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BROUGHT TO YOU BY THE NASHVILLE GRAPHIC 2023

Drugs are now deadlier than ever

BY LINDELL KAY
GRAPHIC STAFF WRITER

Illicit drugs have been a worry for parents for generations, but today's drugs are deadlier than ever.

Nash County Sheriff Keith Stone said drugs today are more powerful, more addictive and can kill in one dose.

"We are seeing more drugs laced with chemicals like fentanyl, a killer," Stone said.

More than 100,000 Americans died of drug overdoses in 2021, with 66% of those deaths related to synthetic opioids like fentanyl, according to the CDC in Atlanta.

Fentanyl remains the deadliest drug threat facing this country, said Administrator Anne Milgram of the Drug Enforcement Administration.

Milgram recently issued a warning to parents about a trend of colorful fentanyl pills available across the United States.

DEA agents have seized brightly-colored fentanyl and fentanyl pills in 26 states including North Carolina.

Dubbed "rainbow fentanyl" by the news media, these pills appear to be a new method used by drug cartels to sell highly addictive and potentially deadly fentanyl made to look like candy to children and young people, Milgram said.

"Rainbow fentanyl — fentanyl pills and powder that come in a variety of bright colors, shapes, and sizes — is a deliberate effort by drug traffickers to drive addiction amongst kids and young adults," Milgram said. "The men and women of the DEA are relentlessly

working to stop the trafficking of rainbow fentanyl and defeat the Mexican drug cartels that are responsible for the vast majority of the fentanyl that is being trafficked in the United States."

Brightly-colored fentanyl is being seized in multiple forms, including pills, powder and blocks that resemble sidewalk chalk.

Despite claims that certain colors may be more potent than others, there is no indication through laboratory testing that this is the case. "Every color, shape, and size of fentanyl should be considered extremely dangerous," Milgram said.

Fentanyl is a synthetic opioid that is 50 times more potent than heroin and 100 times more potent than morphine. Just two milligrams of fentanyl, which is equal to 10-15 grains of table salt, is considered a lethal dose. Without laboratory testing, there is no way to know how much fentanyl is concentrated in a pill or powder.

Fentanyl available in the United States is primarily supplied by two criminal drug networks, the Sinaloa Cartel and the Jalisco New Generation Cartel.



Parents should be on the lookout for brightly-colored pills like the ones pictured, which are laced with enough fentanyl to kill someone. Drug poisonings are the leading killer of Americans between the ages of 18 and 45, according to federal authorities. Contributed photo

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It's never too early to talk about drugs!

Tips when talking with your preschooler

Contributed by
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Partnership for Drug-Free Kids

What to Say to Your Preschooler About Drugs (2-4 years old)

Since the foundation for all healthy habits — from nutrition to toothbrushing — is laid down during the preschool years, this is a great time to set the stage for a drug-free life. The following scripts will help you get conversations going with your 2- to 4-year-old child:

SCENARIO

Giving your child a daily vitamin

WHAT TO SAY

Vitamins help your body grow. You need to take them every day so that you'll grow up big and strong like Mommy and Daddy—but you should only take what I give you. Too many vitamins can hurt you and make you sick.

SCENARIO

Your kids are curious about medicine bottles around the house

WHAT TO SAY

You should only take medicines that have your name on them or that your doctor has chosen just for you. If you take medicine that belongs to somebody else, it could be dangerous and make you sick.

SCENARIO

Your child sees an adult smoking and, since you've talked about the dangers of smoking, is confused.

WHAT TO SAY

Grownups can make their own decisions and sometimes those decisions aren't the best for their bodies. Sometimes, when someone starts smoking, his or her body feels like it has to have cigarettes—even though it's not healthy.

And that makes it harder for him or her to quit.

Tips for Conversations with Your Preschooler

Explain the importance of taking good care of our bodies — eating right, exercising and getting a good night's sleep. Discuss how good you feel when you take care of yourself — how you can run, jump, play and work for many hours.

Celebrate your child's decision-making skills. Whenever possible, let your child choose what to wear. Even if the clothes don't quite match, you are reinforcing your child's ability to make decisions.

Turn chores like brushing teeth, putting away toys, wiping up spills, and caring for pets into fun experiences that your child will enjoy. Break the activities down into manageable steps so that your child learns to develop plans.

Help your child steer clear of danger-

ous substances that exist in her immediate world. Point out poisonous and harmful chemicals commonly found in homes, such as bleach, kitchen cleansers and furniture polish. Explain that she should only eat or smell food or a medicine from a doctor that you, a relative or other known caregivers give to her. Also, explain that drugs from the doctor help the person the doctor gives them to but that they can harm someone else.

Help your child understand the difference between make-believe and real life. Ask your child what he thinks about a TV program or story. Let your child know about your likes and dislikes. Discuss how violence or bad decisions can hurt people.

Turn frustration into a learning opportunity. If a tower of blocks keeps collapsing during a play session, work with your child to find possible solutions to the problem.



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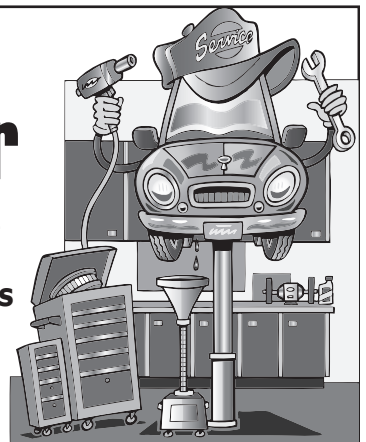
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What to say to your preteen about drugs

Contributed by
www.drugfree.org
Partnership for Drug-Free Kids

Preteens, (9-12 year-olds) are on their quest to figure out their place in the world, tend to give their friends' opinions a great deal of power, while at the same time starting to question their parents' views and messages. The following scripts will help you get conversations going with your 9- to 12-year-old:

SCENARIO

Your child is just starting middle school and you know that eventually, he will be offered drugs and alcohol.

WHAT TO SAY

I know we talked about drinking and drugs when you were younger, but now is when they're probably going to be an issue. I'm guessing you'll at least hear about kids who are experimenting. I just want you to remember that I'm here for you and the best thing you can do is just talk to me about the stuff you hear or see. Don't think there's anything I can't handle or that you can't talk about with me, okay?"

SCENARIO

You find out that kids are selling prescription drugs at your child's school.

Your child hasn't mentioned it and you want to get the conversation about it started.

WHAT TO SAY

Hey, you probably know that parents talk to each other and find things out about what's going on at school. I heard there are kids selling pills – prescriptions that either they are taking or someone in their family takes. Have you heard about kids doing this?" Let him know that in the future, he can always blame you to get out of a bad situation. Say, "If you're ever offered drugs at school, tell that person, "My mother would kill me if I took that and then she wouldn't let me play baseball."

SCENARIO

Your child's favorite celebrity—the one he or she really looks up to—has been named in a drug scandal

WHAT TO SAY

Being in the public eye puts a ton of pressure on people, and many turn to drugs because they think drugs will relieve that stress. The thing is, when a person uses drugs and alcohol—especially a young person because he's still growing—it changes how his brain works and makes him do really stupid things. Most people who use drugs and

alcohol need a lot of help to get better. I hope the celebrity has a good doctor and friends and family members to help him/her.

Tips for Conversations with Your Preteen

Make sure your child knows your rules — and that you'll enforce the consequences if rules are broken. Research shows that kids are less likely to use tobacco, alcohol, and other drugs if their parents have established a pattern of setting clear rules and consequences for breaking those rules.

Kids who don't know what to say when someone offers them drugs are more likely to give in to peer pressure. Let her know that she can always use you as an excuse and say: "No, my mom [or dad, aunt, etc.] will kill me if I smoke a cigarette."

Feelings of insecurity, doubt and pressure may creep in during puberty. Offset those feelings with a lot of positive comments about who he is as an individual

— and not just when he brings home an A.

Preteens aren't concerned with future problems that might result from experimentation with tobacco, alcohol or other drugs, but they are concerned about their appearance — sometimes to the point of obsession. Tell them about the smelly hair and ashtray breath caused by cigarettes.

Get to know your child's friends — and their friends' parents. Check in by phone or a visit once in awhile to make sure they are on the same page with prohibiting drug or alcohol use, particularly when their home is to be used for a party or sleepover.

Help children separate reality from fantasy. Watch TV and movies with them and ask lots of questions to reinforce the distinction between the two. Remember to include advertising in your discussions, as those messages are especially powerful.

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Tips when talking with 5-8 year olds about drugs

Contributed by
www.drugfree.org
Partnership for Drug-Free Kids

Five - eight year-olds are still tied to family and eager to please, but they're also beginning to explore their individuality. The following scripts will help you get conversations going with your 5- to 8-year-old child:

SCENARIO

Your child has expressed curiosity about the pills she sees you take every day — and the other bottles in the medicine cabinet

WHAT TO SAY

Just because it's in a family's medicine cabinet doesn't mean that it is safe

for you to take. Even if your friends say it's okay, say, "No, my parents won't let me take something that doesn't have my name on the bottle."

SCENARIO

Your child dresses herself for school in a pink zebra print tank top, a polka dot vest, striped leggings and an orange beret.

WHAT TO SAY

"You look great. I love how you express your personality in your outfits." Celebrate your child's decision-making skills. Whenever possible, let your child choose what to wear. Even if the clothes don't quite match, you are reinforcing your child's ability to make decisions for herself.

Tips for Conversations with Your Early Elementary School Child

Talk to your kids about the drug-related messages they receive through advertisements, the news media and entertainment sources. Ask your kids how they feel about the things they've heard — you'll learn a great deal about what they're thinking.

Keep your discussions about substances focused on the present — long-term consequences are too distant to have any meaning. Talk about the differences between the medicinal uses and illegal uses of drugs, and how drugs can negatively impact the families and friends of people who use them.

Set clear rules and explain the reasons for your rules. If you use tobacco or alcohol, be mindful of the message you are sending to your children.

Work on problem solving: Help them find long-lasting solutions to homework trouble, a fight with a friend, or in dealing with a bully. Be sure to point out that quick fixes are not long-term solutions.

Give your kids the power to escape from situations that make them feel bad. Make sure they know that they shouldn't



stay in a place that makes them feel uncomfortable or bad about themselves. Also let them know that they don't need to stick with friends who don't support them.

Get to know your child's friends — and their friends' parents. Check in once in awhile to make sure they are giving their children the same kinds of messages you give your children.

GET DRUGS OUT OF THE HOUSE!

The Nashville Police Department and the Town of Nashville offer a "Medicine Drop Box."

The drop box is located in the lobby of the Nashville Police Department (501 S. Barnes St) and is accessible to the public Monday through Friday from 8 am until 5 pm each day. Citizens are encouraged to drop off their unwanted or unused prescription medicine and over-the-counter medicine in the drop box to avoid the medicine falling into the wrong hands. Please keep pills in original containers and do not combine pills. The only restrictions are NO liquids or Syringes will be accepted. The Medicine drop box is emptied each day.



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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, unexplained 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, bongs, 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.

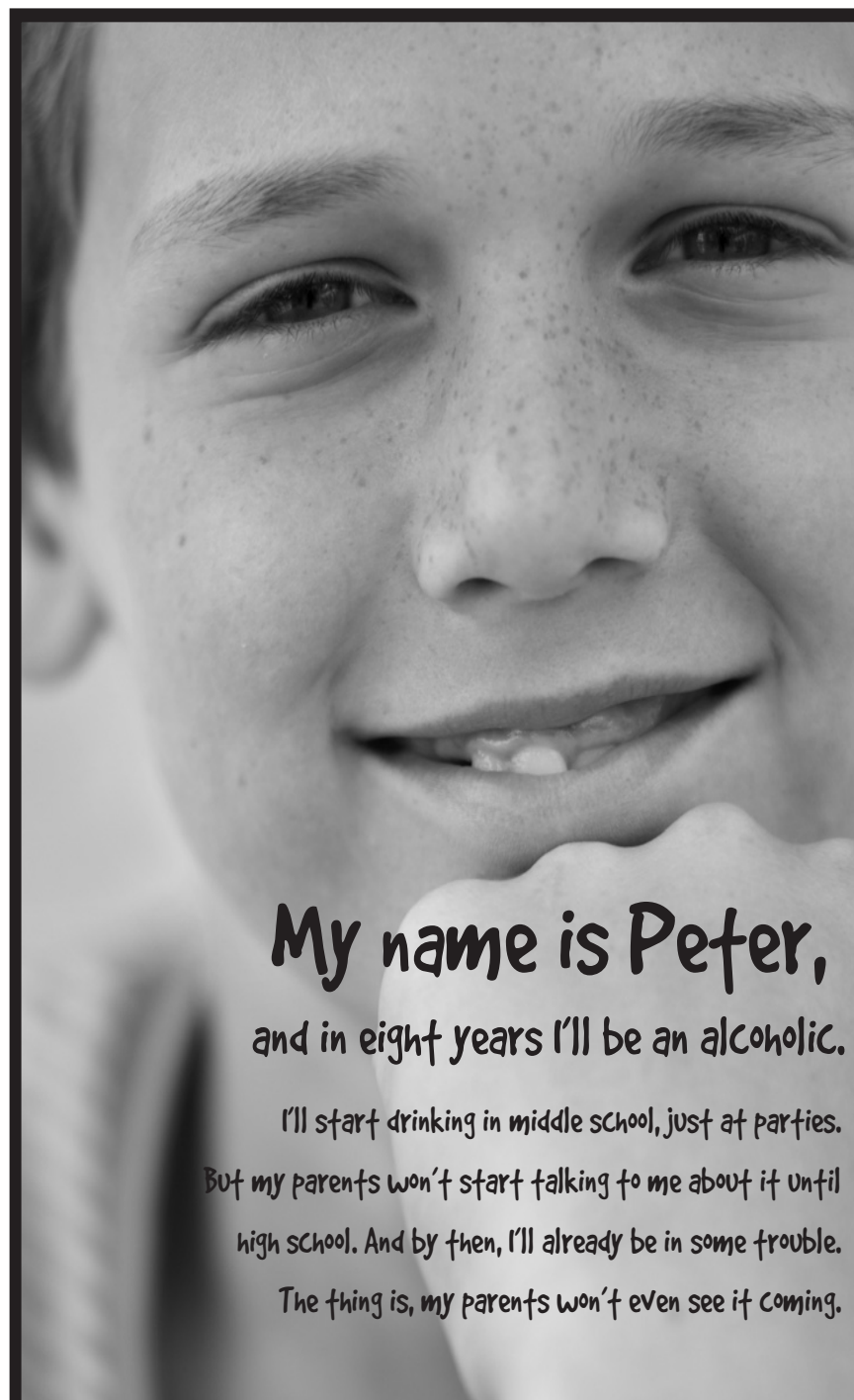
One note of caution, however. Be prepared to explain your reasons for a search, whether or not you decide to tell them about it beforehand. You can let them know it's out of concern for their health and safety. If you discover that your kid is not drinking or doing drugs, this could be a good time to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



*My name is Peter,
and in eight years I'll be an alcoholic.*

*I'll start drinking in middle school, just at parties.
But my parents won't start talking to me about it until
high school. And by then, I'll already be in some trouble.
The thing is, my parents won't even see it coming.*

START TALKING BEFORE THEY START DRINKING

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To learn more, go to www.stopalcoholabuse.gov or call 1.800.729.6686



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COMMON HOUSEHOLD POISONS

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.

Railroad tracks are no place to play

From Staff Reports – Playing on railroad tracks is illegal and dangerous.

State transportation officials are reminding parents to tell their children to stay off railroad property, said Jason Orthner, director for the N.C. Department of Transportation's Rail Division.

"Railroad property and tracks are for trains and are not for walking, jogging or any form of trespassing," Orthner said. "This time of year, students are also taking senior and prom pictures. We strongly urge photographers to not trespass on railroad property."

NCDOT's Rail Division also urges people to follow these tips:

Never let children walk or play along railroad tracks.

Pedestrians should always cross the railroad at safe, legal crossings such as bridges, underpasses, and railroad crossings with signage.

Never walk or jog on railroad property or along a railroad track. Railroads are private property and are not walking paths.

Never stop your vehicle on railroad tracks at a crossing; make sure you have room for your vehicle before proceeding across.

If there is an emergency at a railroad



State transportation officials say if there is an emergency at a railroad crossing, call the number on blue signs posted at the crossing. Contributed photo

crossing, call the number on the blue sign at the crossing. This is the fastest way to alert officials who manage the railroad.

The division's BeRailSafe program provides important rail safety information to the public, schools, law enforcement and first responders. Please visit www.berail-safe.org for more information.

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Symptoms of stress in children

The global pandemic sparked by the spread of the novel coronavirus COVID-19 caught many people off guard. Life changed seemingly overnight, causing a host of unforeseen consequences that people were still confronting months after the pandemic began.

The pandemic has proven stressful for many people, and the Centers for Disease Control and Prevention notes that should not come as a surprise. According to the CDC, fear and anxiety about a new disease and what could happen can be overwhelming. Public health actions, such as the social distancing measures implemented during the COVID-19 outbreak, can increase anxiety and stress. That's even true among children, millions of whom have been separated from their friends and forbidden from participating in extracurricular activities for several months.

The U.S. National Library of Medicine notes that children may not recognize that they are stressed. That makes it imperative that parents learn to recognize the warning signs that stress is affecting children. The USNLM says increased stress can manifest itself both physically and emotionally.

Physical symptoms

The physical symptoms of stress can mimic symptoms of other conditions, so parents should not jump to any conclusions before consulting their children's pediatricians. In addition, the CDC says not all children



and teens respond to stress in the same way. However, there are some physical indicators that may be warning signs that a child is stressed.

- Decreased appetite or other changes in eating habits
- Unexplained headaches or body pain
- New or recurrent bedwetting
- Nightmares
- Sleep disturbances
- Upset stomach or vague stomach pain

The CDC also notes that children may confront stress by using alcohol, tobacco or other drugs.

Behavioral symptoms

According to the CDC, children and teens react, in part, on what they see from the adults around them. So the ways in which adults are responding to the pandemic could be affecting their children's behavior. Some of the behavioral symptoms to look for include:

- Excessive worry or sadness
- An inability to relax
- New or recurring fears, such as fear of the dark, fear of being alone and/or fear of strangers
- Clinging behaviors, such as an unwillingness to let their parents out of sight
- Anger, crying or whining
- Inability to control emotions
- Aggressive or stubborn behavior
- Going back to behaviors present at a younger age
- Avoidance of things enjoyed in the past, including family or school activities
- Irritability or acting out, especially among teens
- Difficulties with attention and concentration

Many people, including children, have had to deal with heightened stress levels during the pandemic. Parents who recognize signs of stress in their children should consult their kids' pediatricians immediately.

Emotional overreactions to minor incidents

Regressing toward comforting behaviors from early childhood (i.e. thumb-sucking, nail-biting, sleeping with a stuffed animal)

Continued to page 10



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"STRIVING FOR A DRUG FREE FUTURE"

CONTINUED FROM PAGE 9

Social isolation, withdrawal, or unwillingness to participate in formerly enjoyed activities

Common Stressors in Children and Teens

If you notice any of the physical, behavioral or emotional symptoms of stress, take a minute to consider what may be causing these reactions. Stress in children is commonly caused by significant life changes, both positive, like starting a new grade, and negative, like family turmoil or classroom bullying.

To help you troubleshoot for possible causes, we've listed common familial, academic and social stresses that children of all ages can experience. While you're reading, remember that all kids are unique in what they find stressful. Younger children, preteens and teens react differently to triggers in their environment. So, an incident causing stress to an 8-year-old boy may not trouble his 15-year-old sister.

Potential stressors for kids of all ages

Conflict with friends, bullying, and peer pressure

Changing schools

Struggling in school (i.e. curriculum, grades, homework, socializing)

Balancing responsibilities (i.e. school and extracurricular activities)

Disappointing their parents

Parental divorce or separation

Financial difficulties within the family

Unsafe or precarious living situation

Potential stressors for children

New experiences and places

Being away from home

Performing in front of others (i.e. sports, speeches, recitals)

Getting picked last for sports teams

Perceived dangers (i.e. kidnapping, fires, burglars, natural disasters, the dark)

Potential stressors for preteens and teens

Going through puberty and bodily changes

Poor self-esteem and negative thoughts about themselves

Fear of the future (i.e. going off to college, getting a job)

Cyberbullying

Romantic relationships and dating

Pressure to try drugs and alcohol with friends

How to Help Alleviate Childhood Stress

Ensure your child feels safe. When faced with parental separation, a precarious living situation or illness or death in the family, kids of all ages may begin to question their physical security and adults' ability to take care of them. During these instances, it's important to reassure the child that you will keep them safe and loved, and then take the necessary steps to ensure you can uphold your promises.

Talk to your child. Communicate in an open, supportive manner. Ask your child directly how they're feeling and really listen to their answers. No matter what they tell you, remember to stay calm and avoid making them feel judged or self-conscious. Also, don't get upset if your child can't or won't open up. Some kids need more time and encouragement than others.

Younger children typically don't have the vocabulary necessary to say "I feel stressed," so they will use other words like "scared," "sad," "confused," or "mad." Meanwhile, preteens and teens may say dismissive things about themselves like "I can't do anything right," "no one likes me," or "I have no friends." Gently prompt the child to keep talking and try to pinpoint the driving force behind these statements. Emotional check-ins can be fun and easy too.

Develop healthy coping methods. Kids often aren't equipped with the tools needed to lower their stress levels. Teaching mindfulness techniques or breathing exercises can be very beneficial in promoting relaxation. Additionally, you can explain how physical exercise can help combat the feeling of stress. Promoting a healthy lifestyle with balanced meals, time outdoors, and limits on their screen usage, including TV, cellphone, and laptops, is also recommended.

Spend quality time together. If your child is going through stressful changes in their life, show them that you'll always be their pillar of support. Try to reduce their anxiety by planning fun activities together and regularly offering praise, hugs, and affection to boost their feelings of self-worth. Having family routines, like weekday dinners together or Sunday movie nights, can also bring stability and comfort to a child's week.

Manage your own stress. Children often follow the emotional cues of the adults in their lives. If you've been going through a stressful time and you're feeling the negative effects of stress, anxiety or depression, don't forget to take care of yourself. Parents and caregivers need to prioritize their own happiness too, so they're able to serve as loving, attentive presences in their children's lives.

Finally, don't pressure your child into immediately telling you what's wrong. If they are feeling scared or anxious, they

may take longer to confide in you. Remember to always be loving and patient, and allow your kid to talk openly when they're ready.

With younger children, they may truly not know or understand why they're feeling stressed. In these cases, consider speaking to their teacher or after-school youth mentor if you're unable to pinpoint a stressor in your child's home life.

When to Seek Professional Help

Despite the best efforts of parents and loved ones, some children may still be unable to open up. If your child or teen won't disclose the source of their stress or you observe their symptoms worsening, it's time to seek out professional help. Don't hesitate to contact your family doctor or get in touch with a trained therapist who specializes in treating children and adolescents. A child in crisis deserves your immediate help and support so they can return to enjoying their childhood to the fullest.

How to Tell if Your Kid is Struggling – Plus 5 Ways You Can Help

Contributed by
Boys & Girls Clubs of America
www.bgca.org

The COVID-19 health crisis has brought about many changes to daily life, and kids know that things are different. Like adults, kids and teens experience stress too. While small amounts of stress are a normal part of life, some young people may have worrisome responses to disrupted routines, school closures, social distancing, event cancellations and missed milestones.

Reacting negatively to current events, school stress or other common stressors can lead to decreased academic performance, social isolation and even declines in mental health. Parents, family members and mentors are often the first to recognize signs of stress in children and help them learn coping skills to navigate challenging times.

Physical Signs and Emotional Symptoms of Stress

Kids and teens may show physical, emotional and behavioral signs of stress. These signs are relatively consistent throughout children of all ages;

however, some indicators are less obvious than others. Pay special attention to any sudden shifts in behavior or unusual complaints your child brings up to you.

Physical signs of stress in children

Headaches

Upset stomach

Chest pain

Heart palpitations or increased heart rate

Insomnia

Nightmares

Bedwetting

Decreased appetite, comfort-eating, or bingeing

Pretending to be sick to avoid activities

Emotional symptoms of stress in children

Anxiety

Mood swings

Restlessness

Clinginess

New or recurring fears

Increased crying, anger, stubbornness, or aggression

Decreased concentration or motivation



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How to talk with your kids about vaping

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

What is Vaping?

Vaping is the act of inhaling and exhaling the aerosol, often referred to as vapor, produced by an e-cigarette or similar device. It's become more popular among teens than regular cigarettes, especially given that vaping devices can be used for anything from flavors like mango, mint or tutti frutti, to flavorings containing nicotine or THC, the chemical compound in marijuana that produces the high.

What are the Risks?

There are several risks to vaping for teens. Below are three major ones for parents to be concerned about:

Vaping is often marketed to kids, downplaying the dangers.

With lots of flavors available for vaping liquids, as well as the variety of colors and devices available that charge just like cell phones, it's clear that vaping products are often marketed to

teens. One of the slang terms for vaping, known as JUULing ("jeweling"), comes from the JUUL brand device that looks more like a flash drive as opposed to an e-cigarette. Vaping is also often sold as a "safer" alternative to cigarettes, and some teens are under the false assumption that because e-cigarettes don't contain tobacco they're safe.

Vaping chemicals used in the liquids can be more concentrated and dangerous.

Inhaling from a vape pen or e-cigarette, especially in the case of one containing nicotine or THC, can enhance a drug user's high and can amplify a drug's side effects. Vaping is also very new and there are literally hundreds of brands, so there's not a lot of firm information about what chemicals might be in what vape liquids. But even beyond nicotine and THC, synthetic chemicals that make up these liquids – including "herbal incense" like spice and synthetic marijuana – expose the lungs to a variety of chemicals, which could include carcinogens and toxic metal

nanoparticles from the device itself. Not only could these chemicals make their way into young lungs, causing irritation and potentially "smoker's cough," but they could also damage the inside of the mouth and create sores. The CDC recommends against avoiding vaping because of the proliferation of lung illnesses.

Vaping may make the transition to cigarette smoking easier in adolescence.

In a meta analysis of six studies, the findings concluded that the risk of smoking increases four times if a teen vapes versus a teen that does not. In another study of more than 2,000 10th graders, researchers found that one in five teens who reported a regular vaping habit at the start of the study smoked traditional cigarettes at least three times a month by the end of the study period. Another 12% of routine vapers smoked at least one day a month. By comparison, less than 1% of students who didn't try vaping reported smoking even one day a month at the end of the study.

What Can Parents Do?

Make it clear to your son or daughter that you don't approve of them vaping or using e-cigarettes, no matter what.

If you think your son or daughter is vaping, take a deep breath and set yourself up for success by creating a safe, open and comfortable space to start talking with your son or daughter. As angry or frustrated as you feel, keep reminding yourself to speak and listen from a place of love, support and concern. Explain to them that young people who use THC or nicotine products in any form, including e-cigarettes or vaporizers, are uniquely at risk for long-lasting effects. Because these substances affect the development of the brain's reward system, continued use can lead to addiction (the likelihood of addiction increases considerably for those who start young), as well as other health problems.

You want your child to be as healthy as possible. Find out why vaping might be attractive to your son or daughter, and work with him or her to replace it with a healthier behavior.


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Monitor your child's online activity

The following is provided by
www.onguardonline.gov

Social networking sites, chat rooms, virtual worlds, and blogs are how teens and tweens socialize online; it's important to help your child learn how to navigate these spaces safely. Among the pitfalls that come with online socializing are sharing too much information or posting comments, photos, or videos that can damage a reputation or hurt someone's feelings.

Applying real-world judgment can help minimize those risks.

•Remind Kids that Online Actions Have Consequences

The words kids write and the images they post have consequences offline.

•Kids should post only what they're comfortable with others seeing.

Some of your child's profile may be seen by a broader audience than you — or they — are comfortable with, even if privacy settings are high. Encourage your child to think about the language they use online, and to think before posting pictures and videos, or altering photos posted by someone else. Employers, college admissions officers, coaches, teachers, and the police may view your child's posts.

•Remind kids that once they post it, they can't take it back.

Even if you delete the information from a site, you have little control over older versions that may exist on other people's computers and may circulate online.

•Tell your kids not to impersonate someone else.

Let your kids know that it's wrong to create sites, pages, or posts that seem to come from someone else, like a teacher, a classmate, or someone they made up.

•Tell Kids to Limit What They Share

Help your kids understand what information should stay private.

Tell your kids why it's important to keep some things — about themselves, family members, and friends — to themselves. Information like their Social Security number, street address, phone number, and family financial information — say, bank account or credit card numbers — is private and should stay that way.

•Talk to your teens about avoiding sex talk online.

Research shows that teens who don't talk about sex with strangers online are less likely to come in contact with predators. In fact, researchers have found that predators usually don't pose as children or teens, and most teens who are contacted by adults they don't know find it creepy. Teens should not hesitate to ignore or block them.

•Encourage Online Manners

Politeness counts.

You teach your kids to be polite offline; talk to them about being courteous online as well. Texting may seem fast and impersonal, yet courtesies like "pls" and "ty" (for please and thank you) are common text terms.

•Tone it down.

Using all caps, long rows of exclamation points, or large bolded fonts are the online equivalent of yelling. Most people don't appreciate a rant.

•Cc: and Reply all: with care.

Suggest that your kids resist the temptation to send a message to everyone on their contact list.

•Limit Access to Your Kids' Profiles

Use privacy settings.

Many social networking sites and chat rooms have adjustable privacy settings, so you can restrict who has access to your kids' profiles. Talk to your kids about the importance of these settings, and your expectations for who should be allowed to view their profile.

Set high privacy preferences on your kids' chat and video chat accounts, as well. Most chat programs allow parents to control whether people on their kids' contact list can see their status, including whether they're online. Some chat and email accounts allow parents to determine who can send messages to their kids, and block anyone not on the list.

•Create a safe screen name.

Encourage your kids to think about the impression that screen names can make. A good screen name won't reveal much about how old they are, where they live, or their gender. For privacy purposes, your kids' screen names should not be the same as their email addresses.

•Review your child's friends list.

You may want to limit your children's on-line "friends" to people they actually know.

Local law enforcement encourage vigilant oversight

BY LINDELL KAY
GRAPHIC STAFF WRITER

All adults, whether they be parents, grandparents, educators or guardians, should be aware and vigilant about internet and social media usage by children, according to local authorities.

"Children should be educated to never share personal information, such as their address, online," said Spring Hope Police Chief Nathan Gant. "Prevent interaction with strangers and ensure they understand that, under no circumstances, should they ever agree to meet someone in person they met online."

Nash County Sheriff Keith Stone said kids today face many more dangers than generations before. Many of those dangers come from the internet.

"Social media can be a problem if it isn't monitored properly," Stone said. "Cyber bullying is real and can lead to real world problems."

Children should be encouraged to report any instances of cyber bullying or receipt of inappropriate or illegal content, whether it be for themselves or a peer, Gant said.

"Likewise, children should be taught to think before they post and to never send inappropriate pictures or content, which could be a crime," Gant said.

•Talk to Kids About What They're Doing Online

Know what your kids are doing.

Get to know the social networking sites your kids use so you understand their activities. If you're concerned about risky online behavior, you may want to search the social sites they use to see what information they're posting. Are they pretending to be someone else? Try searching by their name, nickname, school, hobbies, grade, or community.

•Ask your kids who they're in touch with online.

Just as you want to know who your kids' friends are offline, it's a good idea to know who they're talking to online.

•Encourage your kids to trust their guts if they have suspicions.

Encourage them to tell you if they feel threatened by someone or uncomfortable because of something online. You can then help them report concerns to the police and to the social networking site. Most of these sites have links for users to report abusive, suspicious, or inappropriate behavior.



Saturday errands.
A perfect moment to talk about alcohol.

An alarming number of pre-teens are drinking alcohol — which makes it urgent to find every opportunity to talk to your kids about the dangers of underage drinking. For tips on how — and when — to begin the conversation, visit:
www.underagedrinking.samhsa.gov

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Eating disorders are a more common than we think

Eating disorders are a significant problem across the globe. Studies published in the American Journal of Clinical Nutrition and in the journal Current Opinion in Psychiatry estimate that eating disorders affect at least 9 percent of the population worldwide. Though such numbers are troubling, the National Eating Disorders Association notes that eating disorders are treatable.

Chances for recovery from eating disorders increases the earlier a disorder is detected. That underscores the importance of learning to recognize some of the common symptoms of eating disorders. The NEDA breaks such symptoms down into two categories: emotional/behavioral and physical. While familiarizing oneself with these categories and the symptoms within them is a useful first step toward learning about eating disorders, the NEDA points out that the list should not be mistaken for a checklist. Warning signs vary depending on the disorder, and some symptoms may not fit neatly into either category. In addition, people with eating disorders generally do not have all of these symptoms at once.

Emotional and behavioral

Emotional and behavioral symptoms of eating disorders are generally behaviors and attitudes that indicate that weight loss, dieting and control of food are becoming primary concerns. Such behaviors and attitudes may include:

- A preoccupation with weight, food, calories, carbohydrates, fat grams, and dieting
- Refusal to eat certain foods: A refusal to eat certain foods may progress to restrictions against whole categories of foods, such as carbohydrates.
- Appears uncomfortable eating around others
- Adherence to certain food rituals: For example, someone with an eating disorder may eat only a particular food or food group, including condiments, or chew excessively. Others may not allow foods to touch.
- Skipping meals or taking small portions of food at regular meals
- Adherence to new practices with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Withdrawal from usual friends and activities
- Frequent dieting
- Extreme concern with body size and shape

- Frequent checking in the mirror for perceived flaws in appearance
- Extreme mood swings

Physical

Some physical symptoms of eating disorders may be hard for loved ones to recognize. For example, NEDA notes fluctuations in weight, both up and down, are a physical symptom of eating disorders. However, someone with an eating disorder may begin wearing clothing to cover up such fluctuations. That's why it's so important that loved ones, such as parents and siblings, learn to recognize the other physical symptoms of eating disorders, some of which may be subtle.

- Stomach cramps or other non-specific gastrointestinal complaints: For example, someone with an eating disorder may complain about being constipated or indicate they're experiencing acid reflux.
- Menstrual irregularities: Adolescents and women may miss periods or only have a period while on hormonal contraceptives (the NEDA notes this is not considered a "true" period).
- Difficulties concentrating
- Abnormal laboratory findings: Blood tests during doctor's appointments may reveal anemia, low thyroid and hormone

levels, low potassium, or low white and red blood cell counts.

- Dizziness, especially upon standing
- Fainting spells or syncope, a condition marked by a temporary loss of consciousness caused by a fall in blood pressure.
- Feeling cold all the time
- Sleep problems
- Cuts and calluses across the top of finger joints: These cuts and calluses suggest a person is inducing vomiting, a behavior associated with the eating disorder bulimia.
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity
- Dry skin and hair, and brittle nails
- Swelling around area of salivary glands
- Fine hair on body
- Cavities, or discoloration of teeth, typically resulting from vomiting
- Muscle weakness
- Yellow skin (in context of eating large amounts of carrots)
- Cold, mottled hands and feet or swelling of feet
- Wounds that heal poorly
- Impaired immune functioning

Eating disorders affect people from all walks of life. Learning to recognize the symptoms of eating disorders can be an important first step toward seeking treatment for yourself or a loved one.

Signs of bullying

There are many signs of bullying and kids may not exhibit them all. In fact, StopBullying.gov notes that some bullied children exhibit no warning signs. So in addition to learning these signs of bullying, parents can make a concerted effort to communicate with their children every day, asking youngsters about how their day went and if they encountered anything that adversely affected their mood.

- Unexplainable injuries
- Lost or destroyed clothing, books, electronics, or jewelry
- Frequent headaches or stomach aches, feeling sick or faking illness
- Changes in eating habits, like suddenly skipping meals or binge eating. Kids may come home from school hungry because they did not eat lunch.
- Difficulty sleeping or fre-

quent nightmares

- Declining grades, loss of interest in schoolwork, or not wanting to go to school
- Sudden loss of friends or avoidance of social situations
- Feelings of helplessness or decreased self-esteem
- Self-destructive behaviors, such as running away from home, harming themselves, or talking about suicide

Parents are urged to report any concerns about bullying to educators immediately, as research indicates bullying can lead to or worsen feelings of isolation, rejection, exclusion, and despair. Bullying also can lead to or worsen feelings of depression and anxiety, which can contribute to suicidal behavior.

Bullying is a common issue

Despite the best efforts of educators and parents, bullying is a problem at many schools. According to StopBullying.gov, an official website of the United States government, as many as one in three American students say they have been bullied at school. And the problem is not exclusive to the United States, as the Canadian Institutes of Health Research report that at least one in three adolescent students in Canada report being recent victims of bullying.

Bullied students often suffer in silence. As a result, the onus is on parents to learn the signs that a child is a victim of bullying. Such signs are not always easy to recognize, as StopBullying.gov notes that the most common types of bullying are verbal and social. Physical bullying happens less often, so kids who are being bullied may not exhibit physical symptoms like bruises or unexplained injuries, which are common indicators of physical bullying.



By learning the common signs of bullying, parents are in better position to recognize when their children are being bullied, whether that bullying is physical, social or verbal.

Learn more about bullying and how to combat it at www.StopBullying.gov.

Youth suicide, know the warning signs

Foundation offers resources dedicated to prevention of silent epidemic

The Jason Foundation
www.jasonfoundation.com

The Jason Foundation, Inc. is a non-profit whose mission statement is dedicated to the prevention of the "Silent Epidemic" of youth suicide through educational and awareness programs that equip young people, educators/ youth workers and parents with the tools and resources to help identify and assist at-risk youth.

Suicide is one of the leading causes of preventable death in our nation today. We lose an average of more than 130 young people each week to this tragedy that can be prevented.

How can it be prevented you may ask? The Jason Foundation, Inc. believes that education is the key to prevention. The Jason Foundation's programs and services are in response to this belief. Our nation should be familiar with the warning signs associated with suicide, suicide facts and statistics, and how to find help for at-risk youth. Together, we can save lives!

Remember: Never be reluctant to get involved and always take any child/adolescent's desire or intent to harm themselves seriously. If you suspect a young person of suicidal ideation, get them to professional help immediately. Suicide is Preventable.

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 goodbye to family and friends, making funeral arrangements

RISK FACTORS

Suicide does not typically have a sudden onset. There are a number of stressors that can contribute to a youth's anxiety and unhappiness, increasing the possibility of a suicide attempt. A number of them are described below.

- Depression, mental illness and substance abuse One of the most telling risk factors for youth is mental illness. Mental or addictive disorders are associated with 90% of suicides. One in ten youth suffer from mental illness serious enough to be impaired, yet fewer than 20 percent receive treatment. In fact, 60% of those who complete suicide suffer from depression. Alcohol and drug use, which clouds judgment, lowers inhibitions, and worsens depression, are associated with 50-67% of suicides.
- Aggression and fighting -recent research

has identified a connection between interpersonal violence and suicide. Suicide is associated with fighting for both males and females, across all ethnic groups, and for youth living in urban, suburban, and rural areas.

- Home environment - Within the home, a lack of cohesion, high levels of violence and conflict, a lack of parental support and alienation from and within the family.

- Community environment - youth with high levels of exposure to community violence are at serious risk for self-destructive behavior. This can occur when a youth models his or her own behavior after what is experienced in the community. Additionally, more youth are growing up without making meaningful connections with adults, and therefore are not getting the guidance they need to help them cope with their daily lives.

- School environment - youth who are struggling with classes, perceive their teachers as not understanding them or caring about them, or have poor relationships with their peers have increased vulnerability.

- Previous attempts - youth who have attempted suicide are at risk to do it again. In fact, they are eight times more likely than youth who have never attempted suicide to make another suicide attempt.

- Cultural factors - changes in gender roles and expectations, issues of conformity and assimilation, and feelings of isolation and victimization can all increase the stress levels and vulnerability of individuals. Additionally, in some cultures (particularly Asian and Pacific cultures), suicide may be seen as a rational response to shame.

- Family history / stresses - a history of mental illness and suicide among immediate family members place youth at greater risk for suicide. Exacerbating these circumstances are changes in family structure such as death, divorce, remarriage, moving to a new city, and financial instability.

- Self-mutilation or self-harm behaviors include head banging, cutting, burning, biting, erasing, and digging at wounds. These behaviors are becoming increasingly common among youth, especially female youth. While self-injury typically signals the occurrence of broader problems, the reason for this behavior can vary from peer group pressure to severe emotional distur-

bance. Although help should be sought for any individual who is causing self-harm, an appropriate response is crucial. Because most self-mutilation behaviors are not suicide attempts, it is important to be cautious when reaching out to the youth and not to make assumptions.

- Situation crisis - approximately 40% of youth suicides are associated with an identifiable precipitating event, such as the death of a loved one, loss of a valued relationship, parental divorce, or sexual abuse. Typically, these events coincide with other risk factors.

The Jason Foundation has partnered with Crisis Text Line®. The Crisis Text Line is a free 24/7 text line where trained crisis counselors support individuals in crisis.

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Visit Crisis Text Line's website for additional information. www.crisistextline.org

If you or someone you know are experiencing a crisis, call 911.

ADDITIONAL RESOURCES

- American Association of Suicidology
- American Foundation for Suicide Prevention
- Center for Disease Control: Suicide
- Center for Disease Control: Youth Risk Behavioral Surveillance System
- The Jed Foundation
- Kid Central TN
- NAMI (National Alliance on Mental Illness)
- National Council for Suicide Prevention
- National Strategy for Suicide Prevention (PDF)
- Samaritans USA
- Suicide Awareness Voices of Education (SAVE)
- Tennessee Suicide Prevention Network
- The Trevor Project
- Yellow Ribbon Suicide Prevention Program

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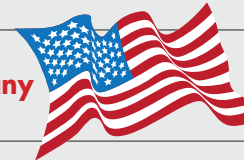
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