

1. Other People. Teenagers see lots of people consuming various substances. They see their parents and other adults drinking alcohol, smoking cigarettes and, sometimes, trying other substances. Also, a teenager's social scene often revolves around drinking and smoking marijuana. Sometimes friends urge one another to have a drink or smoke pot, but it's just as common for teens to start trying a substance because it's readily available and they see all their friends enjoying it. In their minds, they see drug use as a part of the normal teenage experience.

2. Popular Media. Forty-five percent of teens agree with the statement: "The music that teens listen to makes marijuana seem cool." And 45 percent of teens agree with the statement

"Movies and TV shows make drugs seem like an ok thing to do." (PATS 2012) So be aware of the media that your son or daughter is consuming and talk to them about it.

3. Escape and Self-Medication. When teens are unhappy and can't find a healthy outlet for their frustration or a trusted confidant, they may turn to chemicals for solace. Depending on what substance they're trying, they may feel blissfully oblivious, wonderfully happy or energized and confident. The often rough teenage years can take an emotional toll on children, sometimes even causing depression, so when teens are given a chance to take something to make them feel better, many can't resist. For example, some teens abuse prescription medicine to manage stress or regulate their lives. Sometimes they abuse prescription stimulants (used to treat attention deficit hyperactivity disorder) to provide additional energy and the ability to focus when they're studying or taking tests. Others are abusing prescription pain relievers and tranquilizers to cope with academic, social or emotional stress.

4. Boredom. Teens who can't tolerate being alone, have trouble keeping themselves occupied or crave excitement are prime can-

didates for substance use. Not only do alcohol and marijuana give them something to do, but those substances help fill the internal void they feel. Further, they provide a common ground for interacting with like-minded teens, a way to instantly bond with a group of kids.

5. Rebellion. Different rebellious teens choose different substances to use based on their personalities. Alcohol is the drug of choice for the angry teenager because it frees him to behave aggressively. Methamphetamine, or meth, also encourages aggressive, violent behavior, and can be far more dangerous and potent than alcohol. Marijuana, on the other hand, often seems to reduce aggression and is more of an avoidance drug. Some teens abuse prescription medicine to party and get high. LSD and hallucinogens are also escape drugs, often used by young people who feel misunderstood and may long to escape to a more idealistic, kind world. Smoking cigarettes can be a form of rebellion to flaunt their independence and make their parents angry. The reasons for teenage drug-use are as complex as teenagers themselves.

6. Instant Gratification. Drugs and alcohol work quickly. The initial effects feel really good. Teenagers turn to drug use because they see it

as a short-term shortcut to happiness.

7. Lack of Confidence. Many shy teenagers who lack confidence report that they'll do things under the influence of alcohol or drugs that they might not otherwise. This is part of the appeal of drugs and alcohol even for relatively self-confident teens; you have the courage to dance if you're a bad dancer, or sing at the top of your lungs even if you have a terrible voice, or kiss the girl you're attracted to. And alcohol and other drugs tend not only to loosen your inhibitions but to alleviate social anxiety. Not only do you have something in common with the other people around you, but there's the mentality that if you do anything or say anything stupid, everyone will just think you had too many drinks or smoked too much weed.

8. Misinformation. Perhaps the most avoidable cause of substance use is inaccurate information about drugs and alcohol. Nearly every teenager has friends who claim to be experts on various recreational substances, and they're happy to assure her that the risks are minimal. Educate your teenagers about drug use, so they get the real facts about the dangers of drug use.



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What's in That Vape?

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While the FDA has authorized a limited number of e-cigarette products, many are still on the market without authorization. The Truth Initiative reports that more than 86% of e-cigarettes are currently on the market illegally, which means you may not even know what chemicals are actually in your vape. What's more, the FDA emphasizes that authorization does not mean those products are considered safe. All tobacco products, including vapes, contain harmful chemicals and carry risks.



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POVERTY: Childhood stress can be lifelong

BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER

NASHVILLE – Maslow’s Hierarchy of Needs, depicted as a five-tier pyramid, begins with Physiological needs, those including food, water, shelter, clothing, and sleep. The next tier up, Safety, includes security, employment, property, health and resources. From there come other steps towards self-actualization, such as Love & Belonging and Esteem. But with Poverty, a good number of basic needs are compromised or missing entirely for those affected, causing what can be a never-ending cycle of stresses. Not just for adults, but for children.

“We see ten and eleven-year-olds worrying about paying bills that shouldn’t have stresses like that at their age,” said Pricilla Barfield, Social Work Supervisor III with the Nash County Department of Social Services.

The effects of that stress on children can be lifelong, with toxic consequences affecting brain development, cognitive ability, and both physical and mental health.

CHILDREN OF POVERTY

According to the Child Welfare League of America 2022 statistics for North Carolina, 25% of all children in the state lived with parents who lacked secure employment.

More than 350,000 children were characterized that year as “food insecure,” while nearly 40% of households receiving SNAP benefits had children.

Barfield, along with Courtney Thompson, Social Worker, and other DSS agents provide in-home services to Nash County families with identified needs for ongoing support and safety concerns.

Asked about what percentage of local children they see in poverty conditions, Barfield said “a high percentage.”

CIRCUMSTANCES OF POVERTY

Barfield said that she sees signs of chronic stress in children whose mothers or parents are unemployed, who live in public housing with no transportation, and rely on food stamps to eat.

“We try to offer resources for parents,” Thompson said, especially with utilities, housing insecurity, and employment. She said DSS staff assist with transporta-

tion to job interviews.

In the meantime, children are dealing with all the same issues, because what affects their parents also affects them.

“Many behaviors characterized as ‘bad behaviors’ in school are the result of stresses from home,” Barfield said, adding that children use school as an outlet for their emotions stemming from situations over which they have no control. Among such invisible stressors are that their families may be facing eviction for non-payment of rent; or for having no heat or lights because those have been cut off.

Children in these circumstances may have no access to regular medical or dental care, Barfield said.

“We see that a lot, especially for dental care,” Barfield said, which gets less attention. Nash DSS encounters children with cavities and oral infections who have never had dental treatment. Last year, they saw several cases where children had to have teeth removed.

DSS ASSESSMENTS

Barfield and Thompson said DSS works to identify children who are either undiagnosed with health issues or are not receiving needed services. That starts with a medical assessment, preferably from a primary doctor but sometimes there is no primary doctor. In that case, the agency would work with the family to locate a primary doctor to address the child’s needs.

In addition to physical medical needs, children in poverty may have mental conditions needing treatment as well. Thompson said she has dealt with local children diagnosed with ADHD (Attention-Deficit Hyperactivity Disorder), ODD (Oppositional Defiant Disorder), Bipolar disorder and even PTSD (Post-traumatic stress disorder).

STRESS EFFECTS ON THE BRAIN

An Academic Pediatrics article, “Poverty, Stress, and Brain Development: New Directions for Prevention and Intervention,” states that “it has become increasingly clear that one of the mechanisms through which poverty affects the health and well-being of adults is through the toxic effects of stress on the brain.”

The article states that studies show brain development below norms in cases



of severe poverty, with “effects of poverty on brain development starting early and are seen in infancy.”

Among damaging stressors related in the article are the “presence of chronic noise, including background noise .. associated with ongoing and unmonitored television, household chaos, and conflict among family members.” It also states that early caregiving functions as a mediator of the effects of stress on development.

In essence, at least some of the stressors children experience from poverty may be offset by good parenting.

The “quality of parenting that children received in early childhood and the number of stressful life events experienced were found to mediate some of the effects of income on the volume of the hippocampus,” the article states, adding that researchers believe that is at least one reason some children show high resilience and high levels of competence despite “exposure to economic stressors and high levels of adversity.”

HOW YOU CAN HELP

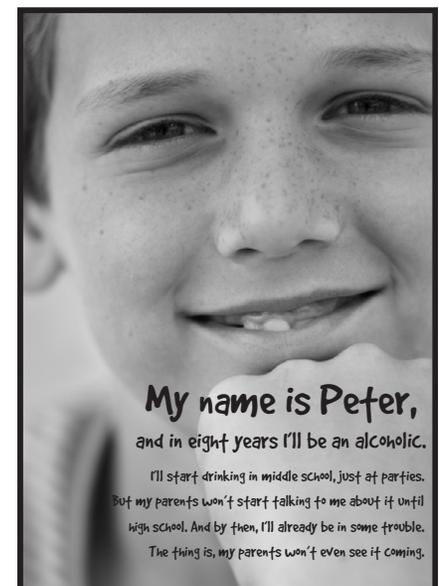
Asked what, if anything, could be done to help alleviate poverty for affected children, both Barfield and Thompson said they wished there was more community support, particularly for back-to-school events and at Christmastime.

Back-to-school events, conducted each year locally by agencies such as the Nash County Sheriff’s Office, local churches and civic organization, distribute needed school supplies. Some agencies offer coat drives, while others, such as Helping Hand Outreach of Nashville, collect

gifts and toys year-round for distribution just before Christmas.

“We heavily rely on donations from agencies like Faith Christian Ministries of Nashville,” Thompson said, adding that FCM helps DSS with donations of furniture, food, clothing, and even hygiene products.

Regarding needed items, Barfield said that clients are referred to FCM, so any items donated there “essentially helps our families.”



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Substance Abuse and Mental Health Services Administration
www.samhsa.gov





The threat a sedentary lifestyle poses to kids

Physical activity is an important component of a healthy lifestyle for people of all ages. Too often children aren't spending enough time being physically active, and they could pay a hefty price for that as kids and adults.

The digital age has altered childhood for millions of youngsters. Whereas kids once spent much of their free time engaging in unstructured play, typically doing so outdoors, modern kids now live more sedentary lives indoors. Low energy sitting or reclining while looking at a phone or playing video games means children are spending more time than ever in inactive states, which can lead to long-term, negative health consequences. According to the Centers for Disease Control and Prevention, only about 24 percent of children between the ages of six and 17 participate in 60 minutes of physical activity each day. The World Health Organization reports that more than 80 percent of the world's school-aged adolescent population is insufficiently physically active. Here's a look at how this lack of exercise is affecting children.

- **Increased childhood obesity:** Inactivity is directly tied to the global rise in childhood obesity, as sedentary behavior reduces metabolic rates and alters how the body processes fats and sugars, says the WHO.

- **Reduction in cardiovascular fitness:** Without regular exertion, the lungs and heart will not develop the same efficiency as they would if kids were physically active. According to data published in the *Journal of the American Heart Association*, sedentary childhood habits can contribute to arterial stiffness, which is a precursor to heart disease.

- **Potential for weaker bone structures:** Bone density is built through weight-bearing exercises like jumping and running. Sedentary children run the risk of entering adulthood with weaker bones, potentially leading to orthopedic issues and higher rates of fractures.

- **Adverse psychological effects:** Physical activity releases feel-good chemicals in the body like endorphins and dopamine. Highly sedentary children may be at an elevated risk for anxiety and depression because they are not reaping the benefit of these natural mood boosters.

- **Decreased cognitive function:** Cognitive function could be impacted by low physical movement, which decreases blood flow to the brain, says the National Institutes of Health.

Children can benefit from being active, as it offers protective benefits against various health ailments that can manifest during childhood and even later in life.

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MENTAL HEALTH: signs adolescents might be struggling

Adolescence can simultaneously be an exciting and challenging time for children. The World Health Organization defines adolescence as a transitional period children experience between the ages of 10 and 19. The physical changes and challenges of adolescence are widely recognized, but mental health also can be challenged during this pivotal period in a young person's life.

It's easy to mistake signs of mental health issues among adolescents as normal struggles that tend to affect all children at this point in their lives. However, the WHO reports that one in seven adolescents across the globe experiences a mental disorder, which is why it's so important that parents do not quickly dismiss signs of struggle as a normal part of adolescent life. Recognition of signs suggesting adolescents are struggling with mental health issues can increase the chances kids get the help they need.

Behavioral disorders

The WHO reports that behavioral disorders, which include attention deficit hyperactivity disorder (ADHD) and conduct disorder, are more common among younger adolescents than kids nearing the end of this period in their lives. Kids who have difficulty paying

attention, are excessively active and act without regard to consequences might be dealing with a behavioral disorder. Conduct disorder may compel children to exhibit destructive or challenging behaviors that compromise a child's ability to fulfill their academic potential. Conduct disorder also can increase a child's risk of engaging in criminal behavior.

Eating disorders

The WHO notes girls are more commonly affected by eating disorders than boys. These conditions, which include anorexia nervosa and bulimia nervosa, tend to emerge during adolescence and are marked by abnormal eating patterns. Adolescents may exhibit an abnormal preoccupation with food and be particularly concerned about their body weight and the shape of their bodies. The WHO reports eating disorders often co-exist alongside other mental health disorders, including anxiety, depression, substance abuse, and even suicide.

Psychosis

Conditions marked by symptoms of psychosis, which can include hallucinations or delusions, tend to emerge in late adolescence or early adulthood. Partici-



pation in activities typical of daily life, such as school, are impaired by conditions indicative of psychosis.

Risk-taking behaviors

Some adolescents struggling with mental health turn to risk-taking behaviors in an effort to cope with their emotional challenges. The WHO reports that young people are especially vulnerable to substance abuse when confronting

mental health challenges during adolescence. Some adolescents also look to risky sexual behavior as a means to coping with mental health issues during adolescence.

Various mental health issues can arise during adolescence. Parents are urged to be vigilant and observe children's behavior during this pivotal period in youngsters' lives.

MENTAL HEALTH

Mental health conditions during childhood are more common than one might think. The National Institutes of Health says many mental disorders can begin in childhood, including anxiety disorders, attention-deficit/hyperactivity disorder, depression, eating disorders, and post-traumatic stress disorder. Estimates indicate one in five children are affected by mental health issues in the United States. The Mayo Clinic says it can be challenging to detect mental health conditions in children because childhood involves a process of growth fueled by change. Children may not be able to express how they feel, and symptoms of a condition may depend on a child's age. Any parent worried about a child's mental health should consult the child's health care provider and describe the behaviors that are causing concern.

Youth suicide

The Jason Foundation
www.jasonfoundation.com

WARNING SIGNS

Almost everyone who attempts or completes suicide has given warning signs through their words or behaviors. Do not ignore any suicide threats. The following statements may indicate serious suicidal feelings.

- "I'd be better off dead."
- "I won't be bothering you much longer."
- "You'll be better off without me around."
- "I hate my life."
- "I am going to kill myself."

Suicide threats are not always verbal.

Depression is one of the leading causes of suicide attempts. Mental or addictive disorders are associated with 90% of suicide. One in ten youth suffer from mental illness serious enough to be impaired, yet fewer than 20% receive treatment. Depression can be exhibited in many ways including the following which are

detailed in more depth:

- Sudden, abrupt changes in personality
- Expressions of hopelessness and despair
- Declining grades and school performance
- Lack of interest in activities once enjoyed
- Increased irritability and aggressiveness
- Withdrawal from family, friends and relationships

- Lack of hygiene
- Changes in eating and sleeping habits

Other warning signs include:

- Anger, increased irritability
- Lack of interest
- Sudden increase/decrease in appetite
- Sudden changes in appearance
- Dwindling academic performance

Preoccupation with death and suicide such as essays or poems about death, artwork or drawings depicting death, social media posts or comments or talking a lot about death or dying.

Previous suicide attempts

Final arrangements - once the decision has been made to end their life, some young people begin making final arrangements. Giving away prized or favorite possessions Putting their affairs in order Saying good-bye to family and friends, making funeral arrangements

RISK FACTORS

Depression, mental illness and substance abuse
Aggression and fighting
Home environment
Community environment
School environment
Previous attempts
Cultural factors
Family history / stresses
Self-mutilation or self-harm behaviors
Situation crisis such as the death of a loved one, loss of a valued relationship, parental divorce, or sexual abuse.

Take action to prevent bullying

Millions of children wake up very day in fear of harassment. Bullying is an epidemic that can result in humiliation, poor grades, low spirits, and even suicide. In years past, bullying may have ended after kids left the classroom or school grounds, but technology has enabled bullying to follow children home through their devices.

Studies indicate bullying is getting worse. The National Center of Safe Supportive Learning Environments says that, despite a number of school programs designed to decrease bullying, one in five students between the ages of 12 and 18 are bullied every year in the United States. According to 3rd Millennium Classrooms, which offers schools courses on topics like bullying, the most common type of bullying is verbal harassment, followed by social harassment. Cyberbullying now accounts for 25 percent of all bullying.

Bystander intervention, when someone steps in to help, can help to reduce bullying incidents. Intervening in bully-

ing can be a multifaceted process that requires adults know what to do as they seek to safeguard youngsters.

- Be observant. Bullying generally happens in areas away from crowds, such as in the bathroom, school buses or via cell phones and computers. Adults need to be vigilant in recognizing that bullying may be taking place. Warning signs of bullying include being afraid to go to school; using excuses to stay home or return home from school; having nightmares; becoming withdrawn; or a decline in academic performance.

- Be an authoritative parent. According to Diana Divecha, a developmental psychologist who has counseled families on bullying, an authoritative style of parenting may help. This style offers a high degree of warmth, love and closeness, but also provides clear limits and high expectations with the support necessary to meet those expectations. Children raised in this environment have better mental health and stronger relationship skills.

- Create a zero-tolerance policy. Schools can implement strong policies against bullying where students should be able to speak to someone confidentially, and bullies will be investigated and dealt with promptly and effectively.

- Encourage participation in activities. Children should be encouraged to do what they enjoy and try out various activities in and out of school. These activities give kids a chance to have fun, let off steam and meet others with similar interests. A strong circle of friends can boost kids' confidence and serve as another defense against bullying.

- Keep lines of communication open. When children feel comfortable speak-

ing with their parents, an older sibling or another trusted adult about their feelings, they can express their concerns and seek advice regarding how to address them. This can go a long way toward making children feel better.

- Cultivate a strong parent-school relationship. Children benefit the most when there is a strong partnership between schools and families. Schools should foster strong pathways of communication with parents.

Adults can do their part to prevent bullying by embracing various strategies designed to keep youngsters safe and happy.

KNOW THE SIGNS

Bullying is a considerable problem that currently affects many students. The National Center for Education Statistics notes one of every five students reported being bullied in 2022. In a multi-national study across 83 countries, 30.5 percent of adolescents reported being bullied, according to eClinical Medicine.

Bullying always has been troubling, but children now face the threat of cyberbullying as well as in-person bullying. The connectivity offered by the internet and social media enables bullies to be relentless, even reaching children when they are at home and physically distant from their peers. The 2023 Youth Risk Behavior Surveillance System from the Centers for Disease Control and Prevention indicated that an estimated 16 percent of high school students were electronically bullied in the 12 months prior to the survey.

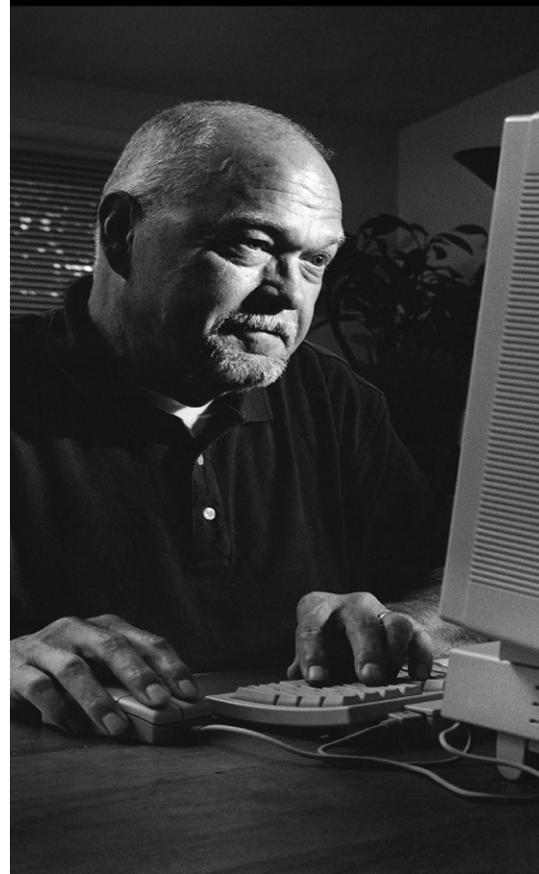
Parents and caregivers can be diligent in recognizing bullying in an effort to protect children. Here are 10 signs a child may be a victim of

bullying.

- Unexplained injuries
- Lost or destroyed personal belongings
- Frequently expressing not feeling well or faking illness
- Changes in eating habits
- Difficulty sleeping and experiencing nightmares
- Decreased self-esteem or feelings of helplessness
- Self-destructive behaviors like harming themselves or talking about suicide
- Fear of going to school
- Changes in school performance, including declining grades
- Asking for money or stealing money

These are some of the indicators that a child is being bullied. Bullying can occur at school or during extracurricular activities. Bullying also can occur online. Kids may hesitate or even refuse to ask for help, which means that adults may need to intervene at the first signs of bullying.

MEET 10-YEAR-OLD BECKY'S 12-YEAR-OLD INTERNET FRIEND.



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Overbooked kids may be overly stressed, too

Parents often want to give their children every opportunity for success in the present day and the future. In a highly competitive world, some parents may be taking their children's involvement in clubs, sports and academic pursuits a little too far, which could be contributing to a growing problem.

Dubbed "tiger parenting" and "concerted cultivation," these parenting models have been trending, typically among middle-class families. With the end goal to secure their children's future, parents and other caregivers may be filling all available hours with tutoring, sports, music lessons, volunteer work, and much more. Yet a growing body of research suggests that if all of these active pursuits come at the expense of some free time, children may face developmental and psychological ramifications.

According to an analysis from the American Academy of Pediatrics, free play time has decreased by approximately 25 percent since the early 1980s. Conversely, time spent in structured sports and academic enrichment has steadily surged. Children who partici-



pate in too much may develop "hurried child syndrome," a term coined by developmental psychologist David Elkind. Elkind suggests kids are being pushed to grow up too fast by maintaining these jam-packed schedules.

Children who have too much on their plates may increasingly develop psycho-

logical concerns. A study published in *Frontiers in Psychology* found children who spend more time in less-structured activities are better positioned to set and reach goals independently. Those who are highly scheduled and structured often have difficulty managing their own time and solving problems without adult

assistance.

The pressure to perform and get good grades is the leading cause of stress among teens, according to the Pew Research Center. Sixty-one percent of students report feeling pressure to perform at school. When identity is tied solely to their participation in organized activities, it can be challenging to develop resilience and handle failure.

Solution Health reports that a 2024 data analysis found a relationship between the number of enrichment activities a child participated in and their mental health. Researchers found that kids who spend more time in extracurricular activities are more likely to struggle with anger, depression and anxiety than their peers with fewer such commitments.

Having to run from one activity to the next, and sacrificing meals and sleep to fit it all in, takes its toll. Health experts suggest prioritizing quality over quantity when it comes to the activities that children participate in, and leaving time for free moments. The threshold of overscheduling varies by child, and parents should watch for signs of burnout.

Screen Time



Parents are advised to encourage healthy screen habits

Screen usage is a fact of modern life, and it's an issue parents find themselves navigating on a daily basis. Though even especially young children use devices like tablets, the desire for screens may grow considerably once kids enter elementary school. Many schools now utilize tablets and laptops in the classroom. While studies have found screens can foster cognitive development in young children, the American Academy of Child & Adolescent Psychiatry urges parents of school-aged children to limit activities that include screens. Excessive screen use can lead to a host of negative outcomes, including sleep disturbances, poor academic performance, obesity, and poor self-image and body issues, among other problems. The AACAP does not offer specific recommendations for school-aged kids regarding daily screen usage, but the organization notes children age five and younger should be limited to no more than one hour per day. A reasonable increase on that recommendation may not adversely affect school-aged kids, though parents are advised to encourage healthy screen habits and turn screens off 30 to 60 minutes before bedtime.

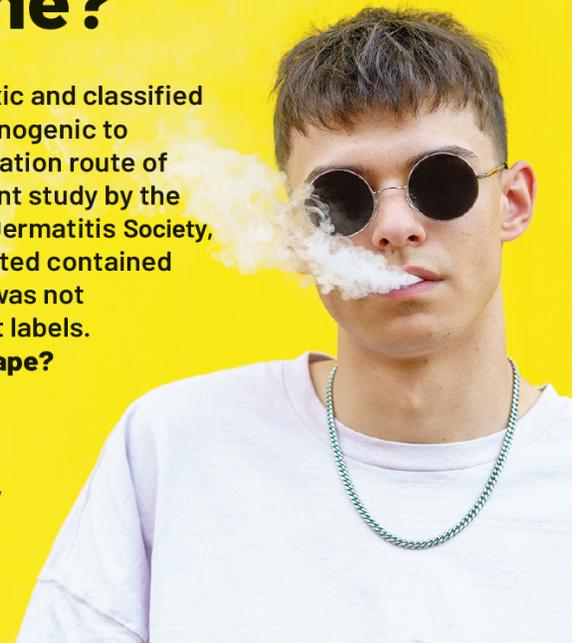
FORMALDEHYDE, Anyone?

Formaldehyde is toxic and classified by the EPA as "carcinogenic to humans by the inhalation route of exposure." In a recent study by the American Contact Dermatitis Society, 25% of e-liquids tested contained formaldehyde that was not declared on product labels.

So, what's in your vape?

The real answer is: You never know.

Source: 2022 American Contact Dermatitis Society study, as reported by the National Institutes of Health





Talk to your child's doctor about HPV vaccination. Learn more at www.cdc.gov/hpv

YOU WOULD DO ANYTHING TO PROTECT YOUR CHILD FROM CANCER.

Simply getting the Human papillomavirus (HPV) vaccine can help protect them against certain cancers later in life.

- HPV infects about 13 million people, including teens, each year.
- With more than 135 million doses distributed in the US, HPV vaccine has a reassuring safety record backed by over 15 years of monitoring and research.
- Studies show that the protection provided by HPV vaccine is long lasting.
- HPV vaccine protects against cancers caused by HPV infection.
- Kids should get two shots of HPV vaccine 6-12 months apart.
- HPV vaccination provides safe, effective, and long-lasting protection against cancers caused by HPV; like any vaccine or medicine, HPV vaccination can have side effects.



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