

# UNDERSTANDING MENTAL HEALTH AND SUBSTANCE ABUSE

- for teens and young adults



**FREE KIDS  
BOOKS**



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These resources are from:  
<https://www.samhsa.gov/>

# UNDERSTANDING DEPRESSION

## Young Adult: Get the Facts

What does it mean  
when a health care  
professional says  
“depression”?



Hearing a health care professional say you have depression can be confusing. The good news is that the emotions and behaviors you have been concerned about are actually symptoms of a treatable disorder. By getting treatment and entering recovery, people with depression can manage their symptoms, feel better, and go on to lead productive, meaningful lives. Recovery does not necessarily mean a cure. It does mean that people are actively moving toward wellness.



“ My advice is to find out  
as much information as  
you possibly can about  
your diagnosis, treatment  
options, and supports  
around you. Information  
can give you power. ”

—Haley, Youth

It is important to talk with a health care provider about treatment options and additional information. Your provider may be a child and adolescent psychiatrist, general psychiatrist, psychologist, pediatrician, social worker, or other health care provider. If you are concerned that you may have depression, it is important to seek a thorough evaluation. The evaluation includes talking about your symptoms, blood and urine tests, and perhaps other tests to ensure that there is no underlying medical condition that could be causing the symptoms. It is also important to ensure that you can tolerate medication, if recommended as part of the treatment plan.



### What do we mean by recovery?

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.<sup>1</sup>*

*Recovery focuses on wellness and resilience, encouraging [people] to participate actively in their own care.<sup>2</sup>*



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# What is depression?

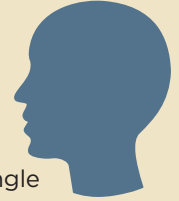
When you have depression, you feel sad, empty, helpless, or hopeless almost every day, and the feelings generally last all day long for at least two weeks. Everyone feels sad or anxious from time to time, but the feelings that come with depression are much stronger and long lasting than the “ups and downs” of everyday life.

Feelings of significant depression usually interfere with day-to-day activities with your family, school, at work, or in other social situations. Sometimes depression involves irritability. Depression may also involve physical symptoms such as fatigue, sleep difficulties, and weight changes. Depression can also cause hopelessness, guilt, and suicidal thoughts.

Depression may happen in a single episode or be a recurrent condition through youth and adulthood. An individual could be diagnosed with major depression (which can be mild, moderate, or severe) or persistent depression. Treatment that involves medications and other elements of an individualized treatment program can help you to be more resilient, manage your symptoms, improve your everyday functioning, and achieve your personal goals. An individualized treatment program can include positive family or peer support.

## What caused this?

Researchers and health care professionals do not completely understand the causes of depression. It is unlikely that a single factor causes depression. It is most likely caused by a combination of things such as genetics (i.e., family history of someone having depression), chemical changes in the brain, and/or environmental factors. Traumatic experiences can also add to the development of mental disorders. If you have experienced a traumatic incident, it is important to share that information with your mental health specialist and pediatrician.



## How common is this disorder?

Data from Substance Abuse and Mental Health Services Administration show that 11.4% of youth, ages 12-17, had at least one major depressive episode in the past year.<sup>4</sup>

## What do we mean by resilience?

*Resilience is the ability to respond to stress, anxiety, trauma, crisis, or disaster. It is critical in recovery [from mental disorders].<sup>3</sup>*

## What are the treatment approaches?

Depression can be best managed by one or more of the following interventions: medication(s), behavioral therapy, and family or peer support. If you are of consenting age, you may need to provide written consent for parents or caregivers to participate on the treatment team. It is important to talk to your health care providers about other types of treatment, such as complementary medicine, as well as programs that can provide additional support related to education, employment, housing, and vocation and career development. It is also important to have good self-care, such as a healthy diet, exercise, sleep, and abstinence from illicit drugs. You should collaborate with your family and health care provider to consider treatment options. Decisions should be made that fit your own priorities and goals.

### *Medications*

Medications help relieve symptoms and can play an important role in preventing recurrence of depression. Each person reacts differently to these medications. For that reason, the prescribing health care professional may recommend different kinds or dosages of medication before finding the most effective approach for you. Most medications must be taken every day in order to be effective. Sometimes longer-acting medications are used. Be candid with your prescriber about use of any drugs or alcohol, and be patient—it can take several weeks to feel improvement from anti-depressant medication. It is important not to stop using medication as soon as it seems to be working. Most people need to stay on anti-depressant medication for at least several months, and often a year or longer, after recovery from a depressive episode in order to prevent a relapse or a recurrence of depression. For some people who have mild symptoms of depression, medication may not be necessary, and initial treatment with therapy can help. You and your mental health care provider, and trusted family members, should work out a personalized treatment plan that will best help your own recovery from depression.

### *Therapy*

Behavioral therapy, cognitive behavioral therapy, or other forms of psychotherapy can help you develop skills for coping with situations that make you feel depressed or helpless.

### *Support*

Your supportive family or peers that have managed similar challenges can also be an important part of your treatment team for depression. Talking with peers lets you learn from others who are further along in recovery. As part of your treatment team, these individuals can help you recognize mood changes before they become a greater problem. These partners can provide valuable support and encouragement so you can stay focused on your recovery and life goals.



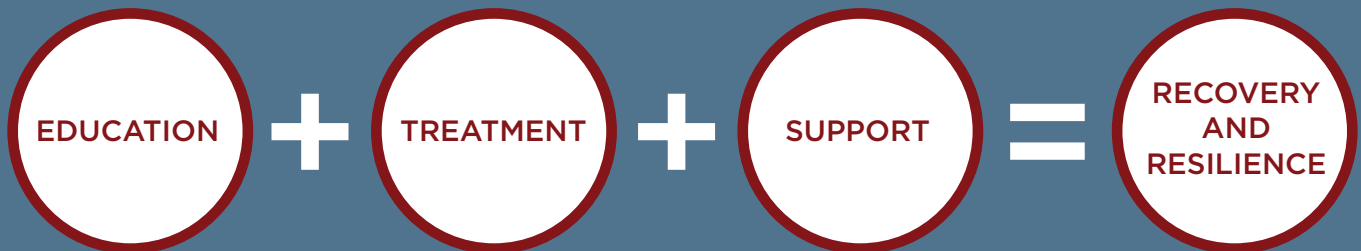
I learned that  
I must understand what  
they [professionals]  
understand and become  
empowered, engaged  
and encouraged.



—Darrin, Youth



It is important to tell your health care professional about all of your symptoms, such as any particular fears or phobias, including social situations, or persistent low mood that may be bothering you. Be sure to report any problems or changes to your prescriber, including any use of drugs or medications, smoking, excessive caffeine (energy drinks), or alcohol. Sometimes when people try to self-medicate their depression with alcohol or drugs, it can get worse. If you have thoughts or plans to harm yourself or others, contact your prescriber or the **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** or via the web chat function at **<http://www.suicidepreventionlifeline.org>** immediately.





Where can I learn more  
and get support?



**American Academy of Child and Adolescent Psychiatry**

[http://www.aacap.org/AACAP/Families\\_and\\_Youth/Resource\\_Centers/Anxiety\\_Disorder\\_Resource\\_Center/Home.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx)

**American Psychiatric Association**

<http://www.psychiatry.org/depression>

**American Psychological Association**

<http://www.apa.org/topics/depress/index.aspx>

**Anxiety and Depression Association of America**

<http://adaa.org>

**Depression and Bipolar Support Alliance**

<http://www.dbsalliance.org>

**HelpGuide.Org**

<http://www.helpguide.org/home-pages/depression.htm>

**National Center for Complementary & Integrative Health**

<https://nccih.nih.gov/health/integrative-health>

**National Alliance on Mental Illness**

<http://www.nami.org/Learn-More/Mental-Health-Conditions/Depression>

**National Federation of Families for Children's Mental Health**

<https://www.ffcmh.org>

**National Institute of Mental Health**

<http://www.nimh.nih.gov>

**National Suicide Prevention Lifeline**

<http://www.suicidepreventionlifeline.org>  
1-800-273-TALK (8255)

**Ok2Talk**

<http://ok2talk.org>

**Substance Abuse and Mental Health Services Administration**

<http://www.samhsa.gov/disorders/mental>

**Substance Abuse and Mental Health Services Administration  
(SAMHSA) National Helpline:**

<http://www.samhsa.gov/find-help/national-helpline>

**Youth M.O.V.E National**

<http://www.youthmovenational.org/>

SAMHSA would like to thank the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, the American Psychiatric Association, and the Caring for Every Child's Mental Health Campaign Family and Young Adult Councils for their collaboration in developing and disseminating this fact sheet. This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number HHSS280201500007C, with SAMHSA, U.S. Department of Health and Human Services. Lisa Rubenstein served as the Project Manager and Eric Lulow served as the Government Project Officer.

**REFERENCES:**

<sup>1</sup> (2012). *SAMHSA's Working Definition of Recovery*. SAMHSA.

<sup>2</sup> American Psychiatric Association. (2005). *Position Statement on Use of the Concept of Recovery*.

<sup>3</sup> (2013). *SAMHSA Annotated Bibliography*.

<sup>4</sup> Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, & RTI International (2015). Results from the 2014 National Survey on Drug Use and Health: Mental Health Detailed Table. Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-MHDetTabs2014/NSDUH-MHDetTabs2014.htm>

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# UNDERSTANDING ANXIETY DISORDERS

## Young Adult: Get the Facts

What does it mean when a health care professional says “anxiety disorder”?



Once I finally received a diagnosis, I knew there was a name for what I was experiencing and there was something I could do about it.

—Youth



### Anxiety Disorders

Hearing the health care professional say you have an anxiety disorder can be confusing. The good news is that the feelings and stress-related behaviors you have been concerned about are actually symptoms of a treatable disorder. By getting treatment and engaging in recovery, people with an anxiety disorder can manage their symptoms, feel better, and lead productive and meaningful lives. Recovery does not necessarily mean a cure. It does mean that people are actively moving toward wellness.



It is important to talk with a health care provider about treatment options and additional information. Your provider may be a child and adolescent psychiatrist, general psychiatrist, psychologist, pediatrician, social worker, or other health care provider. If you are concerned that you may have an anxiety disorder, it is important to seek a thorough evaluation. The evaluation includes talking about your symptoms, blood and urine tests, and perhaps other tests to ensure that there is no underlying medical condition that could be causing the symptoms. It is also important to ensure that you can tolerate medication, if recommended as part of the treatment plan.



### What do we mean by recovery?

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.<sup>1</sup>*

*Recovery focuses on wellness and resilience, encouraging [people] to participate actively in their own care.<sup>2</sup>*



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## What is an anxiety disorder?

People with anxiety disorders worry excessively. The feelings go well beyond the typical kind of worry that is appropriate to situations and can help people to focus and be alert. The apprehensive feelings that are typical of an anxiety disorder are felt almost every day, and may be overwhelming and difficult to manage. With an anxiety disorder, you may feel restless, your heart pound, experience muscle tension, fatigue, irritability, difficulty concentrating, and/or sleep disturbances. These symptoms can be severe enough to interfere with day-to-day activities in school, at work, or in social situations.

There are 3 types of anxiety disorders: generalized anxiety disorder (GAD), phobias, and panic disorders. Some people have milder forms of anxiety disorders that don't last forever and respond well to treatment. Others with more severe forms of an anxiety disorder may experience symptoms over their lifetime with the specific type of anxiety changing over time or including mood changes. However, treatments for an anxiety disorder that involve medications, psychotherapy, and other elements of an individualized treatment program can help you to be more resilient, manage your symptoms, improve everyday functioning, and help you to lead a full, meaningful life. An individualized treatment program can include positive family and peer support.



### What caused this?

Researchers and health care professionals do not completely understand what causes anxiety disorders. It is unlikely that a single factor causes an anxiety disorder. It is most likely caused by a combination of things such as genetics (i.e. family history of anxiety disorders), chemical or other changes in the brain, and/or environmental factors. Traumatic experiences can also add to the development of mental health disorders. If you have experienced a traumatic incident, it is important to share that information with your mental health specialist and pediatrician.

### How common is this disorder?

Anxiety disorders represent one of the most common forms of mental disorders among children and adolescents, but they often go undetected or untreated. Data from the Centers for Disease Control and Prevention show that the rate of anxiety disorders among 3-17-year-olds is in the range of 3 percent (current symptoms) to 4.7 percent (ever reported having anxiety).<sup>4</sup>

### What do we mean by resilience?

Resilience is the ability to respond to stress, anxiety, trauma, crisis, or disaster. It is critical in recovery [from mental disorders].<sup>3</sup>

## What are the treatment approaches?

An anxiety disorder can be managed in many ways. This includes with the use of psychotherapy or a combination of prescribed medication and therapy. You should consider various treatment options, along with your family and your health care provider. Collaborative decisions should be made based on your own priorities and goals. If you are of consenting age, you may need to provide written consent for parents or caregivers to participate on the treatment team. It is important to talk to your health care providers about other types of treatment, such as complementary medicine, as well as programs that can provide additional support related to education, employment, housing, and vocation and career development. It is also important to have good self-care, such as a healthy diet, exercise, sleep, and abstinence from illicit drugs. Understanding your treatment will help you play an active, full role in your recovery.

### *Medications*

Medications (particularly a group of medications called Selective Serotonin Reuptake Inhibitors or SSRIs) can help manage many of the symptoms of an anxiety disorder. Each person reacts differently to these medications. For that reason, the prescribing health care professional may try different doses and different kinds of medication before finding the most effective approach for you. Finding the best medication and the most effective dose for you may take time. In milder cases of an anxiety disorder, medication may not be necessary, and therapy or lifestyle changes (e.g., smoking cessation, decreased caffeine intake, regular exercise, or mindfulness exercises) may be sufficient to manage symptoms.

### *Therapy*

Behavioral therapy, cognitive behavioral therapy, or other forms of psychotherapy may be used alone or in combination with medications depending on severity of symptoms. These kinds of treatment build your natural resiliency and provide tools to help understand behaviors that may trigger fear and extreme anxiety.

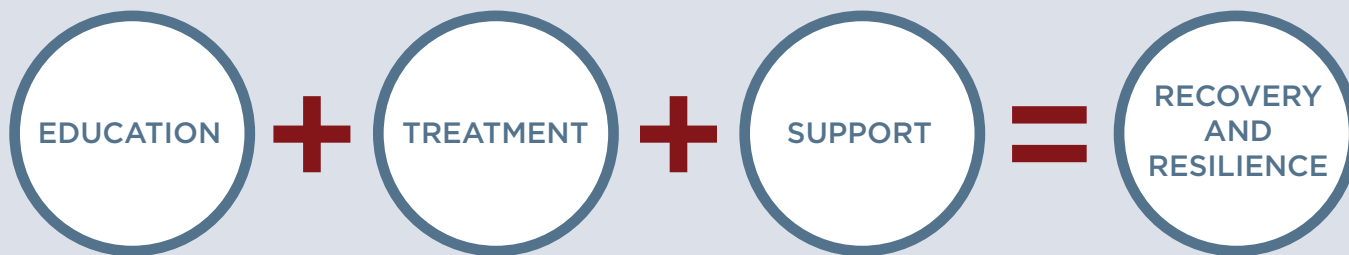
### *Support*

Your family or peers can also be an important part of your treatment or treatment team for an anxiety disorder. Talking with peers lets you learn from others who are further along in recovery. Family members, caregivers, and peers who are part of your treatment team can help you recognize early symptoms of anxiety before they become a greater problem. These partners can provide important support and encouragement to help you stay focused on your recovery and life goals.

It is important to talk to your health care professional about all of your symptoms, such as troublesome fears or phobias, including social situations or insomnia, that may be bothering you. Medications must be taken as prescribed to be effective. Be sure to report any problems or changes to your prescriber, including any use of drugs or medications, smoking, excessive caffeine (energy drinks), or alcohol intake. Sometimes when people try to self-medicate their anxiety with alcohol or drugs, it can get worse. If you have thoughts or plans to harm yourself or others, contact your prescriber or the **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** or via the web chat function at <http://www.suicidepreventionlifeline.org> immediately.

“ It’s important to remember that the mental health professionals are there to be your ally, and they really want to help. In order for them to help you, it’s important that you share with them everything that is going on and what you are feeling because they can’t read your mind. Plus, you are the only expert of yourself. ”

—Haley, Youth



Where can I learn more  
and get support?



**American Academy of Child and Adolescent Psychiatry**

[http://www.aacap.org/AACAP/Families\\_and\\_Youth/Resource\\_Centers/Anxiety\\_Disorder\\_Resource\\_Center/Home.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx)

**Anxiety and Depression Association of America (ADAA)**

<http://adaa.org>

**Find Youth Info**

<http://www.findyouthinfo.gov>

**Mental Health America**

<http://www.mentalhealthamerica.net>

**National Alliance on Mental Illness**

<http://www.nami.org/Learn-More/Mental-Health-Conditions/Anxiety-Disorders>

**National Institute of Mental Health**

<http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

**National Center for Complementary & Integrative Health**

<https://nccih.nih.gov/health/integrative-health>

**National Suicide Prevention Lifeline**

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1-800-273-TALK (8255)

**Ok2Talk**

<http://ok2talk.org>

**Substance Abuse and Mental Health Services Administration**

<http://www.samhsa.gov/disorders/mental>

**Teen Mental Health**

<http://teenmentalhealth.org/learn/mental-disorders/generalized-anxiety-disorder>

**Youth Motivating Others through Voices of Experience**

<http://www.youthmovenational.org>

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<sup>4</sup> Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., et al. (2013). *Mental Health Surveillance Among Children - United States, 2005-2011*. Retrieved from: [http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s\\_cid=su6202a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s_cid=su6202a1_w)

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# UNDERSTANDING ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER

## Young Adult: Get the Facts

What does it mean  
when a health care  
professional says  
“attention-deficit/  
hyperactivity  
disorder”?



Hearing a health care professional say you have attention-deficit/hyperactivity disorder (ADHD) can be confusing. The good news is that the emotions and behaviors you have been concerned about are actually symptoms of a treatable disorder. By getting treatment and entering recovery, people with ADHD can manage their symptoms, concentrate better and lead productive and meaningful lives. Recovery does not necessarily mean a cure. It does mean that people are actively moving towards wellness.

My advice is to find out  
as much information as  
you possibly can about  
your diagnosis, treatment  
options, and supports  
around you. Information  
can give you power.

—Haley, Youth

It is important to talk with a health care provider about treatment options and additional information. Your provider may be a child and adolescent psychiatrist, general psychiatrist, psychologist, pediatrician, social worker, or other health care provider. If you are concerned that you may have ADHD, it is important to seek a thorough evaluation. The evaluation includes talking about your symptoms, blood and urine tests, and perhaps other tests to ensure that there is no underlying medical condition that could be causing the symptoms. Additionally, neuropsychological and/or psychosocial testing of ADHD can be helpful in determining a diagnosis. It is also important to ensure that you can tolerate medication, if recommended as part of the treatment plan.

### What do we mean by recovery?

*Recovery is a process of change  
through which individuals improve  
their health and wellness, live a  
self-directed life, and strive to reach  
their full potential.*

*Recovery focuses on wellness and  
resilience, encouraging [people] to  
participate actively in their own care.*



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# What is ADHD?

ADHD is marked by a persistent pattern of inattentive and/or hyperactive and impulsive behavior. These behaviors interfere with day-to-day activities in school, at work, or in social situations. A person with ADHD may have a hard time paying attention, following instructions, organizing and carrying out complex activities. You might lose things, be forgetful, be easily distracted, and have a feeling of being “driven.” Some people with ADHD are hyperactive—symptoms of this include difficulty waiting or taking turns, fidgeting or squirming, always “on the go,” and not being able to sit still. The diagnosis of ADHD can be made in older youth and adults. However, for the diagnosis of ADHD, symptoms must have appeared prior to age 12.

ADHD is typically an ongoing disorder. In adolescence and adulthood, the hyperactive symptoms will diminish but the organizational and attentional challenges will persist. However, treatment that involves medications and other elements of an individualized treatment program can help you to be more resilient, manage the disorder, improve your everyday functioning, and achieve your personal goals. An individualized treatment program can include positive family and peer support or specialized educational programming.



## What caused this?

Researchers and health care professionals do not completely understand what causes ADHD. It is unlikely that a single factor causes ADHD. It is most likely caused by a combination of things such as genetics (i.e. a family history of ADHD), chemical or other changes in the brain, and/or environmental factors. Traumatic experiences can also contribute to the development of psychiatric disorders. If you have experienced a traumatic incident, it is critical to share that information with your mental health specialist and pediatrician.

## How common is this disorder?

Data from the Centers for Disease Control and Prevention show that the rate of ADHD among 3-18-year-olds is in the range of 6.8 percent to 8.9 percent.<sup>4</sup>

## What do we mean by resilience?

*Resilience is the ability to respond to stress, anxiety, trauma, crisis, or disaster. It is critical in recovery [from mental disorders].<sup>3</sup>*

## What are the treatment approaches?

ADHD can be managed in many ways. This includes the use of behavioral therapy, or with a combination of medication, behavioral therapy, and support from family and friends. If you are of consenting age, you may need to provide written consent for parents or caregivers to participate on the treatment team. It is important to talk to your health care providers about other types of treatment, such as complementary medicine, as well as programs that can provide additional support related to education, employment, housing, and vocation and career development. It is also important to have good self-care, such as a healthy diet, exercise, sleep, and abstinence from illicit drugs. You should collaborate with your family and with your health care providers to consider treatment options. Decisions should be made that fit your own priorities and goals.

When I started seeing a therapist as a teenager, I found it was such a great opportunity. It was a place for me to deal with the challenges I was facing and learn skills that would give me strength.

—Sean, Youth

### *Medications*

Medications can help manage many of the symptoms of ADHD. Stimulant medications are the most common treatment for ADHD. Each person reacts differently to these medications. For that reason, the prescribing health care professional may try different doses and different kinds of medication before finding the most effective approach for you. Finding the best medication and the most effective dose may take time. For some people who have mild symptoms of ADHD, the health care professional may not need to prescribe medication.

### *Therapy*

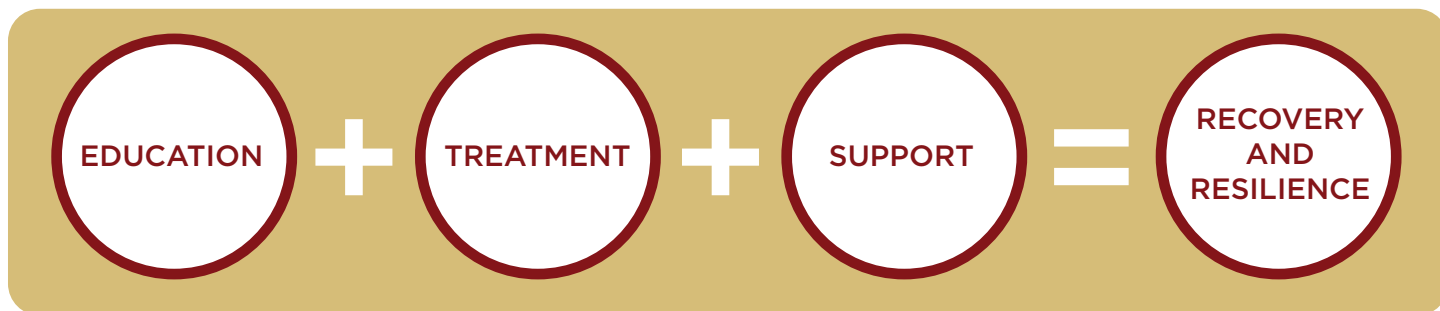
Health care professionals may recommend behavioral therapy, or training to help your parents learn ways to support you, as stand alone treatment or in combination with medications. Therapy can give you tools to better help you manage your symptoms, and to organize, schedule, and manage your family obligations, work and social life.

### *Support*

Your family or peers that have managed similar challenges can be an important part of your treatment team for ADHD. Talking with peers lets you learn from others who are further along in recovery. If invited to be a part of your treatment team, these individuals can help you recognize ADHD-related behaviors before they become a problem. These partners can provide valuable support and encouragement, so you can stay focused on your recovery and life goals.

It is important to tell your health care provider(s) about all of your symptoms, such as any particular fears, your feelings in social situations, or persistent/worsening low mood that may be bothering you. Be sure to report any problems or habit changes to your prescriber, including any use of drugs or medications, smoking, excessive caffeine (e.g., energy drinks), or alcohol. Self-medicating yourself with alcohol or drugs can complicate your treatment and make your symptoms worse. If you have thoughts or plans to harm yourself or others, contact your prescriber or the **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** or via the web chat function at <http://www.suicidepreventionlifeline.org> immediately.





Where can I learn more  
and get support?



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**Children and Adults with Attention-Deficit/Hyperactivity Disorder**

<http://www.chadd.org>

**Find Youth Info**

<http://www.findyouthinfo.gov>

**Mental Health America**

<http://www.mentalhealthamerica.net>

**National Alliance on Mental Illness**

<http://www.nami.org/Learn-More/Mental-Health-Conditions/ADHD>

**National Center for Complementary & Integrative Health**

<https://nccih.nih.gov/health/integrative-health>

**National Institute of Mental Health**

<http://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>

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# UNDERSTANDING OBSESSIVE-COMPULSIVE DISORDER

## Young Adult: Get the Facts

What does it mean when a health care professional says “obsessive-compulsive disorder”?



Hearing a health care professional say you have obsessive-compulsive disorder (OCD) can be confusing. The good news is that the emotions and behaviors you have been concerned about are actually symptoms of a treatable disorder. By getting treatment and entering recovery, people with OCD can manage their symptoms, feel better, and lead productive and meaningful lives. Recovery does not necessarily mean a cure. It does mean that people are actively moving towards wellness.



I remember when I was first diagnosed like it was yesterday. For me, the only examples I had of mental health made me feel like my future was over. I didn't understand that with treatment, support, coping skills, and determination I would be able to still achieve my dreams.

—Haley, Youth

It is important to talk with a health care provider about treatment options and additional information. Your provider may be a child and adolescent psychiatrist, general psychiatrist, psychologist, pediatrician, social worker, or other health care provider. If you are concerned that you may have OCD, it is important to seek a thorough evaluation. The evaluation includes talking about your symptoms, blood and urine tests, and perhaps other tests to ensure there is no underlying medical condition causing the symptoms. It is also important to ensure that you can tolerate medication, if recommended as part of your treatment plan.

### What do we mean by recovery?

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.<sup>1</sup>*

*Recovery focuses on wellness and resilience, encouraging [people] to participate actively in their own care.<sup>2</sup>*



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# What is OCD?

OCD involves recurring, persistent, and unwanted thoughts (obsessions) or urges (compulsions) that cause distress or excessive worry. These obsessions and compulsions are intrusive and interfere with daily activities. Obsessions can have themes such as: fear of contamination or germs, distress when things are not orderly or symmetric, horrific thoughts involving harm to others or yourself, or unwanted thoughts regarding sex, religion, or aggression. Obsessions are typically linked with compulsions—behaviors performed as a response to the obsession—for example, repeated hand-washing in response to an obsession about germs. These compulsions may strictly adhere to rules or rituals, such as putting on clothes in a specific order, which, if not done precisely, must be repeated. These urges are far stronger than simply double-checking something (*Is the stove turned on?*). The feelings seem irresistible and trying to avoid them can cause anxiety and distress that may significantly interfere with daily life. For many people with OCD, symptoms tend to come and go over time.

OCD can be an ongoing and recurrent disorder. The outcome for OCD is better than originally thought. Many children and youth will stop having symptoms over time or, with treatment, their symptoms will get better. Symptoms that continue into adulthood can be managed. Treatments that involve medications, psychotherapy, and other elements of an individualized treatment program can help you improve your coping skills, manage symptoms, improve daily functioning, and lead a full, meaningful life. An individualized treatment program can include positive family or peer support.



## What causes OCD?

Researchers and health care professionals do not completely understand what causes OCD. It is unlikely that a single factor causes OCD. However, research has linked OCD to changes in the structure or function of several areas in the brain, factors in a person's history or environment, and personal factors such as how one copes with stressful life events. Traumatic experiences can also add to the development of mental health disorders. If you have experienced a traumatic incident, it is important to share that information with your mental health specialist and pediatrician.

## How common is this disorder?

The rate of pediatric OCD is around 1% to 2% in the United States and elsewhere. There appear to be two peak periods for OCD across the life span, one occurring in preadolescent children and a later peak in young adult life (mean age, 21 years).<sup>4,5</sup>

## What do we mean by resilience?

*Resilience is the ability to respond to stress, Anxiety, trauma, crisis, or disaster. It is critical in recovery [from mental disorders].<sup>3</sup>*



## What are the treatment approaches?



**Having lived experience with mental illness has helped me realize the importance, necessity, and reciprocal nature of peer-to-peer support and leadership to empower one another.**

—Hayden, Youth



OCD can be managed in many ways, including the use of psychotherapy, or with a combination of medication and therapy. Family or peer support may be helpful for some people. If you are of consenting age, you may need to provide written consent for parents or caregivers to participate on the treatment team. It is important to talk to your health care providers about other types of treatment, such as complementary medicine, as well as programs that can provide additional support related to education, employment, housing, and vocation and career development. It is also important to have good self-care, such as a healthy diet, exercise, sleep, and abstinence from illicit drugs. You should collaborate with your family and health care provider to consider treatment options. Decisions should be made that include the severity of symptoms and fit your own priorities and goals.



### *Medications*

Medications (particularly a class of medications called selective serotonin reuptake inhibitors, or SSRIs) may help to manage many of the symptoms of OCD. Because each person reacts differently to these medications, the prescribing health care professional may try different doses and different kinds of medication before finding the most effective approach for you. Finding the most effective dose may take time and patience. For some people with mild or moderate OCD, the health care professional may not need to prescribe medication.

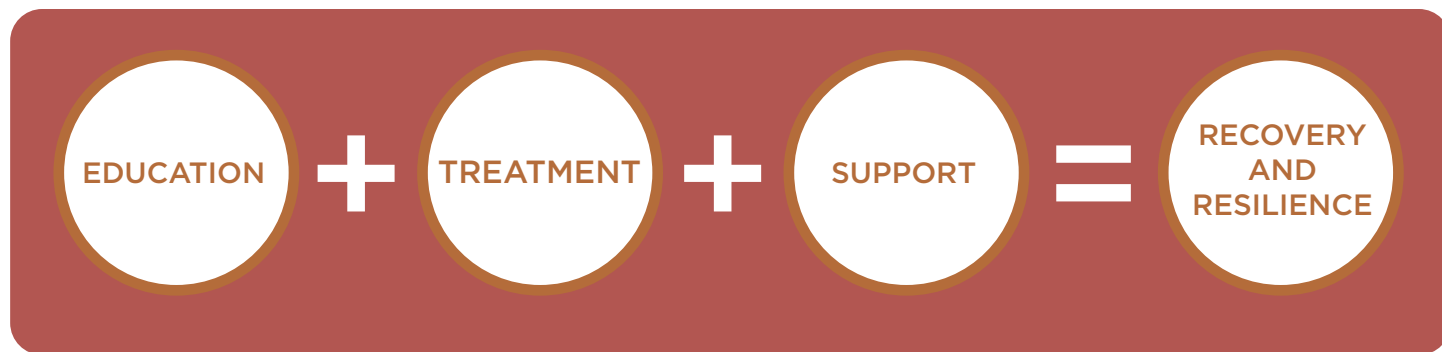
### *Therapy*

Cognitive behavioral therapy (CBT), may be used alone (for mild or moderate conditions) or in combination with medications (for more severe symptoms or if symptoms don't improve with CBT alone). This kind of treatment also helps you to enhance your resilience skills and develop behaviors and routines that can protect you from experiencing frequent, severe, or prolonged symptoms. One approach is Exposure and Response Prevention. This is a technique through which an individual is exposed to the thoughts, images, objects or situations that trigger anxiety, obsessive thoughts, and/or compulsions. The therapist will support the person in resisting these compulsions with the hope of decreasing anxiety and helping them to be better able to resist the compulsion (behavior) associated with the obsession (thought).

### *Support*

Your family or peers that have managed similar challenges can be an important part of your treatment team for OCD. Talking with peers lets you learn from others who are further along in recovery. Supportive family members, caregivers, and peers who are part of your treatment team can help you recognize mood and behavior changes before they become a greater problem. These partners can provide valuable support and encouragement, so you can stay focused on your recovery and life goals.

It is important to tell your health care professional about all of your symptoms, such as any particular fears or phobias, including social situations, or persistent low mood that may be bothering you. Be sure to report any problems or changes to your prescriber, including any use of drugs or medications, smoking, excessive caffeine (energy drinks), or alcohol. Sometimes when people try to self-medicate symptoms of OCD with alcohol or drugs, they can get worse. If you have thoughts or plans to harm yourself or others, contact your prescriber or the [National Suicide Prevention Lifeline, 1-800-273-TALK \(8255\)](https://www.suicidepreventionlifeline.org) or via the web chat function at <http://www.suicidepreventionlifeline.org> immediately.



**American Academy of Child and Adolescent Psychiatry**

[http://www.aacap.org/AACAP/Families\\_and\\_Youth/Glossary\\_of\\_Symptoms\\_and\\_Illnesses/Obsessive\\_Compulsive\\_Disorder\\_OCD.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Glossary_of_Symptoms_and_Illnesses/Obsessive_Compulsive_Disorder_OCD.aspx)

**Find Youth Info**

<http://www.findyouthinfo.gov/youth-topics/youth-mental-health>

**International OCD Foundation**

<http://www.iocdf.org>

**Mental Health America**

<http://www.mentalhealthamerica.net/conditions/ocd>

**National Alliance on Mental Illness**

<http://www.nami.org/Learn-More/Mental-Health-Conditions/Obsessive-Compulsive-Disorder>

**National Center for Complementary & Integrative Health**

<https://nccih.nih.gov/health/integrative-health>

**National Institute of Mental Health**

<http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>

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**Ok2Talk**

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**Teen Mental Health**

<http://teenmentalhealth.org/learn/mental-disorders/obsessive-compulsive-disorder-ocd>

**Youth Motivating Others through Voices of Experience**

<http://www.youthmovenational.org>

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# UNDERSTANDING BIPOLAR DISORDER

## Young Adult: Get the Facts

What does it mean  
when a health care  
professional says  
“bipolar disorder”?

At first, it was quite scary—I  
I didn’t know what to expect,  
and I didn’t know where to go  
for support or even if support  
existed. It felt like a roller coaster  
that I didn’t sign up to ride.  
At the same time, it was liberating  
as I finally had an answer  
regarding what I had  
been experiencing.

—Hayden, Youth



Hearing a health care professional say you have bipolar disorder can be confusing. The good news is that the emotions and behaviors you have been concerned about are actually symptoms of a treatable disorder. By getting treatment and entering recovery, people with bipolar disorder can manage their symptoms, feel better, and lead productive and meaningful lives. Recovery does not necessarily mean a cure. It does mean that people are actively moving toward wellness.



It is important to talk with a health care provider about treatment options and additional information. Your provider may be a child and adolescent psychiatrist, general psychiatrist, psychologist, pediatrician, social worker, or other health care provider. If you are concerned that you may have bipolar disorder, it is important to seek a thorough evaluation. The evaluation includes talking about your symptoms, blood and urine tests, and perhaps other tests to ensure that there is no underlying medical condition that could be causing the symptoms. It is also important to ensure that you can tolerate medication, if recommended as part of the treatment plan.



### What do we mean by recovery?

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.<sup>1</sup>*

*Recovery focuses on wellness and resilience, encouraging [people] to participate actively in their own care.<sup>2</sup>*



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## What is bipolar disorder?

Bipolar disorder refers to a variety of disorders that involve unusual changes in mood, activity, and energy. These changes in mood or behavior are different than the typical “highs” and “lows” that all youth and young adults experience.

In bipolar disorder, the “highs” (also called manic episodes or, in less severe cases, hypomanic episodes) are marked by a combination of symptoms. This may include:

- decreased need for sleep,
- restlessness,
- irritability,
- grandiosity,
- excessive energy and activity,
- rapid, pressured talking and racing thoughts,
- poor judgment and risky behavior,
- and a feeling that nothing can go wrong.

The “lows” (also called depressive episodes) may involve feelings of:

- constant sadness or anxiety,
- changes in appetite or sleep patterns,
- low energy,
- restlessness,
- irritability,
- thoughts about death,
- and loss of interest in favorite or pleasurable activities.

Changes in mood or behavior due to bipolar disorder may be out of character for you and may later be regretted. A diagnosis of bipolar disorder means that the manic episode lasts for one week, but may be shorter. A diagnosis of a hypomanic episode only requires four days of symptoms, and a diagnosis of depression requires two weeks of symptoms.

You may feel these symptoms most of the time, and they may seriously interfere with your regular activities with your family, in school, at work, or in other social situations. In between these episodes, you return to your usual thoughts, feelings, and behaviors.

Bipolar disorder is typically an ongoing and recurrent disorder. However, youth and young adults are resilient. Treatment that involves medications, behavioral therapy, and other elements of an individualized treatment program can help you improve your coping skills, manage your symptoms, improve daily functioning, and help you lead a full, meaningful life. An individualized treatment program can include positive family and peer support.

## What is bipolar disorder?



**Hope lives; remember,  
sometimes "hope"  
can mean  
Hold On, Pain Ends.  
You are NOT alone  
despite how lonely  
and isolated  
you may feel.**  
—Haley, Youth



### What caused this?

Researchers and health care professionals do not completely understand the causes of bipolar disorder. It is unlikely that a single factor causes bipolar disorder. It is most likely caused by a combination of things such as genetics, chemical or other changes in the brain, and/or environmental factors. Bipolar disorder often runs in families. Traumatic experiences can also contribute to the development of psychiatric disorders. If you have experienced a traumatic incident, it is critical to share that information with your health care provider.

### How common is this disorder?

Data from the National Comorbidity Survey show that the rate of bipolar disorder among 15- to 29-year-olds is in the range of 3.1 percent to 7.0 percent.<sup>4,5</sup>



### What do we mean by resilience?

*Resilience is the ability to respond to stress, anxiety, trauma, crisis, or disaster. It is critical in recovery [from mental disorders].<sup>3</sup>*

## What are the treatment approaches?

Bipolar disorder can be managed in many ways. This includes medication and various types of psychotherapy. Support from family or friends may be very helpful for some people. If you are of consenting age, you may need to provide written consent for parents or caregivers to participate on the treatment team. It is important to talk to your health care providers about other types of treatment, such as complementary medicine, as well as programs that can provide additional support related to education, employment, housing, and vocation and career development. It is also important to have good self-care, such as a healthy diet, exercise, sleep, and abstinence from illicit drugs. You should collaborate with your family and health care provider to consider treatment options. Decisions should be made that fit your own priorities and goals.



### *Medications*

Medications can help to manage many of the symptoms of bipolar disorder. Each person reacts differently to these medications. For that reason, the prescribing health care professional may try different doses and different kinds of medication before finding the most effective approach for you. Be candid with your prescriber and be patient. Finding the best medication and the most effective dose may take time. Most youth with bipolar disorder will require ongoing medication therapy to prevent relapse. Although medications help with the main symptoms of bipolar disorder, they do not necessarily address the needs you may have for support and building skills.

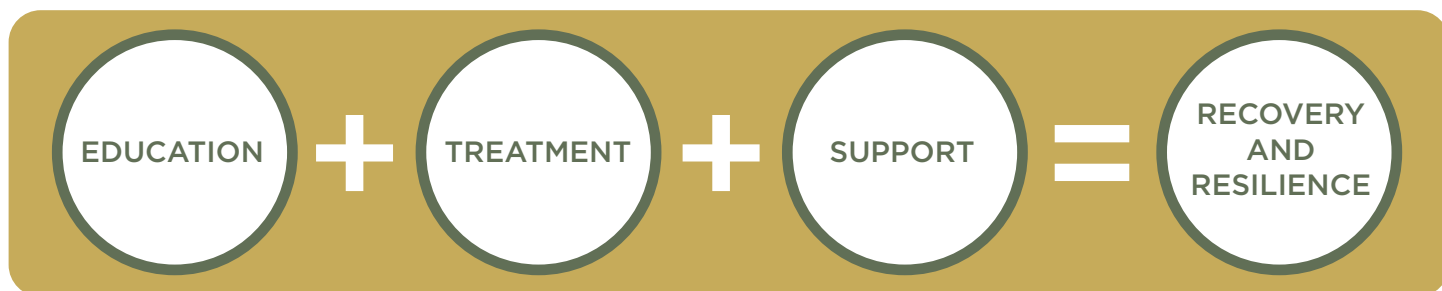
### *Therapy*

Behavioral therapy, cognitive behavioral therapy, or other forms of psychotherapy, (e.g., dialectical behavioral therapy, or DBT, has shown evidence of being effective for some of the symptoms associated with bipolar disorder) may be used alone or in combination with medications. These types of treatments help you understand, identify, and choose behaviors in situations that could trigger manic or depressive episodes. Learning information about bipolar disorder and lifestyle modification, such as sticking to a sleep schedule or reducing caffeine/energy drinks, can also be tools to support the treatment process.

### *Support*

Your family or peers that have managed similar challenges can be an important part of your treatment team for bipolar disorder. Talking with peers lets you learn from others who have bipolar disorder and are further along in recovery. As part of your treatment team, these individuals can help you recognize mood changes before they become a greater problem. These partners can be an important source of support and encouragement, helping you to stay focused on your recovery and life goals.

It is important to tell your health care provider(s) about all of your symptoms, such as any particular fears, your feelings in social situations, or persistent/worsening low mood that may be bothering you. Be sure to report any problems or lifestyle changes to your prescriber, including any use of drugs or medications, smoking, excessive caffeine (energy drinks), or alcohol. Self-medicating yourself with alcohol or drugs can complicate your treatment and make your symptoms worse. If you have thoughts or plans of harming yourself or others, contact your prescriber or the **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** or via the web chat function at <http://www.suicidepreventionlifeline.org> immediately.



Where can I learn more  
and get support?



**American Academy of Child and Adolescent Psychiatry**  
[http://www.aacap.org/AACAP/Families\\_and\\_Youth/Resource\\_Centers/Bipolar\\_Disorder\\_Resource\\_Center/Home.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Bipolar_Disorder_Resource_Center/Home.aspx)

**Depression and Bipolar Support Alliance**  
<http://www.dbsalliance.org>

**Find Youth Info**  
<http://www.findyouthinfo.gov>

**Mental Health America**  
<http://www.mentalhealthamerica.net>

**National Alliance on Mental Illness**  
[http://www2.nami.org/Content/NavigationMenu/Mental\\_Illnesses/Bipolar1/Home\\_-\\_What\\_is\\_Bipolar\\_Disorder\\_.htm](http://www2.nami.org/Content/NavigationMenu/Mental_Illnesses/Bipolar1/Home_-_What_is_Bipolar_Disorder_.htm)

**National Center for Complementary & Integrative Health**  
<https://nccih.nih.gov/health/integrative-health>

**National Institute of Mental Health**  
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**Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline**  
<http://www.samhsa.gov/find-help/national-helpline>

**Teen Mental Health**  
<http://teenmentalhealth.org/learn/mental-disorders/bipolar-disorder-2>

**The Storm in My Brain**  
<http://www.dbsalliance.org/pdfs/storm.pdf>

**Youth Motivating Others through Voices of Experience**  
<http://www.youthmovenational.org>

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# UNDERSTANDING A FIRST EPISODE OF PSYCHOSIS

## Young Adult: Get the Facts

What does it mean when a health care professional says a “first episode of psychosis”?



Hearing a health care professional say you are experiencing a first episode of psychosis can be confusing. The good news is that the behaviors you have been concerned about are actually symptoms that can be treated with treatment and recovery efforts. Recovery does not necessarily mean a cure. It does mean that people are actively moving toward wellness.



Strangely, I was relieved when I got a diagnosis and my life began making sense, then healing began.



—Darrin, Youth

It is important to talk with a health care provider about treatment options and additional information. Your provider may be a child and adolescent psychiatrist, general psychiatrist, psychologist, pediatrician, social worker, or other health care provider. If you are concerned that you may be experiencing a first episode of psychosis, it is important to seek a thorough evaluation. The evaluation includes talking about your symptoms, blood and urine tests, potentially a brain scan, and perhaps other tests to ensure that there is no underlying medical condition that could be causing the symptoms. It is also important to ensure that you can tolerate medication, if recommended as part of the treatment plan.

### What do we mean by recovery?

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery focuses on wellness and resilience, encouraging [people] to participate actively in their own care.



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## What is psychosis, and what is meant by hallucinations, delusions and confused thinking?

Psychosis includes symptoms such as hallucinations, delusions, or confused thinking.

- *Hallucinations* are things you hear, see, smell, taste, or feel that no one else can hear, see, smell, taste, or feel. Voices are the most common type of hallucination.
- *Delusions* are fixed, false beliefs that seem real to you. You may feel that a friend or neighbor is spying on you or wants to harm you or people you care about or that others are controlling your thinking.
- *Confused thinking* is a change in the way you think. Your thoughts may be very fast or slow or may stop suddenly. Sometimes you might feel as though you cannot control them. You might find it hard to concentrate, or you might have disorganized speech, such as shifting rapidly from one topic to another.

The symptoms of psychosis make it harder or impossible for a person to know what is real, to think clearly, to communicate, relate to others, and to feel emotions. These symptoms, and others, may mark the beginning of a serious medical/psychiatric disorder. Psychoses can be treated, and the sooner treatment begins, the better the outcome will be. Treatment that involves medications and other elements of an individualized treatment program can help you to be more resilient, manage the condition, improve your everyday functioning, and help you to achieve your personal goals. An individualized treatment program can include positive family or peer support.



## What caused this?

Psychosis itself is a cluster of symptoms that can be due to medical conditions, prescription drugs, substance use, or toxicities, as well as psychiatric disorders. The most common cause of a first episode of psychosis in young adults is schizophrenia. There are other disorders that your healthcare provider will also consider.<sup>4</sup> Medical professionals understand how the symptoms of psychosis are produced in only a few of these disorders. Some of the disorders have a genetic basis (i.e., family history of psychotic disorders). Others have an environmental basis and frequently psychosis is the result of a combination of these factors. Your health care provider will consider all of these factors and help you to understand how and why psychosis developed in your circumstances. Traumatic experiences can also add to the development of mental disorders. If you have experienced a traumatic incident, it is important to share that information with your mental health specialist and pediatrician.

## How common is this disorder?

The worldwide rate of schizophrenia is generally thought to be approximately 1%, with some variation noted across studies and populations. The peak ages of onset for the disorder ranges from 15 to 30 years. Early onset schizophrenia tends to occur more often in male individuals. As age increases, males and females tend to have the same rate of schizophrenia.<sup>5</sup>

## What do we mean by resilience?

*Resilience is the ability to respond to stress, anxiety, trauma, crisis, or disaster. It is critical in recovery [from mental disorders].<sup>3</sup>*

## What are the treatment approaches?

Medication is essential in the treatment of psychosis.<sup>5</sup> Coordinated specialty care programs offer the most effective early treatment for psychosis and combines an array of services and supports.<sup>6</sup> Medication relieves symptoms and plays a critical role in preventing further episodes. Psychotherapy can help you understand and cope with the everyday challenges of the medical condition, such as difficulty with communication, taking care of yourself, work, and relationships. It is important to talk to your health care providers about other types of treatment, such as complementary medicine, as well as programs that can provide additional support related to education, employment, housing, and vocation and career development. It is also important to have good self-care, such as a healthy diet, exercise, sleep, and abstinence from illicit drugs. You should collaborate with your family and health care provider to consider treatment options. Decisions should include the severity of symptoms and fit your own priorities and goals.

“ Finding a mental health professional that I felt comfortable with sharing my thoughts and feelings was imperative. —Hayden, Youth ”

### *Medications*

Medications used to treat the symptoms of psychosis are referred to as antipsychotic medications. A variety of medications are available, and research shows that they are effective in treating a first episode of psychosis and future episodes. Each person reacts differently to these medications. For that reason, your prescribing health care professional may try different doses and different kinds of medication before finding the most effective approach. Treatment may begin with medication. If side effects develop, your prescribing health care professional may use a lower dose, add a medication to reduce the side effects, or recommend a different medication altogether. Most medications must be taken every day in order to be safe and effective—always let your prescribing health care professional know right away if you miss doses or intend to stop antipsychotic medication.

### *Therapy*

Psychotherapy, including cognitive behavioral therapy, social skills training, and other forms of therapy can help you. Therapy can help reduce common symptoms and problems that you may experience. Therapy can also help you manage stress, avoid triggers, and learn coping strategies. Recovery After an Initial Schizophrenia Episode (RAISE) is an emerging evidence based practice that uses a coordinated specialty care approach to improve the lives of youth and young adults who are experiencing a first episode of psychosis.

### *Support*

Your family or peers who have lived through similar challenges can also be an important part of your treatment or treatment team for psychosis. Talking with peers lets you learn from others who are further along in recovery. Supportive family members, caregivers, and peers can be part of your treatment or treatment team. These partners can provide valuable support and encouragement so you can stay focused on your recovery and life goals. If you are of consenting age, you may need to provide written consent for parents or caregivers to participate on the treatment team.

Be sure to report any problems or changes to your prescriber, including any use of drugs or medications, smoking, excessive caffeine intake (energy drinks), or alcohol use. Sometimes when people try to self-medicate with alcohol or drugs, symptoms of psychosis often get worse. If you have thoughts or plans to harm yourself or others, contact your prescriber or the **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** or via the web chat function at <http://www.suicidepreventionlifeline.org> immediately.

EDUCATION



TREATMENT



SUPPORT



RECOVERY  
AND  
RESILIENCE

Where can I learn more  
and get support?

**American Psychological Association**

<http://www.apa.org/topics/bipolar/index.aspx>

**Encouraging People to Seek Help for Early Psychosis**

[https://www.nami.org/getattachment/Learn-More/Infographics-Fact-Sheets/tipsheet\\_earlypsychosis\\_04v2-\(1\).pdf](https://www.nami.org/getattachment/Learn-More/Infographics-Fact-Sheets/tipsheet_earlypsychosis_04v2-(1).pdf)

**Find Youth Info**

<http://www.findyouthinfo.gov>

**Mental Health America**

<http://www.mentalhealthamerica.net>

**National Alliance on Mental Illness**

[www.nami.org/earlypsychosis](http://www.nami.org/earlypsychosis)

**National Center for Complementary & Integrative Health**

<https://nccih.nih.gov/health/integrative-health>

**National Institute of Mental Health**

<http://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml>

**National Suicide Prevention Lifeline**

<http://www.suicidepreventionlifeline.org>  
1-800-273-TALK (8255)

**Ok2Talk**

<http://ok2talk.org>

**RAISE Resources for Patients and their Families**

<https://www.nimh.nih.gov/health/topics/schizophrenia/raise/raise-resources-for-patients-and-families.shtml>

**Substance Abuse and Mental Health Services Administration**

<http://www.samhsa.gov/disorders/mental>

**Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline:**

<http://www.samhsa.gov/find-help/national-helpline>

**Teen Mental Health**

<http://teenmentalhealth.org>

**What is Early and First-Episode Psychosis?**

[https://www.nami.org/getattachment/Learn-More/Infographics-Fact-Sheets/tipsheet\\_earlypsychosis\\_01v3.pdf](https://www.nami.org/getattachment/Learn-More/Infographics-Fact-Sheets/tipsheet_earlypsychosis_01v3.pdf)

**Youth Motivating Others through Voices of Experience**

<http://www.youthmovenational.org>

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# TIPS for TEENS

## TOBACCO USE

### THE TRUTH ABOUT TOBACCO USE

**SLANG FOR CIGARETTES:**  
**SMOKES/CIGS/BUTTS**

**SLANG FOR SMOKELESS TOBACCO:**  
**CHEW/DIP/SPIT TOBACCO/SNUFF**

## GET THE FACTS

**TOBACCO USE DAMAGES YOUR HEALTH.** Smoking, which is the most common cause of lung cancer, is also a leading cause of cancer of the mouth, throat, bladder, pancreas, and kidneys.<sup>1</sup>

**TOBACCO USE AFFECTS YOUR BODY'S DEVELOPMENT.** Smoking—including vaping, cigars, and hookah use—is particularly harmful for teens because your body is still growing and changing. Evidence shows that smoking has an impact on nearly every organ in a person's body.<sup>2</sup>

**TOBACCO CONTAINS ADDICTIVE INGREDIENTS.** Tobacco is a plant grown for its leaves, which are dried and fermented to put in tobacco products. It contains nicotine, an ingredient that can lead to addiction. The younger you are when you begin to smoke, the more likely you are to become addicted to nicotine.<sup>3</sup> According to the 2014 *Surgeon General's Report*, nearly 9 out of 10 adult smokers first tried smoking before age 18.<sup>4</sup>

**TOBACCO USE CAN KILL YOU.** Cigarette smoking is responsible for about 480,000 deaths per year in the U.S.<sup>5</sup> Worldwide, tobacco smoking and secondhand smoke combined cause nearly 7 million deaths per year.<sup>6</sup>

## ? Q&A

**Q. ISN'T SMOKING COOL?**

**A.** Advertisements often portray smoking as glamorous and sophisticated, but these ads are created to sell products and use youth-oriented themes.

**Q. IS SMOKELESS TOBACCO SAFE?**

**A. NO.** No form of smokeless tobacco is safe. It contains at least 30 chemicals that are known to cause cancer.<sup>7</sup>

**Q. DO MOST TEENS SMOKE?**

**A. NO.** Although the majority of teens don't smoke,<sup>8</sup> it's important to remember that cigarette use among teens is still harmful and should be prevented from becoming more popular.

**Q. DOESN'T SMOKING HELP YOU RELAX?**

**A. NO.** Use strategies such as exercise or talking to your friends to help calm your nerves.<sup>9</sup>

### THE BOTTOM LINE:

Tobacco use is dangerous and can be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

### LEARN MORE:

Get the latest information on how drugs affect the brain and body at [teens.drugabuse.gov](https://teens.drugabuse.gov).

### TO LEARN MORE ABOUT TOBACCO, CONTACT:

**SAMHSA**

**1-877-SAMHSA-7 (1-877-726-4727)**

(English and Español)

**TTY 1-800-487-4889**

**[www.samhsa.gov](https://www.samhsa.gov)**

**[store.samhsa.gov](https://store.samhsa.gov)**



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Substance Abuse and Mental Health  
Services Administration



# BEFORE YOU RISK IT!

- 1 KNOW THE LAW.** It is illegal for anyone under 18 to buy cigarettes, smokeless tobacco, or tobacco-related products. As of September 2018, six states and at least 350 localities have raised the minimum age to 21.
- 2 STAY INFORMED.** Young people often underestimate the addictiveness of nicotine and the effect of tobacco use on their health. This is why quitting can be difficult. A recent report revealed that about 45 percent of high school cigarette smokers tried to stop smoking in the past 12 months.<sup>10</sup>
- 3 BE AWARE.** It can be hard to play sports if you use tobacco. Smoking causes diseases that result in shortness of breath and dizziness.<sup>11</sup>
- 4 THINK OF OTHERS.** More than 41,000 nonsmokers die every year due to secondhand smoke exposure.<sup>12</sup> Secondhand smoke causes nearly 34,000 premature deaths from heart disease and more than 8,000 deaths from stroke each year in the United States among nonsmokers.<sup>13</sup>
- 5 GET THE FACTS.** Each day, about 1,700 people between the ages of 12 and 17 start smoking.<sup>14</sup> Many will suffer long-term health consequences.<sup>15</sup>

## MORE INFORMATION

FOR MORE INFORMATION OR FOR  
RESOURCES USED IN THIS

### "TIPS for TEENS,"

visit [store.samhsa.gov](https://store.samhsa.gov) or call  
**1-877-SAMHSA-7 (1-877-726-4727)**  
(English and Español).

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## KNOW THE SIGNS

How can you tell if a friend is using tobacco? Symptoms of tobacco use may include:<sup>16</sup>

- Coughing
- Bad breath
- Smelly hair and clothes
- Yellow-stained teeth and fingers
- Frequent colds
- Bleeding gums (smokeless tobacco)
- Frequent mouth sores (smokeless tobacco)



## WHAT CAN YOU DO TO HELP SOMEONE WHO IS USING TOBACCO?

### BE A FRIEND. SAVE A LIFE.

Encourage your friend to stop using or seek help from a parent, teacher, or other caring adult.

For 24/7 free and confidential information and treatment referrals in English and Español, call SAMHSA's National Helpline at:

**1-800-662-HELP (1-800-662-4357)**

or visit the SAMHSA Behavioral Health Treatment Services Locator at:  
[findtreatment.samhsa.gov](https://findtreatment.samhsa.gov)

<sup>1</sup> National Cancer Institute. (2017). Harms of Cigarette Smoking and Health Benefits of Quitting. Retrieved from <https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/cessation-fact-sheet>

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# TIPS for TEENS

## E-CIGARETTES

### THE TRUTH ABOUT E-CIGARETTES



**SLANG: E-CIGS/E-HOOKAHS/  
VAPE PENS/VAPES/  
TANK SYSTEMS/MODS**

## GET THE FACTS

#### **E-CIGARETTES ARE A WAY TO INHALE NICOTINE AND MARIJUANA.**

The aerosol emitted can also contain other harmful substances, including heavy metals such as lead, volatile organic compounds, and cancer-causing agents.<sup>1</sup>

**E-CIGARETTES COME IN MANY SHAPES AND SIZES.** Some resemble pens, USB sticks, and other everyday items. Larger devices such as tank systems, or “mods,” do not resemble other tobacco products.

**E-CIGARETTE USE HARMS THE DEVELOPING BRAIN.** E-cigarettes typically deliver nicotine, a harmful drug to the youth brain and body. Teens are particularly vulnerable to the effects of nicotine since the brain is still developing during these years and through young adulthood.<sup>2</sup> People who use marijuana in an e-cigarette may experience the same side effects as they would if they smoked marijuana—all of which can be heightened if the person uses marijuana with another substance, such as alcohol.<sup>3</sup>

## ? Q&A

#### **Q. AREN'T E-CIGARETTES SAFER THAN SMOKING CIGARETTES OR USING SMOKELESS TOBACCO?**

**A.** Regular cigarettes are extraordinarily dangerous, killing half of all people who smoke long-term. However, youth use of tobacco products in any form is unsafe, including e-cigarettes. More research is needed to fully understand their impact on health.

#### **Q. CAN'T E-CIGARETTES HELP ME QUIT SMOKING REGULAR CIGARETTES?**

**A.** E-cigarettes may help non-pregnant adult smokers if used as a complete substitute for all cigarettes. However, there is no conclusive evidence that using e-cigarettes helps someone quit smoking for good.<sup>4</sup> The U.S. Food and Drug Administration (FDA) has approved seven “quit aids” for quitting smoking, but e-cigarettes are not currently one of them.

#### **Q. AREN'T E-CIGARETTES USED MORE OFTEN BY ADULTS, NOT YOUTH?**

**A.** Youth are more likely than adults to use e-cigarettes. In 2018, more than 3.6 million U.S. middle and high school students used e-cigarettes in the past 30 days, including 4.9 percent of middle school students and 20.8 percent of high school students.<sup>5</sup>

#### **THE BOTTOM LINE:**

E-cigarettes are unsafe for young people. Whether a young person uses nicotine or marijuana in an e-cigarette, there can be dangerous health consequences.

#### **LEARN MORE:**

Get the latest information on how drugs affect the brain and body at [teens.drugabuse.gov](https://teens.drugabuse.gov).

#### **TO LEARN MORE ABOUT E-CIGARETTES, CONTACT:**

**SAMHSA**

**1-877-SAMHSA-7 (1-877-726-4727)**

(English and Español)

**TTY 1-800-487-4889**

**[www.samhsa.gov](https://www.samhsa.gov)**

**[store.samhsa.gov](https://store.samhsa.gov)**



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# BEFORE YOU RISK IT!

1

**KNOW THE LAW.** People ages 18 and older are allowed to buy e-cigarettes in most states—other states have an age requirement of 19 or 21. However, just because e-cigarettes are legal for adults to purchase doesn't mean they are safe, especially for young people.<sup>6</sup>

2

**KNOW THE RISKS.** Nicotine is highly addictive and can harm the developing adolescent brain. The nicotine in e-cigarettes and other tobacco products can also prime young brains for addiction to other drugs, such as cocaine and methamphetamine.<sup>7</sup>

3

**LOOK AROUND YOU.** E-cigarettes are the most commonly used tobacco product among youth. However, four out of five U.S. students overestimate peer e-cigarette use. If you've never smoked or used other tobacco products or e-cigarettes, don't start.<sup>8</sup>



## MORE INFORMATION

FOR MORE INFORMATION OR FOR  
RESOURCES USED IN THIS

# "TIPS for TEENS,"

visit [store.samhsa.gov](https://store.samhsa.gov) or call  
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## WHAT CAN YOU DO TO HELP SOMEONE WHO IS USING E-CIGARETTES?

### BE A FRIEND.

Encourage your friend to stop using or seek help from a parent, teacher, or other caring adult.

For 24/7 free and confidential information and referrals in English and Spanish, call SAMHSA's National Helpline at:

1-800-662-HELP (1-800-662-4357)

or visit the SAMHSA Behavioral Health  
Treatment Services Locator at:  
[findtreatment.samhsa.gov](https://findtreatment.samhsa.gov)

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# FACTS on Underage Drinking

MARCH 2021

## PREVENTION WORKS! ▀

- The facts tell the story. **Prevention of underage drinking and its consequences is possible.**
- Between 2002 and 2019, current drinking by 12- to 20-year-olds **declined from 29 percent to 19 percent.** From 2015 to 2018, binge drinking and heavy alcohol use **declined from 13 percent to 11 percent and 3 percent to 2 percent,** respectively.<sup>1\*</sup>
- The number of 12th graders who reported using alcohol at least once in their lives declined from 82 percent in 1997 to 59 percent in 2019, a **28 percent drop.**<sup>2</sup>
- **Minimum legal drinking age laws are estimated to have saved 31,959 lives since 1975.** Further progress can be achieved through strong, continuing prevention efforts.<sup>3</sup>

\*Current drinking = past 30-day use or past month use. Binge drinking = five or more drinks for males and four or more drinks for females on the same occasion on at least one day in the past 30 days. Heavy alcohol use = binge drinking on five or more days in the past 30 days.

All data are from 2019 unless otherwise indicated.

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## UNDERAGE DRINKING STARTS EARLY ▀

Alcohol continues to be the most widely used substance of abuse among American youth, and a higher proportion use alcohol than tobacco, marijuana, or other drugs.<sup>4</sup>

Underage drinking often begins at an early age. Of those who drink underage, 15 percent began using alcohol before they were 13 years old.<sup>5</sup> Nearly 2.3 million 12- to 17-year-olds used alcohol for the first time in 2019, which averages to approximately 6,200 adolescents who began using alcohol each day.<sup>6</sup>

Underage drinking is common and often excessive. In 2019, over 7 million 12- to 20-year-olds reported past month alcohol use, over 4 million reported past month binge drinking, and nearly 1 million reported past month heavy alcohol use.<sup>7</sup>

On their most recent drinking occasion, 72 percent of youth reported that they obtained alcohol for free. Most got their alcohol from a non-relative who was older than 21 (22 percent) or person under 21 (12 percent).<sup>8</sup> Half of them drank the alcohol at someone else's home.<sup>9</sup>

## PREVALENCE OF ALCOHOL USE BY ADOLESCENTS VARIES BY AGE ▀

Among adolescents, 46 percent of 16- to 17-year-olds, 25 percent of 14- to 15-year-olds, and 9 percent of 12- to 13-year-olds reported using alcohol at least once in their lives.<sup>10</sup> Among adolescents ages 12 to 17, 2.3 million reported using alcohol in the past month and 29,000 reported using alcohol daily.<sup>11,12</sup>

By grade, 29 percent of 12th graders, 18 percent of 10th graders, and 8 percent of 8th graders reported current drinking.<sup>13</sup> By 8th grade, 24 percent of students had used alcohol and by the end of high school 59 percent of students had done so.<sup>14</sup>

Past month binge drinking was reported by 11 percent of 16- to 17-year-olds and 3 percent of 14- to 15-year-olds.<sup>15</sup> Among 12th graders, 5 percent reported drinking 10 or more drinks in a row and 3 percent drank 15 or more drinks in a row.<sup>16</sup>

Adolescents find it easy to obtain alcohol. The majority of students in 10th and 12th grade reported that it would be "fairly easy" or "very easy" to obtain alcohol. This perception was most common among 12th graders, with 84 percent reporting easy access. This percentage, however, represents a decline from a high of 95 percent reported in 1999.<sup>17</sup>

## 690,000 YOUNG ADULTS USE ALCOHOL EVERY DAY

Among young adults ages 18 to 20, 36 percent reported drinking each month, 23 percent reported binge drinking, and 5 percent reported engaging in heavy drinking.<sup>18</sup> Each year since 2002, more than half of those ages 18 to 25 reported past month alcohol use.<sup>19</sup> Approximately 690,000 young adults in this age group reported using alcohol daily.<sup>20</sup>

## GENDER TRENDS IN UNDERAGE DRINKING REVERSE

From 2002 to 2013, rates of current drinking by underage males exceeded that of underage females, but that trend reversed over time. From 2014 to 2017, underage females began drinking at rates similar to underage males. By 2019, of individuals who reported drinking in the last 30 days, rates of drinking by underage females exceeded that of underage males. During that 30-day period, 20 percent of underage females reported drinking compared to 17 percent of underage males.<sup>21</sup> Similarly, 10 percent of 12- to 17-year-old females were current alcohol users, compared to 9 percent of males that age.<sup>22</sup> In 8th grade, 8 percent of females reported using alcohol each month, compared to 7 percent of males.<sup>23</sup>

Past month rates of binge drinking among females now exceeds that of males, 12 percent compared to 10 percent. Rates of heavy drinking by underage males and females have converged at 2 percent.<sup>24</sup>

## UNDERAGE DRINKING HIGHEST AMONG WHITE YOUTH

Underage Blacks/African Americans and Asians reported low rates of alcohol use at 12 percent for both groups. White underage youth continued to report the highest rates of alcohol use at 22 percent. Among other groups, 17 percent of Hispanics or Latinos and 15 percent of American Indians or Alaska Natives reported current use.<sup>25</sup>

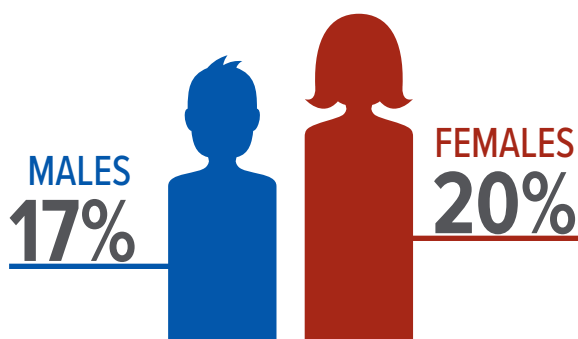
Rates of underage binge drinking reflect a similar pattern, with underage African Americans reporting the lowest rates of binge drinking at 6 percent, and whites reporting the highest rates at 14 percent. Among other groups, 12 percent of American Indians or Alaska Natives, 9 percent of Hispanics or Latinos, and 7 percent of Asians reported binge drinking.<sup>26</sup>

## SERIOUS CONSEQUENCES

Underage drinking contributes to a wide range of costly health and social problems, including suicide, death from motor vehicle crashes, interpersonal violence (such as homicides, assaults, and rapes), unintentional injuries (such as burns, falls, and drownings), brain impairment, alcohol dependence, risky sexual activity, academic problems, and alcohol and drug poisoning.<sup>27</sup>

In 2017, 17 percent of high school students reported riding in a car driven by someone who had been drinking.<sup>28</sup> In the same year, 1,844 young drivers ages 15-20 years were killed. Of those, 440 of the young drivers had alcohol in their systems, and 362 had a blood alcohol content above the legal limit for those legally allowed to drink alcohol.<sup>29</sup>

### UNDERAGE DRINKING BY GENDER, 2019



Data from 2019 show that underage females drink more than underage males.



**4,300**  
DEATHS PER YEAR

Early onset alcohol use is a risk factor for future problems, including heavier use of alcohol and drugs during adolescence and alcohol dependence in adulthood. On average, alcohol is a factor in the deaths of approximately 4,300 people under 21 in the United States per year, shortening their lives by an average of 60 years.<sup>30</sup>



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**FKB Note: The legal age for drinking alcohol in many countries is 18.**

For more information about underage drinking prevention, visit **[www.StopAlcoholAbuse.gov](http://www.StopAlcoholAbuse.gov)**, the web portal of the Interagency Coordinating Committee on the Prevention of Underage Drinking.

Visit the National Institute on Alcohol Abuse and Alcoholism's CollegeAIM website (**[www.collegedrinkingprevention.gov/CollegeAIM/Default.aspx](http://www.collegedrinkingprevention.gov/CollegeAIM/Default.aspx)**) for a matrix-based decision tool that organizes what is known about college drinking interventions by factors such as the strength of the research evidence and ease of implementation.

To view this fact sheet and similar products online, visit **[www.store.SAMHSA.gov](http://www.store.SAMHSA.gov)** or call 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD)





# UNDERAGE DRINKING

## MYTHS —VERSUS— FACTS

You probably see and hear a lot about alcohol—from TV, movies, music, social media, and your friends. But what are the real facts? Here are some common myths and facts about alcohol use.

### MYTH

All of the other kids drink alcohol.  
You need to drink to fit in.

### FACT

Don't believe the hype: Most young people don't drink alcohol! Research shows that almost 82 percent of 12- to 20-year-olds haven't had a drink in the past month.<sup>1</sup>

### MYTH

Drinking alcohol will make people like you.

### FACT

There's nothing likable about stumbling around, passing out, or puking on yourself. Drinking alcohol can also make your breath smell bad.

### MYTH

Drinking is a good way to loosen up at parties.

### FACT

Drinking is a dumb way to loosen up. It can make you act foolish, say things you shouldn't say, and do things you wouldn't normally do. In fact, drinking can increase the likelihood of fights and risky sexual activity.<sup>2</sup>

### MYTH

Alcohol isn't as harmful as other drugs.

### FACT

Your brain doesn't stop growing until about age 25, and drinking can affect how it develops.<sup>3</sup> Plus, alcohol increases your risk for many diseases, such as cancer.<sup>4</sup> It can also cause you to have accidents and get injured, sending you to the emergency room.<sup>5</sup>

### MYTH

Beer and wine are safer than liquor.

### FACT

Alcohol is alcohol. A 12-ounce beer, a 5-ounce glass of wine, and a shot of liquor (1.5 ounces) all have the same amount of alcohol.<sup>6</sup>

### MYTH

You can sober up quickly by taking a cold shower or drinking coffee.

### FACT

There's no magic cure to help you sober up. One drink can take at least an hour to leave your body and sometimes takes even longer.<sup>7</sup> And there's nothing you can do to make that happen quicker.

### MYTH

There's no reason to wait until you're 21 to drink.

### FACT

When you're young, drinking alcohol can make learning new things more difficult.<sup>8</sup> Also, people who begin drinking before they turn 15 are more likely to develop a drinking problem at some point in their lives than those who begin drinking at age 21 or older.<sup>9</sup>

### MYTH

You can drink alcohol and you won't get into trouble.

### FACT

All states and Washington, D.C. have 21-year-old minimum-drinking-age laws.<sup>10</sup> If you get caught drinking, you might have to pay a fine, do community service, take alcohol awareness classes, or even spend time in jail.



## Think you or your friend has an alcohol problem?

Don't wait—get help. Talk to a parent, doctor, teacher, or anyone you trust.

If you're more comfortable speaking with someone you don't know, call the confidential SAMHSA National Helpline at 800-662-HELP (800-662-4357) (English and Spanish).

You can find substance abuse treatment services near you at **[samhsa.gov/treatment](https://www.samhsa.gov/treatment)**.

**MORE  
INFO**

Learn more about underage drinking at  
**[stopalcoholabuse.gov](https://www.stopalcoholabuse.gov)**.

<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Retrieved from <https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report>

<sup>2</sup> Substance Abuse and Mental Health Services Administration. (2018). *Report to Congress on the Prevention and Reduction of Underage Drinking*. Retrieved from <https://www.stopalcoholabuse.gov/resources/reporttocongress/rtc2018.aspx>

<sup>3</sup> U.S. Department of Health and Human Services. (2017). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Retrieved from <https://www.stopalcoholabuse.gov/resources/reporttocongress/rtc2018.aspx>

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<sup>9</sup> Grant, B. F., & Dawson, D. A. (1997). Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse*, 9, 103–110.

<sup>10</sup> U.S. Department of Health and Human Services. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK424850/>

# TIPS for TEENS

## UNDERAGE DRINKING

### THE TRUTH ABOUT UNDERAGE DRINKING



**SLANG<sup>1</sup>:** BOOZE/BREW/  
LIQUOR/SAUCE

## GET THE FACTS

**UNDERAGE DRINKING IS DANGEROUS.** Drinking alcohol can result in poor decision making which can make you less aware of your actions and unable to recognize potential danger. Drinking may also lead to impaired motor coordination, placing you at a greater risk of being injured from falls or vehicle crashes. While intoxicated, you are more likely to engage in unsafe behavior, including drinking and driving, unprotected sex, and aggressive or violent actions.<sup>2</sup>

**UNDERAGE DRINKING CAN BE FATAL.** When a person has an alcohol overdose, their breathing and heart rate slows down to dangerous levels. Symptoms include confusion, being unconscious, vomiting, seizures, and trouble breathing. Overdosing on alcohol can lead to permanent brain damage or death. In addition, driving after drinking alcohol can lead to vehicle accidents and deaths.<sup>3</sup>

**UNDERAGE DRINKING CAN BE ADDICTIVE.** When someone is unable to stop or control their alcohol use—even when facing serious health, social, or academic consequences—they have an alcohol use disorder that requires treatment. Talking with a counselor, psychologist, psychiatrist, or other trained professional can help.<sup>4</sup>

## ? Q&A

**Q. IS IT REALLY UNSAFE TO DRINK UNTIL I'M 21?**

**A. YES.** The risks of underage drinking are high. Research suggests that drinking during the teen years could interfere with normal brain development and increase the risk of developing an alcohol use disorder later in life.<sup>5</sup>

**Q. WHY DO MY FRIENDS DRINK ALCOHOL IF IT IS UNSAFE?**

**A.** Many teens experience peer pressure to drink alcohol, and some are looking for a way to cope with stress; however, underage drinking will result in more problems—not fewer. In 2019, about 4.2 million young people aged 12 to 20 reported binge drinking (for males, 5 or more drinks, and for females, 4 or more drinks on the same occasion within a few hours) at least once in the past month.<sup>6</sup>

**Q. MY PARENTS USED TO DRINK WHEN THEY WERE UNDERAGE. WHY CAN'T I?**

**A.** Minimum drinking age laws exist for a reason—they help keep everyone safer. After states increased the legal drinking age to 21, there were fewer car crashes. Also, drinking during the previous month for 18- to 20-year-olds declined after all states adopted a minimum legal drinking age of 21, from 59 percent in 1985 to 40 percent in 1991.<sup>7</sup>

### THE BOTTOM LINE:

Underage drinking is dangerous and can be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

### LEARN MORE:

Get the latest information on how underage drinking affects the brain and body at [teens.drugabuse.gov](https://teens.drugabuse.gov).

### TO LEARN MORE ABOUT UNDERAGE DRINKING PREVENTION, CONTACT:

**SAMHSA**

**1-877-SAMHSA-7 (1-877-726-4727)** (English and Español)

**TTY 1-800-487-4889**

[www.samhsa.gov](https://www.samhsa.gov) | [store.samhsa.gov](https://store.samhsa.gov)



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Substance Abuse and Mental Health  
Services Administration





# BEFORE YOU RISK IT!

1

**KNOW THE LAW.** The minimum drinking age in the United States is 21. Having a national minimum drinking age saves lives and improves health. There is even evidence that the law protects people from other drug dependence and suicide.<sup>8</sup>

2

**KNOW THE RISKS.** Underage drinking contributes to more than 4,300 deaths among people below the age of 21 in the U.S. each year.<sup>9</sup> Drinking under age 21 is also strongly linked with death from alcohol poisoning.<sup>10</sup>

3

**LOOK AROUND YOU.** Although alcohol is the most commonly used substance by teens, most teens don't drink. Each year, teens' alcohol use continues to drop—in 2019, rates of past-year alcohol use by students in 10th and 12th grades were at a 5-year low.<sup>11</sup>



## MORE INFORMATION

FOR MORE INFORMATION OR FOR  
RESOURCES USED IN THIS

# "TIPS for TEENS,"

visit [store.samhsa.gov](https://store.samhsa.gov) or call  
1-877-SAMHSA-7 (1-877-726-4727)  
(English and Español).

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# KNOW THE SIGNS

How can you tell if a friend is using alcohol? Potential side effects and symptoms include:<sup>12</sup>

- **Changes in mood, including anger and irritability**
- **Academic and/or behavioral problems in school**
- **Changing groups of friends**
- **Less interest in activities and/or care in appearance**



## WHAT CAN YOU DO TO HELP SOMEONE WHO IS USING ALCOHOL?

### BE A FRIEND. SAVE A LIFE.

Encourage your friend to stop drinking or seek help from a parent, teacher, or other caring adult.

For 24/7 free and confidential information and treatment referrals in English and Español, call SAMHSA's National Helpline at:

1-800-662-HELP (1-800-662-4357)

or visit the SAMHSA Behavioral Health Treatment Services Locator at: [findtreatment.samhsa.gov](https://findtreatment.samhsa.gov)

### TO LEARN MORE ABOUT UNDERAGE DRINKING PREVENTION, CONTACT:

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(English and Español)

TTY 1-800-487-4889

[www.samhsa.gov](https://www.samhsa.gov) | [store.samhsa.gov](https://store.samhsa.gov)

<sup>1,3,11</sup> National Institute on Drug Abuse (NIDA). (2020). Drug Facts: Alcohol. Retrieved from <https://teens.drugabuse.gov/drug-facts/alcohol>

<sup>2,5,9</sup> U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). *Report to Congress on the Prevention and Reduction of Underage Drinking*. Retrieved from <https://www.stopalcoholabuse.gov/resources/reporttocongress/rtc2018.aspx>

<sup>4,12</sup> National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2020). Underage Drinking. Retrieved from <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking>

<sup>6</sup> Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*. (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

<sup>7,10</sup> Centers for Disease Control and Prevention (CDC). (2020). *Age 21 Minimum Legal Drinking Age*. Retrieved from <https://www.cdc.gov/alcohol/fact-sheets/minimum-legal-drinking-age.htm>

<sup>8</sup> Ibid.

# PREVENT

## UNSAFE DRINKING BEHAVIORS ON CAMPUS

College students drink, binge drink, and engage in heavy alcohol use more than young adults of the same age who are not in college.

In 2020, 48% of full-time college students ages 18 to 22 used alcohol in the past month. By comparison, 42% of young adults ages 18 to 22 who were not enrolled in college full-time used alcohol in a given month.\*

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\*Numbers from the Detailed Tables have been rounded to the nearest whole number.

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2021). Results from the 2020 National Survey on Drug Use and Health: Detailed tables. <https://www.samhsa.gov/data/report/2020-nsduh-detailed-tables>

### BINGE DRINKING

NUMBER OF DRINKS CONSUMED ON  
THE SAME OCCASION



5+

### HEAVY ALCOHOL CONSUMPTION

BINGE DRINKING ON 5 OR MORE  
DAYS IN THE PAST MONTH

29%

of full-time college students (ages 18 to 22) engaged in binge drinking and 8% engaged in heavy alcohol use in 2020.

26%

of young adults (ages 18 to 22) not enrolled in college full-time engaged in binge drinking and 7% engaged in heavy alcohol use in 2020.

communities  
**talk**  
to prevent underage drinking

To reduce underage, binge, or heavy drinking on your campus, host a **Communities Talk** activity or join the social media conversation using **#CommunitiesTalk**.

For more information, visit [StopAlcoholAbuse.gov/CommunitiesTalk](https://StopAlcoholAbuse.gov/CommunitiesTalk).



# TIPS for TEENS

## MARIJUANA



### THE TRUTH ABOUT MARIJUANA

**SLANG:** WEED/POT/GRASS/ REEFER/  
GANJA/MARY JANE/BLUNT/JOINT/TREES

## GET THE FACTS

**MARIJUANA AFFECTS YOUR BRAIN.** Tetrahydrocannabinol (THC), the chemical responsible for most of marijuana's psychological effects, affects brain cells throughout the brain, including cells in circuits related to learning and memory, coordination, and addiction.<sup>1</sup>

**MARIJUANA AFFECTS YOUR SELF-CONTROL.** Marijuana can seriously affect your sense of time and your coordination, impacting things like driving.

**MARIJUANA AFFECTS YOUR LUNGS.** Marijuana smoke deposits four times more tar in the lungs and contains 50 percent to 70 percent more cancer-causing substances than tobacco smoke does.<sup>2</sup>

**MARIJUANA USE IS NEGATIVELY LINKED WITH OTHER ASPECTS OF YOUR HEALTH.** Chronic marijuana use has been linked with depression, anxiety, and an increased risk of schizophrenia in some cases.<sup>3</sup>

**MARIJUANA IS NOT ALWAYS WHAT IT SEEMS.** Marijuana can be laced with substances without your knowledge.<sup>4</sup> "Blunts"—hollowed-out cigars filled with marijuana—sometimes contain crack cocaine.

**MARIJUANA CAN BE ADDICTIVE.** Not everyone who uses marijuana becomes addicted, but some users develop signs of dependence.

## ? Q&A

**Q. ISN'T SMOKING MARIJUANA LESS DANGEROUS THAN SMOKING CIGARETTES?**

**A. NO.** Both marijuana and cigarette smoke can be harmful. More research is needed to fully understand the connection between marijuana and long-term effects such as cancer.<sup>5</sup>

**Q. CAN PEOPLE BECOME ADDICTED TO MARIJUANA?**

**A. YES.** Marijuana use can lead to a marijuana use disorder, which takes the form of addiction in severe cases.<sup>6</sup>

**Q. WHAT ARE THE OTHER RISKS ASSOCIATED WITH MARIJUANA USE?**

**A.** In addition to the physical and mental risks associated with marijuana use, people who use marijuana have also reported less academic and career success, as well as lower life satisfaction and more relationship problems.<sup>7</sup>

### THE BOTTOM LINE:

Marijuana affects the development of teen brains. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

### LEARN MORE:

Get the latest information on how drugs affect the brain and body at [teens.drugabuse.gov](https://teens.drugabuse.gov).

**TO LEARN MORE ABOUT MARIJUANA, CONTACT:**  
**SAMHSA**

1-877-SAMHSA-7 (1-877-726-4727)  
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[store.samhsa.gov](https://store.samhsa.gov)



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# BEFORE YOU RISK IT!

- 1 KNOW THE LAW.** Marijuana is a Schedule I drug.<sup>8</sup> According to federal law, it is illegal to buy or sell marijuana.
- 2 GET THE FACTS.** Using marijuana can cause memory problems and mood changes, and long-term use may lower intelligence.<sup>9,10</sup>
- 3 STAY INFORMED.** Research suggest that teens usually try alcohol, tobacco, and marijuana before other drugs, though most people who use marijuana do not use other drugs.<sup>11</sup>
- 4 KNOW THE RISKS.** Marijuana affects your coordination and reaction time, raising your risk of injury or death from car crashes and other accidents. Co-use of alcohol or other drugs heightens crash risks.<sup>12</sup>
- 5 LOOK AROUND YOU.** Most teens aren't smoking marijuana. In fact, only 6.5 percent of youth ages 12 to 17 said that they had smoked marijuana in the past month.<sup>13</sup>



## MORE INFORMATION

FOR MORE INFORMATION OR FOR  
RESOURCES USED IN THIS

### "TIPS for TEENS,"

visit [store.samhsa.gov](https://store.samhsa.gov) or call  
1-877-SAMHSA-7 (1-877-726-4727)  
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## KNOW THE SIGNS

How can you tell if a friend is using marijuana? Symptoms of marijuana use may include:<sup>14</sup>

- **Poor physical coordination**
- **Red eyes**
- **Unusual smell on clothing**
- **Problems with short-term memory**
- **Anxiety**



## WHAT CAN YOU DO TO HELP SOMEONE WHO IS USING MARIJUANA?

### BE A FRIEND. SAVE A LIFE.

Encourage your friend to stop using or seek help from a parent, teacher, or other caring adult.

For 24/7 free and confidential information and treatment referrals in English and Español, call SAMHSA's National Helpline at:

1-800-662-HELP (1-800-662-4357)  
or visit the SAMHSA Behavioral Health  
Treatment Services Locator at:  
[findtreatment.samhsa.gov](https://findtreatment.samhsa.gov)

<sup>1,2,3,5,12</sup> National Institute on Drug Abuse. (2018). Research Reports: Marijuana. Retrieved from <https://www.drugabuse.gov/publications/research-reports/marijuana/letter-director>

<sup>4</sup> Gilbert, C. R., Baram, M., & Cavarocchi, N. C. (2013). Smoking wet: Respiratory failure related to smoking tainted marijuana cigarettes. *Texas Heart Institute Journal*, 40(1): 64-67.

<sup>6</sup> Medical News Today. (2017). Marijuana 'may be worse than cigarettes for cardiovascular health'. Retrieved from <https://www.medicalnewstoday.com/articles/318854.php>

<sup>7</sup> National Institute on Drug Abuse. (2018). Marijuana. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/marijuana>

<sup>8</sup> Drug Enforcement Administration. (2018). Drug Scheduling. Retrieved from <https://www.dea.gov/druginfo/ds.shtml>

<sup>9</sup> Centers for Disease Control and Prevention. (2017). Marijuana and Public Health. Retrieved from <https://www.cdc.gov/marijuana/health-effects.html>

<sup>10</sup> Meier, M. H., Caspi, A., Ambler, A., Harrington, H., Houts, R., Keefe, R. S. E., McDonald, K., Ward, A., Poulton, R., & Moffitt, T. E. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences of the United States of America*, 109(40), E2657-E2664. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3479587/>

<sup>11</sup> National Institute on Drug Abuse. (2015). Marijuana: Facts for Teens. Retrieved from <https://www.drugabuse.gov/publications/marijuana-facts-teens/want-to-know-more-some-facts-about-marijuana>

<sup>12</sup> Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health* (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Retrieved from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf>

<sup>14</sup> American Addiction Centers. (2018). What Are the Signs That Someone Is High? Retrieved from <https://americanaddictioncenters.org/marijuana-rehab/how-to-tell-if-someone-is-high/>

**FKB Note:** Medical Marijuana is approved for use in some countries and states under strictly controlled procedures. Medical Marijuana is normally cultivated specifically for health, and is lower in THC - the ingredient which makes you high, while having higher CBD levels. Under US federal law only CBD trading and prescriptions are legal at the time of publication.

# TIPS for TEENS

## HALLUCINOGENS

### THE TRUTH ABOUT HALLUCINOGENS



**SLANG:** LSD: acid, yellow sunshine, tab, blotter, yellow submarine, tripping; MUSHROOMS/PSILOCYBIN: little smoke, magic mushrooms; PEYOTE: cactus, buttons; PCP: angel dust, peace pill, dippers, greens<sup>1</sup>

## GET THE FACTS

### HALLUCINOGENS HAVE A RANGE OF NEGATIVE EFFECTS.

Hallucinogens are a group of drugs that include those listed above, as well as ayahuasca, ketamine, and salvia. They may alter a person's awareness of his or her surroundings, thoughts, and feelings, or they might cause someone to see or feel things that aren't real.<sup>2</sup>

### HALLUCINOGENS CAN AFFECT YOUR BRAIN LONG-TERM.

Hallucinogens can affect the brain chemical serotonin—which regulates things such as sleep, muscle control, and mood—and the chemical glutamate—which regulates pain perception, learning, and memory, among other areas.<sup>3</sup> Because of its impact on the brain, hallucinogens can cause lasting consequences for a user, such as psychosis or mental disorders.<sup>4</sup>

**HALLUCINOGENS CAN BE UNPREDICTABLE.** A person can feel the effects of using hallucinogens as soon as 20 minutes after using them, but the effects can last as long as 12 hours.<sup>5</sup>

**HALLUCINOGENS CAN BE ADDICTIVE.** People can develop an addiction to or tolerance of hallucinogens. If a person uses LSD on a regular basis, for example, they would need to take higher doses over time to feel its effects, which can lead to dangerous outcomes, such as risky behavior potentially resulting in injury and death due to an altered perception of reality.<sup>6</sup>

## ? Q&A

**Q. IF DEXTROMETHORPHAN (DXM) IS USED IN THE COUGH MEDICINES I CAN BUY AT A PHARMACY, DOESN'T THAT MEAN IT'S SAFE TO USE ON ITS OWN TOO?**

**A. NO.** When a substance such as DXM is used in an over-the-counter medicine, the medicine is only safe when taken according to the directions. DXM toxic effects include hallucinations, distorted perceptions, impaired muscle movement, impaired memory, and possibly seizures with some cough medications.<sup>7</sup> Also, your heart and lung functions can slow or even stop, potentially causing an overdose death. Misusing these medications with alcohol is even more dangerous as they work more strongly together.<sup>8</sup>

**Q. IF SALVIA ISN'T ILLEGAL, DOESN'T THAT MEAN I'M ALLOWED TO USE IT?**

**A. NO.** Even though there aren't federal laws prohibiting the use of salvia, it is illegal in 29 states and several countries. Research shows that the effects of salvia can include hallucinations, vision changes, and being unable to tell what's real and what isn't.<sup>9</sup>

**Q. PEYOTE COMES FROM A CACTUS. IF IT'S FROM A PLANT, IT MUST BE SAFE, RIGHT?**

**A. NO.** Peyote has side effects including hallucinations, altered body image, severe vomiting, headaches, muscle weakness, and impaired motor coordination.<sup>10</sup>

### THE BOTTOM LINE:

Hallucinogens are dangerous and can be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

### LEARN MORE:

Get the latest information on how drugs affect the brain and body at [teens.drugabuse.gov](https://teens.drugabuse.gov).

### TO LEARN MORE ABOUT HALLUCINOGENS, CONTACT:

**SAMHSA**

**1-877-SAMHSA-7 (1-877-726-4727)** (English and Español)

**TTY 1-800-487-4889**

[www.samhsa.gov](https://www.samhsa.gov) | [store.samhsa.gov](https://store.samhsa.gov)



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



## BEFORE YOU RISK IT!

1

**KNOW THE LAW.** Hallucinogens are illegal for use by people of any age, and law enforcement officials are trained to recognize when someone may have used hallucinogens.<sup>11</sup>

2

**KNOW THE RISKS.** While there are different risks depending on the hallucinogen used, they all have dangerous potential outcomes. If a person takes a high dose of PCP, they could have a seizure, go into a coma, or even die.

3

**LOOK AROUND YOU.** Even if you think your peers are using hallucinogens, the truth is that a very small number of teens use hallucinogens. The latest research shows that 1.5 percent of young people between ages 12 and 17 had used hallucinogens in the past year in 2018.<sup>12</sup>



## MORE INFORMATION

FOR MORE INFORMATION OR FOR  
RESOURCES USED IN THIS

# "TIPS for TEENS,"

visit [store.samhsa.gov](https://store.samhsa.gov) or call  
**1-877-SAMHSA-7 (1-877-726-4727)**  
(English and Español).

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## KNOW THE SIGNS

How can you tell if a friend is using hallucinogens? Potential side effects and symptoms include:<sup>13</sup>

- **Hallucinations**
- **Nausea/vomiting**
- **Loss of appetite**
- **Mixed senses** (e.g., "seeing" sounds or "hearing" colors)
- **Excessive sweating**
- **Paranoia**
- **Weight loss**
- **Memory loss**
- **Anxiety**
- **Depression and suicidal thoughts**
- **Persistent psychosis/hallucinations**
- **Speech problems**
- **Social withdrawal and disorganization**



## WHAT CAN YOU DO TO HELP SOMEONE WHO IS USING HALLUCINOGENS?

### BE A FRIEND. SAVE A LIFE.

Encourage your friend to stop using or seek help from a parent, teacher, or other caring adult.

For 24/7 free and confidential information and treatment referrals in English and Spanish, call SAMHSA's National Helpline at:

**1-800-662-HELP (1-800-662-4357)**

or visit the SAMHSA Treatment Services Locator at:  
[findtreatment.gov](https://findtreatment.gov)

<sup>1,2,3</sup> National Institute on Drug Abuse (NIDA). (2016). Hallucinogens. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/hallucinogens>

<sup>4</sup> Office of National Drug Control Policy. (n.d.). Drug facts: Hallucinogens. *Above the Influence*. Retrieved from <https://abovetheinfluence.com/drugs/hallucinogens/#facts>

<sup>5,6</sup> NIDA. (2016). Hallucinogens. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/hallucinogens>

<sup>7</sup> National Institutes of Health (NIH), U.S. National Library of Medicine, National Center for Biotechnology Information. Compound Summary: Dexamethasone. *PubChem Database*. Retrieved from <https://pubchem.ncbi.nlm.nih.gov/compound/5743>

<sup>8</sup> NIDA. (2017). Cough and cold medicine (DXM and codeine syrup). *NIDA for Teens*. Retrieved from <https://teens.drugabuse.gov/drug-facts/cough-and-cold-medicine-dxm-and-codeine-syrup>

<sup>9</sup> NIDA. (2017). Salvia. *NIDA for Teens*. Retrieved from <https://teens.drugabuse.gov/drug-facts/salvia>

<sup>10,11</sup> U.S. Department of Justice, Drug Enforcement Administration. (2017). *Drugs of abuse: A DEA resource guide*. Retrieved from [https://www.dea.gov/sites/default/files/sites/getsmartaboutdrugs.com/files/publications/DoA\\_2017Ed\\_Updated\\_6.16.17.pdf#page=70](https://www.dea.gov/sites/default/files/sites/getsmartaboutdrugs.com/files/publications/DoA_2017Ed_Updated_6.16.17.pdf#page=70)

<sup>12</sup> Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Retrieved from <https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report>

<sup>13</sup> NIDA. (2016). Hallucinogens. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/hallucinogens>

# TIPS<sub>for</sub> TEENS

## SEDATIVES

### THE TRUTH ABOUT SEDATIVES

**SLANG: BENZOS/PHENNIES/  
RED BIRDS/REDS/YELLOW  
JACKETS/ YELLOWS/DOWNERS/  
SLEEPING PILLS/TRANKS<sup>1</sup>**

## GET THE FACTS

**SEDATIVES CAN BE ADDICTIVE.** Although sedatives are often used to treat insomnia, they can be harmful when taken in ways other than as prescribed by a doctor, such as to self-medicate for depression or anxiety. Long-term use may result in needing larger doses to achieve the desired sedation and calming effects, which can lead to addiction.<sup>2</sup> In some cases it is possible to misjudge how much more is needed, leading to overdose.

**SEDATIVES CAN HARM YOUR BODY.** It's possible to overdose on sedatives. When someone overdoses on sedatives, their breathing often slows or stops, which decreases the amount of oxygen that reaches the brain. This can cause short- and long-term effects on the nervous system, including coma, permanent brain damage, and even death.<sup>3</sup>

**SEDATIVES CAN BE DEADLY.** When mixed with alcohol, sedatives slow heart rate and breathing even more, which can lead to death.<sup>4</sup> Alcohol and sedatives work synergistically, meaning their efforts are much more potent than when they are used separately.

## ? Q&A

**Q. IF I HAVE BEEN TAKING SEDATIVES EVERY DAY FOR A FEW WEEKS OR LONGER, IS IT SAFE TO STOP TAKING SEDATIVES WHENEVER I WANT?**

**A. NO.** Talk to your doctor. Withdrawal symptoms can be life-threatening and include seizures, increased heart rate, blood pressure, and temperature, as well as visual hallucinations.<sup>5</sup>

**Q. AREN'T SEDATIVES LESS DANGEROUS THAN OTHER DRUGS?**

**A. NO.** In fact, sedative overdoses have increased. A recent study showed that the most commonly prescribed sedatives called benzodiazepines were responsible for nearly 30 percent of deaths from medications.<sup>6</sup>

**Q. ARE SEDATIVES LESS HARMFUL THAN DRINKING?**

**A. NO.** The effects of sedatives can be harmful and are similar to alcohol intoxication. Symptoms include impaired attention and judgment, inappropriate behavior, decreased reflexes, and lack of balance when walking.<sup>7</sup>

### THE BOTTOM LINE:

Even when used as directed, sedatives carry risk. But when misused, sedatives are more dangerous and can even be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

### LEARN MORE:

Get the latest information on how drugs affect the brain and body at [teens.drugabuse.gov](https://teens.drugabuse.gov).

### TO LEARN MORE ABOUT SEDATIVES, CONTACT:

**SAMHSA**

**1-877-SAMHSA-7 (1-877-726-4727)** (English and Español)

**TTY 1-800-487-4889**

[www.samhsa.gov](https://www.samhsa.gov)

[store.samhsa.gov](https://store.samhsa.gov)



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## BEFORE YOU RISK IT!

1

**KNOW THE LAW.** It is illegal to use sedatives without a valid prescription, or to give or sell them to others.<sup>8</sup>

2

**KNOW THE RISKS.** Even if you have a prescription for sedatives, it is unsafe to use them with other depressants, especially alcohol. Even taking them with some over-the-counter cold and allergy medications could heighten their effects and have deadly consequences.<sup>9</sup>

3

**LOOK AROUND YOU.** Even if you think your peers are effectively using sedatives to cope with depression or anxiety, the truth is that a very small number of teens are misusing the substances in this way. In 2018, approximately 0.3 percent of youth ages 12 to 17 misused prescription sedatives in the past year.<sup>10</sup>



## MORE INFORMATION

FOR MORE INFORMATION OR FOR  
RESOURCES USED IN THIS

**"TIPS for TEENS,"**  
visit [store.samhsa.gov](https://store.samhsa.gov) or call  
1-877-SAMHSA-7 (1-877-726-4727)  
(English and Español).

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## KNOW THE SIGNS

How can you tell if a friend is using sedatives? Potential side effects and symptoms include:<sup>11</sup>

- **Drowsiness**
- **Slurred speech**
- **Poor concentration**
- **Confusion**
- **Dizziness**
- **Problems with movement and memory**
- **Slowed breathing**



## WHAT CAN YOU DO TO HELP SOMEONE WHO IS MISUSING SEDATIVES?

### BE A FRIEND. SAVE A LIFE.

Encourage your friend to stop using or seek help from a parent, teacher, or other caring adult.

For 24/7 free and confidential information and treatment referrals in English and Spanish, call SAMHSA's National Helpline at:

**1-800-662-HELP (1-800-662-4357)**

or visit the SAMHSA Treatment Services Locator at [findtreatment.gov](https://findtreatment.gov)

<sup>1</sup> National Institute on Drug Abuse (NIDA). (2019). Central Nervous System Depressants. *Commonly Abused Drug Charts*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts#CNSdepressants>

<sup>2,3</sup> NIDA. (2018). Prescription CNS Depressants. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/prescription-cns-depressants>

<sup>4</sup> NIDA. (2019). Central Nervous System Depressants. *Commonly Abused Drug Charts*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

<sup>5</sup> NIDA. (2018). Prescription CNS Depressants. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/prescription-cns-depressants>

<sup>6,7</sup> Weaver, M. F. (2015). Prescription sedative misuse and abuse. *The Yale Journal of Biology and Medicine*, 88(3), 247-256.

<sup>8</sup> U.S. Department of Justice. (2013). Prescription Drugs Fast Facts. Retrieved from <https://www.justice.gov/archive/ndic/pubs5/5140/5140p.pdf>

<sup>9</sup> NIDA. (2019). Central Nervous System Depressants. *Commonly Abused Drug Charts*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

<sup>10</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health: Detailed tables*. Retrieved from <https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>

<sup>11</sup> NIDA. (2019). Central Nervous System Depressants. *Commonly Abused Drug Charts*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

# TIPS<sub>for</sub> TEENS

## PRESCRIPTION STIMULANTS

### THE TRUTH ABOUT PRESCRIPTION STIMULANTS



**SLANG:** BENNIES/DEXIES/PEP PILLS/SPEED/  
BLACK BEAUTIES/UPPERS/RED DEXIES/  
RED PEP/BLUE PILL/WAKE-UPS/LID POPPERS/  
TRUCK DRIVERS/RIDS/RITTIES/R POP/VITAMIN R/  
R-BALL/STUDY BUDDIES/SMARTIES<sup>1</sup>

## GET THE FACTS

**STIMULANTS CAN HAVE NEGATIVE EFFECTS.** Prescription stimulants are used to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy (an illness in which someone cannot stay awake); they are prescribed to increase alertness, concentration, and attention. However, misusing them can lead to problems relating to the heart, nerves, and stomach, possibly causing a heart attack, stroke, or seizures.<sup>2</sup>

**STIMULANTS CAN AFFECT YOUR BRAIN.** Stimulants increase the activity of the brain chemicals dopamine and norepinephrine. Rewarding experiences trigger dopamine release, which can lead to repeated use and addictive behavior. Norepinephrine affects blood vessels, blood pressure, heart rate, blood sugar, and breathing. Misuse of prescription stimulants—even for a short period of time—may lead to hallucinations, paranoia, or anger.<sup>3</sup>

**STIMULANTS CAN BE ADDICTIVE.** In 2018, approximately 1 million people aged 12 or older misused prescription stimulants for the first time in the past year. An estimated 561,000 people aged 12 or older had a stimulant use disorder (meaning that a person has problems with their health, school, or relationships because of their use of stimulants).<sup>4</sup>

## ? Q&A

**Q. WILL PRESCRIPTION STIMULANTS MAKE ME SMARTER?**

**A. NO.** Prescription stimulants don't improve school performance for people who aren't diagnosed with ADHD.<sup>5</sup> Stimulants can affect sleep, which is vital for memory and learning.

**Q. A LOT OF PEOPLE HAVE PRESCRIPTIONS FOR STIMULANTS, SO THEY MUST BE SAFE FOR ANYONE TO USE, RIGHT?**

**A. NO.** Research shows that overuse can result in side effects of prescription stimulants, including dangerous heart-related symptoms with risk of heart attack or stroke.<sup>6</sup>

**Q. IF I HAVE A STIMULANT PRESCRIPTION FOR ADHD BUT FEEL LIKE I NEED TO TAKE MORE THAN WHAT WAS PRESCRIBED BY MY DOCTOR, IS IT SAFE TO DO SO?**

**A. NO.** Taking more medication than prescribed can lead to increased risk of psychosis (loss of touch with reality), risk of heart attack and stroke, and risk of addiction.

### THE BOTTOM LINE:

All stimulants, including prescription stimulants, are dangerous and can be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

### LEARN MORE:

Get the latest information on how drugs affect the brain and body at [teens.drugabuse.gov](https://teens.drugabuse.gov)

### TO LEARN MORE ABOUT PRESCRIPTION STIMULANTS, CONTACT:

**SAMHSA**

1-877-SAMHSA-7 (1-877-726-4727) (English and Español)

TTY 1-800-487-4889

[www.samhsa.gov](https://www.samhsa.gov) | [store.samhsa.gov](https://store.samhsa.gov)



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Substance Abuse and Mental Health  
Services Administration



## BEFORE YOU RISK IT!

1

**KNOW THE LAW.** Taking prescription stimulants without a valid prescription or use of stimulants other than as prescribed is considered misuse and is illegal.<sup>7</sup>

2

**KNOW THE RISKS.** When prescription stimulants are taken in ways not prescribed, they increase a person's risk of dangerous health issues, including heart attack, stroke, or death—especially when taken through the nose or injected into veins.<sup>8</sup>

3

**LOOK AROUND YOU.** Even if you think your peers are using stimulants not prescribed to them, the truth is that a very small number of teens are taking this risk. In 2018, only 1.5 percent of young people between ages 12 and 17 had misused stimulants in the past year.<sup>9</sup>



## MORE INFORMATION

FOR MORE INFORMATION OR FOR  
RESOURCES USED IN THIS

**"TIPS for TEENS,"**

visit [store.samhsa.gov](https://store.samhsa.gov) or call  
**1-877-SAMHSA-7 (1-877-726-4727)**  
(English and Español).

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**SAMHSA**  
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## KNOW THE SIGNS

How can you tell if a friend is using stimulants? Potential side effects and symptoms include:<sup>10</sup>

- Increased blood pressure and heart rate
- Increased breathing
- Dangerously high body temperature with sweating
- Irregular heartbeat
- Heart failure
- Seizures
- Irritability
- Rapid speech, difficulty concentrating



## WHAT CAN YOU DO TO HELP SOMEONE WHO IS MISUSING STIMULANTS?

### BE A FRIEND. SAVE A LIFE.

Encourage your friend to stop using or seek help from a parent, teacher, or other caring adult.

For 24/7 free and confidential information and treatment referrals in English and Spanish, call SAMHSA's National Helpline at:

**1-800-662-HELP (1-800-662-4357)**

or visit the SAMHSA Treatment Services Locator at [findtreatment.gov](https://findtreatment.gov)

<sup>1</sup> National Institute on Drug Abuse (NIDA). (2019). Prescription Stimulants. *Commonly Abused Drug Charts*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

<sup>2,3</sup> NIDA. (2018). Prescription Stimulants. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/prescription-stimulants>

<sup>4</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Retrieved from <https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report>

<sup>5</sup> Weyandt, L. L., White, T. L., et al. (2018). Neurocognitive, autonomic, and mood effects of Adderall: A pilot study of healthy college students. *Pharmacy*, 6(3), 58. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29954141>

<sup>6,7</sup> Weyandt, L. L., Oster, D. R., Marraccini, M. E., Gudmundsdottir, B. G., Munro, B. A., Rathkey, E. S., & McCallum, A. (2016). Prescription stimulant medication misuse: Where are we and where do we go from here? *Experimental and Clinical Psychopharmacology*, 24(5), 400–414. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5113141/>

<sup>8</sup> Faraone, S. (2019). Prescription stimulant misuse, abuse prevalent among adults with ADHD. *Healio*. Retrieved from <https://www.healio.com/psychiatry/add-adhd/news/online/%7Ba563cc8c-6633-43c1-be9e-2677e2f4951f%7D/prescription-stimulant-misuse-abuse-prevalent-among-adults-with-adhd>

<sup>9</sup> SAMHSA. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Retrieved from <https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report>

<sup>10</sup> NIDA. (2018). Prescription Stimulants. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/prescription-stimulants>

# TIPS for TEENS

## OPIOIDS

### THE TRUTH ABOUT OPIOIDS

SLANG: O.C./OXY/PERCS/VIKE/M/MONKEY/  
WHITE STUFF/LEAN/SCHOOLBOY/SIZZURP/  
PURPLE DRANK/LOADS

## GET THE FACTS

**OPIOIDS AFFECT YOUR BRAIN.** Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others.<sup>1</sup> They affect both the spinal cord and brain to reduce the intensity of pain-signal perception as well as brain areas that control emotion.<sup>2</sup> They can also affect the brain to cause euphoria or “high.”<sup>3</sup>

**OPIOIDS AFFECT YOUR BODY.** Opioids slow down the actions of the body, such as breathing and heartbeat. Even a single dose of an opioid can cause severe respiratory depression (slowing or stopping of breathing), which can be fatal; taking opioids with alcohol or sedatives increases this risk.<sup>4</sup>

**OPIOIDS ARE ADDICTIVE.** Even though heroin is highly addictive, more people struggle with addiction to prescription pain relievers.<sup>5</sup> Many young people who inject heroin report misuse of prescription opioids before starting to use heroin.<sup>6</sup>

**OPIOIDS CAN KILL YOU.** Drug overdose is the leading cause of accidental death in the United States, with 68,690 drug overdose deaths between March 2017 and March 2018.<sup>7</sup> More than 46,000 of those deaths involved opioids.<sup>8</sup>

**OPIOID ADDICTION IS TREATABLE.** Methadone, buprenorphine, and naltrexone are medications that are FDA-approved to treat opioid use disorder. For more information, visit <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder>.

## ? Q&A

**Q. MY DOCTOR PRESCRIBED ME OPIOIDS. DOESN'T THAT MEAN THEY'RE SAFE?**

**A.** Prescription opioids—when used long term or incorrectly—can cause the brain to become reliant on the drug and are addictive.<sup>9</sup>

**Q. IF I USE OPIOIDS, WILL I BECOME ADDICTED?**

**A.** Prescription opioids can cause physical dependence when used as directed or addiction if misused; illegal opioids such as heroin are also highly addictive. People who regularly use prescription opioids or heroin often develop tolerance, which means that they need higher and/or more frequent doses of the drug to get the desired effects.<sup>10</sup>

### THE BOTTOM LINE:

Many people are prescribed opioids out of medical necessity, but opioids can still be dangerous and addictive. Even if someone is prescribed one of these medications—such as hydrocodone, oxycodone, and morphine—misuse of these substances is rampant. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

### LEARN MORE:

Get the latest information on how drugs affect the brain and body at [teens.drugabuse.gov](https://teens.drugabuse.gov).

### TO LEARN MORE ABOUT OPIOIDS, CONTACT:

**SAMHSA**  
**1-877-SAMHSA-7 (1-877-726-4727)**  
(English and Español)

**TTY 1-800-487-4889**  
**[www.samhsa.gov](https://www.samhsa.gov)**  
**[store.samhsa.gov](https://store.samhsa.gov)**



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



# BEFORE YOU RISK IT!

- 1 KNOW THE LAW.** Heroin is illegal and addictive.<sup>11</sup> If you are caught with prescription opioids that are not yours, you can be imprisoned, fined, or both.<sup>12</sup>
- 2 KNOW THE RISKS.** Using opioids repeatedly can lead to higher tolerance.<sup>13</sup> Other risks include addiction and overdose death.
- 3 LOOK AROUND YOU.** A recent study found that 38.5 percent of the people who misused prescription pain relievers got them from a friend or relative for free; 34.6 percent were prescribed the medication by one doctor.<sup>14</sup>



## KNOW THE SIGNS

How can you tell if a friend is using opioids?

Side effects of opioid use include:<sup>15</sup>

- **Constipation, nausea, vomiting, and dry mouth;**
- **Sleepiness and dizziness;**
- **Confusion;**
- **Decreased breathing; and**
- **Itching and sweating.**

Behavioral signs and symptoms of opioid addiction include:<sup>16</sup>

- **A change in peer group;**
- **Carelessness with grooming;**
- **Decline in academic performance;**
- **Missing classes or skipping school;**
- **Loss of interest in favorite activities;**
- **Changes in eating or sleeping habits; and**
- **Deteriorating relationships with family and friends.**



## WHAT CAN YOU DO TO HELP SOMEONE WHO IS USING OPIOIDS?

### BE A FRIEND. SAVE A LIFE.

Encourage your friend to stop using or seek help from a parent, teacher, or other caring adult.

For 24/7 free and confidential information and treatment referrals in English and Español, call SAMHSA's National Helpline at:

**1-800-662-HELP (1-800-662-4357)** or visit the SAMHSA Behavioral Health Treatment Services Locator at [findtreatment.samhsa.gov](https://findtreatment.samhsa.gov)

<sup>1</sup> National Institute on Drug Abuse. (2018). Opioids. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids>

<sup>2</sup> National Institute on Drug Abuse. (2018). Misuse of Prescription Drugs. Retrieved from <https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/which-classes-prescription-drugs-are-commonly-misused>

<sup>3</sup> U.S. Department of Health and Human Services. (2014). The Facts About Buprenorphine. Retrieved from <https://store.samhsa.gov/system/files/sma14-4442.pdf>

<sup>4</sup> Jones, C. M., Paulozzi, L. J., & Mack, K. A. (2014). Alcohol involvement in opioid pain reliever and benzodiazepine drug abuse-related emergency department visits and drug-related deaths - United States, 2010. *Morbidity and Mortality Weekly Report*, 63(40), 881-885. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6340a1.htm>

<sup>5</sup> Center for Behavioral Health Statistics and Quality. (2017). Medications for Opioid Use Disorder. Retrieved from <https://store.samhsa.gov/system/files/sma18-5063pt2.pdf>

<sup>6</sup> National Institute on Drug Abuse. (2018). Prescription opioids and heroin. *Research Report Series*. Retrieved from <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use>

<sup>7</sup> National Center for Health Statistics (NCHS). (2018). Provisional Drug Overdose Death Counts. Retrieved from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>8</sup> National Institute on Drug Abuse. (2018). Opioid Overdose Crisis. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids>

<sup>9</sup> National Institute on Drug Abuse. (2018). What is heroin? *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/heroin>

<sup>10</sup> U.S. Department of Justice & Drug Enforcement Administration. (2015). *Drugs of abuse: A DEA resource guide*. Retrieved from [https://www.dea.gov/pr/multimedia-library/publications/drug\\_of\\_abuse.pdf](https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf)

<sup>11</sup> Addiction.com. (2015). Before You Share That Pain Medication. Retrieved from <https://www.addiction.com/12040/before-you-share-that-pain-medication/>

<sup>12</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). (2016). Opioids. Retrieved from <https://www.samhsa.gov/atod/opioids>

<sup>13</sup> Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*. Retrieved from <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>

<sup>14</sup> Centers for Disease Control and Prevention. (2017). Opioid Overdose. Retrieved from <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>

<sup>15</sup> National Institute on Drug Abuse. (2014). *Principles of adolescent substance use disorder treatment: A research-based guide*. Retrieved from <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/frequently-asked-questions/what-are-signs-drug-use-in-adolescents-what-role-can-parents-play-in-getting-treatment>

## MORE INFORMATION



FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS "TIPS for TEENS," visit [store.samhsa.gov](https://store.samhsa.gov) or call 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).  
PEP NO. 19-08 REVISED 2019



# TIPS for TEENS

## STERIODS

### THE TRUTH ABOUT ANABOLIC STEROIDS



**SLANG: ARNOLDS/GYM CANDY/  
PUMPERS/STACKERS/  
WEIGHT TRAINERS/JUICE**

## GET THE FACTS

**STERIODS AFFECT YOUR HEART.** Steroid use and misuse have been associated with cardiovascular disease, including heart attack and stroke. Researchers found that steroid users had significantly weaker hearts than those who never used steroids.<sup>1</sup>

**STERIODS AFFECT YOUR MOOD.** Steroids can cause paranoid jealousy, extreme irritability, and impaired judgment. Extreme mood swings also can occur, including "roid rage"—angry feelings and behavior that may lead to violence.<sup>2</sup>

**STERIODS INCREASE YOUR RISK OF INFECTION.** Sharing needles or using dirty needles to inject steroids puts you at risk for diseases such as HIV/AIDS and hepatitis.<sup>3</sup>

## ? Q&A

### Q. WHAT ARE ANABOLIC STEROIDS?

**A.** Anabolic steroids, commonly referred to as steroids, are medications related to testosterone, some of which are medicines approved for certain therapeutic uses. Bodybuilders and athletes may misuse steroids to build muscle, often taking doses much higher than would be prescribed for a medical condition, such as delayed puberty or muscle loss due to disease. Using them this way is not legal or safe.<sup>4</sup>

### Q. ARE STEROIDS ADDICTIVE?

**A.** Yes, they can be. Withdrawal symptoms include mood swings, suicidal thoughts or attempts, fatigue, restlessness, loss of appetite, and loss of sleep.<sup>5</sup>

### Q. WHAT CAN I DO TO EXCEL IN SPORTS IF I DON'T USE STEROIDS?

**A.** Focus on eating a proper diet and getting plenty of rest. These are important factors in mental and physical health and conditioning. Millions of athletes excel in sports without using steroids.

### THE BOTTOM LINE:

Many people are prescribed steroids for medical reasons, but steroids can still be deadly. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

### LEARN MORE:

Get the latest information on how drugs affect the brain and body at [teens.drugabuse.gov](https://teens.drugabuse.gov).

### TO LEARN MORE ABOUT STEROIDS, CONTACT:

**SAMHSA**

**1-877-SAMHSA-7 (1-877-726-4727)**

(English and Español)

**TTY 1-800-487-4889**

[www.samhsa.gov](https://www.samhsa.gov)

[store.samhsa.gov](https://store.samhsa.gov)



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



# BEFORE YOU RISK IT!

1

**KNOW THE LAW.** Steroids are illegal to have without a prescription from a licensed physician.<sup>6</sup> It is illegal for individuals to sell steroids.

2

**GET THE FACTS.** Doctors prescribe steroids for specific medical conditions. They are only safe for use when a doctor prescribes them and monitors their effects.<sup>7</sup>

3

**KNOW THE RISKS.** Most anabolic steroids sold illegally in the United States come from abroad. Thefts and inappropriate prescribing, as well as production in secret labs, also lead to illegal steroid sales.<sup>8</sup>

4

**LOOK AROUND YOU.** The majority of teens aren't using steroids. Only 0.6 percent of 8th graders, 0.7 percent of 10th graders, and 1.1 percent of 12th graders reported steroid use in the past year.<sup>9</sup>



# KNOW THE SIGNS

How can you tell if a friend is using steroids? Symptoms of steroids use may include:<sup>10</sup>

## FOR GUYS

- Hair loss
- Development of breasts
- Impotence

## FOR GIRLS

- Growth of facial hair
- Deepened voice
- Breast reduction

## FOR BOTH

- Acne
- Jaundice (yellowing of the skin)
- Swelling of feet or ankles
- Aching joints
- Bad breath
- Mood swings
- Nervousness
- Trembling



## WHAT CAN YOU DO TO HELP SOMEONE WHO IS USING STEROIDS?

### BE A FRIEND. SAVE A LIFE.

Encourage your friend to stop using or seek help from a parent, teacher, or other caring adult.

For 24/7 free and confidential information and treatment referrals in English and Español, call SAMHSA's National Helpline at:

**1-800-662-HELP (1-800-662-4357)**

or visit the SAMHSA Behavioral Health Treatment Services Locator at:

**[findtreatment.samhsa.gov](https://findtreatment.samhsa.gov)**

## MORE INFORMATION

FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS

## "TIPS for TEENS,"

visit **[store.samhsa.gov](https://store.samhsa.gov)** or call  
**1-877-SAMHSA-7 (1-877-726-4727)**  
(English and Español).

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# SAMHSA

Substance Abuse and Mental Health  
Services Administration

<sup>1</sup> CardioSmart. (2017). Anabolic Steroids Increase Risk for Heart Disease in Young and Middle-Aged Men. American College of Cardiology. Retrieved from <https://www.cardiosmart.org/News-and-Events/2017/07/Anabolic-Steroids-Increase-Risk-for-Heart-Disease-in-Young-and-Middle-Aged-Men>

<sup>2,4,10</sup> National Institute on Drug Abuse. (2016). Anabolic steroids. *Drug Facts*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/anabolic-steroids>

<sup>3</sup> Centers for Disease Control and Prevention. (2018). Injection Drug Use and HIV Risk. Retrieved from <https://www.cdc.gov/hiv/risk/idu.html>

<sup>5,6,7</sup> National Institute on Drug Abuse. (2018). Anabolic steroids. *NIDA for Teens*. Retrieved from <https://teens.drugabuse.gov/drug-facts/anabolic-steroids>

<sup>8</sup> National Institute on Drug Abuse. (2018). Steroids and Other Appearance and Performance Enhancing Drugs (APEDs). Retrieved from <https://www.drugabuse.gov/publications/research-reports/steroids-other-appearance-performance-enhancing-drugs-aped/what-history-anabolic-steroid-use>

<sup>9</sup> Miech, R. A., Schulenberg, J. E., Johnston, L. D., Bachman, J. G., O'Malley, P. M., & Patrick, M. E. (December 14, 2017). National adolescent drug trends in 2017: Findings released. *Monitoring the Future*. Retrieved from <http://monitoringthefuture.org/data/17data/17drtbl2.pdf>

**FKB:** It is important to note that illegal or legal use of steroids is considered cheating and will lead to an athlete being banned from competitions.

# TIPS<sub>for</sub>TEENS

## HEROIN



### THE TRUTH ABOUT HEROIN

**SLANG: SMACK/HORSE/BROWN SUGAR/JUNK/  
BLACK TAR/BIG H/DOPE/SKAG/NEGRA/SKUNK/  
WHITE HORSE/CHINA WHITE/CHIVA/  
HELL DUST/THUNDER**

## GET THE FACTS

**HEROIN AFFECTS YOUR BRAIN.** Heroin, an illicit opioid, enters the brain quickly. It slows down the way you think, reaction time, and memory.<sup>1</sup> Over the long term, heroin can change the brain in ways that lead to addiction.

**HEROIN AFFECTS YOUR BODY.** Heroin slows down your heartbeat and breathing, sometimes so much that it can be life-threatening. Heroin poses special problems for those who inject it because of the risks of HIV, hepatitis B and C, and other diseases that can occur from sharing needles.<sup>2</sup>

**HEROIN IS HIGHLY ADDICTIVE.** Heroin enters the brain rapidly and causes a fast, intense high. Repeated heroin use increases the risk of developing an addiction; someone addicted to heroin will continue to seek and use the drug despite negative consequences.<sup>3</sup>

**HEROIN IS NOT WHAT IT MAY SEEM.** Other substances are sometimes added to heroin. They clog blood vessels leading to the liver, lungs, kidneys, and brain and lead to inflammation or infection.<sup>4</sup> Powder sold as heroin may also contain other dangerous chemicals, such as fentanyl, that increase the risk of fatal overdose.<sup>5,6</sup>

**HEROIN CAN KILL YOU.** Heroin slows—and sometimes stops—breathing, which can result in death. In 2015, there were 2,343 overdose deaths related to heroin or other illicit opioids among people ages 15 to 24.<sup>7</sup>

**HEROIN ADDICTION IS TREATABLE.** Medication, in combination with behavioral treatment, can help people stop using heroin and recover from addiction.<sup>8</sup> Building a support system that helps people stop using heroin and other opioids is also important. Medications such as buprenorphine, methadone, and naloxone greatly increase the chance of recovery and reduce the risk of overdose. Friends and family members should have naloxone nearby if possible in case of overdose.<sup>9</sup>

\* No official support of or endorsement by SAMHSA or HHS for the opinions, resources, and medications described is intended to be or should be inferred. The information presented in this document should not be considered medical advice and is not a substitute for individualized patient or client care and treatment decisions.

## ? Q&A

**Q. IS IT TRUE THAT HEROIN ISN'T RISKY IF YOU SNIFF OR SMOKE IT INSTEAD OF INJECTING IT?**

**A. NO.** Heroin is very dangerous regardless of how it is used. While injecting drugs carries additional risk of infectious disease, taking heroin can be dangerous in any form. You can still die from an overdose or become addicted by snorting or smoking it. Heroin may also be mixed with synthetic opioids such as Fentanyl, which can be fatal in small doses regardless of how they are taken.<sup>9</sup>

**Q. WHAT DOES HEROIN LOOK LIKE?**

**A. HEROIN CAN BE A WHITE OR DARK BROWN POWDER OR A BLACK TAR.** People selling heroin often mix in other substances, such as sugar, starch, or more dangerous chemicals.<sup>10</sup> Pure heroin is dangerous as well, despite the common misperception that it is safer.<sup>11</sup>

**Q. WILL HEROIN USE ALTER MY BRAIN?**

**A. YES.** Heroin use alters brain circuits that control reward, stress, decision-making, and impulse control, making it more difficult to stop using even when it is having negative effects on your life and health. Frequent use also can lead to tolerance and withdrawal, so you need more of the drug just to feel normal.<sup>12,13</sup>

### THE BOTTOM LINE:

Heroin is illegal, addictive, and dangerous. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

### LEARN MORE:

Get the latest information on how drugs affect the brain and body at [teens.drugabuse.gov](https://teens.drugabuse.gov).

### TO LEARN MORE ABOUT HEROIN, CONTACT:

**SAMHSA**

**1-877-SAMHSA-7 (1-877-726-4727)**

(English and Español)

**TTY 1-800-487-4889**

**[www.samhsa.gov](https://www.samhsa.gov)**

**[store.samhsa.gov](https://store.samhsa.gov)**



**SAMHSA**  
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# BEFORE YOU RISK IT!

- 1 KNOW THE LAW.** Heroin is an illegal Schedule I drug, meaning that it is addictive and has no accepted medical use.<sup>14</sup>
- 2 GET THE FACTS.** Any method of heroin use—snorting, smoking, swallowing, or injecting the drug—can cause immediate harm and lead to addiction or death.<sup>15</sup>
- 3 KNOW THE RISKS.** Using heroin can change the brain, and the changes may not be easily reversed.<sup>16</sup>
- 4 LOOK AROUND YOU.** The majority of teens are not using heroin. According to a 2015 national study, fewer than 1 out of 1,000 adolescents ages 12 to 17 were current heroin users.<sup>17</sup>



## WHAT CAN YOU DO TO HELP SOMEONE WHO IS USING HEROIN?

### BE A FRIEND. SAVE A LIFE.

Encourage your friend to stop using or seek help from a parent, teacher, or other caring adult.

For 24/7 free and confidential information and treatment referrals in English and Spanish, call SAMHSA's National Helpline at:

**1-800-662-HELP (1-800-662-4357)**

or visit the SAMHSA Behavioral Health Treatment Services Locator at [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)

<sup>1,2,4,11,16,20</sup> National Institute on Drug Abuse. (2014). *Research report series: Heroin*. (NIH Publication Number 14-0165). Retrieved from <http://www.drugabuse.gov/sites/default/files/rheroin-14.pdf>

<sup>3,8,9,12,15</sup> National Institute on Drug Abuse. (2017). *Drug facts: Heroin*. Retrieved from <http://www.drugabuse.gov/publications/drugfacts/heroin>

<sup>5</sup> Drug Enforcement Agency. (2016). DEA warning to police and public: Fentanyl exposure kills. *Headquarters News*. Retrieved from <https://www.dea.gov/divisions/hq/2016/hq061016.shtml>

<sup>6</sup> National Institute on Drug Abuse. (2016). *Drug facts: Fentanyl*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/fentanyl>

<sup>7</sup> National Institute on Drug Abuse (NIDA). (2017). Drug overdoses in youth. *NIDA for Teens*. Retrieved from <https://teens.drugabuse.gov/drug-facts/drug-overdoses-youth>

<sup>10,14,18</sup> U.S. Department of Justice and Drug Enforcement Administration. (2015). *Drugs of abuse: A DEA resource guide*. Retrieved from [https://www.dea.gov/pr/multimedia-library/publications/drug\\_of\\_abuse.pdf](https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf)

<sup>13</sup> National Institute on Drug Abuse. (2007). Drugs on the street (Module 5). *Brain Power: Grades 6–9*. Retrieved from <http://www.drugabuse.gov/publications/brain-power/grades-6-9/drugs-street-module-5>

<sup>17</sup> Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Detailed tables*. Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm>

<sup>19</sup> National Institute on Drug Abuse. (n.d.). Heroin (smack, junk) facts. *Easy-to-Read Drug Facts*. Retrieved from <https://easyread.drugabuse.gov/content/heroin-smack-junk-facts>



## KNOW THE SIGNS

### HOW CAN YOU TELL IF A FRIEND IS USING HEROIN?

Signs and symptoms of heroin use are:<sup>18,19,20</sup>

- Euphoria
- Drowsiness
- Impaired mental functioning
- Slowed movement and breathing
- Needle marks
- Boils

Signs of a heroin overdose include:

- Shallow breathing
- Extremely small pupils
- Clammy skin
- Bluish-colored nails and lips
- Convulsions
- Coma

The drug naloxone can save the life of someone overdosing on heroin. Naloxone can be administered by anyone witnessing an overdose or by first responders.

For more information on naloxone training and availability, visit [www.drugabuse.gov/related-topics/naloxone](http://www.drugabuse.gov/related-topics/naloxone).

## MORE INFORMATION

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

FOR MORE INFORMATION OR FOR RESOURCES USED IN THIS "TIPS for TEENS," visit [store.samhsa.gov](http://store.samhsa.gov) or call 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).  
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## Tips for Young Adults:

### COPING WITH MASS VIOLENCE

As someone between the ages of 18 and 26, you're in a critical developmental period in life's progression. Young adulthood is a transitional time that often includes leaving home and entering a university or a changing workforce, as well as evolving social relationships and shifting family roles and responsibilities. You may face new challenges of higher education with heavy student loan debt, begin military service, or try to establish a civilian career path. You may also carry stress related to social media, climate change, the economy, health care, and personal finances while facing uncertainty about your future.

This tip sheet will explore the effects of mass violence on young adults, including the common

signs of its impact, effective coping methods, and resources for more information and support.

### Incidents of Mass Violence

Incidents of mass violence, such as shootings and vehicle attacks, result in many people being injured or killed and cause extreme distress for those who are directly involved as well as the broader community. Even the threat of mass violence, such as bomb threats or civil unrest, can have an impact. Mass violence doesn't always involve large incidents that receive extensive coverage in the media. Those who are affected include victims, families and friends, first responders, and other emergency and healthcare personnel.

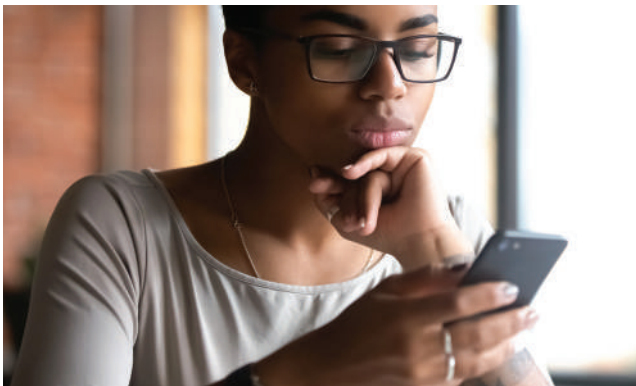




## Common Reactions

Experiencing a mass violence incident is enormously frightening and can be very stressful in the days, weeks, and months that follow. Reactions vary from person to person and largely depend on your experience during and after the incident, particularly if you experienced physical injury, were involved in a police investigation, or were worried about the safety of loved ones. Many people are able to resume their lives after a period of time, while some people may have a more difficult time coping. It's common to experience a general sense of loss of safety, security, and control.

In addition to other challenges you face as a young adult, you and others in your generation have grown up with the ever-present threat of mass violence. You may have practiced active shooter drills in school and seen mass shootings in the media or in your community. According to the American Psychological Association, 75 percent of young adults report mass shootings as a significant source of stress.



Engagement with social media apps such as Twitter, Instagram, Facebook, Snapchat, and TikTok increases potential exposure to information about incidents of mass violence. The impact and disruption of mass violence may derail your progress during this pivotal point in your life, yet many young adults have taken a resilient stand against mass violence through social justice activities.

After an incident of mass violence, there is no right or wrong way to feel, but it's helpful to know about the common reactions people may have so you can care for yourself and others.

## Common Physical Reactions

- Headaches
- Stomachaches
- Rapid heartbeat
- Tightness in the chest
- Change in appetite
- Fatigue

## Common Emotional Reactions

- Fear
- Survivor guilt
- Anger
- Jumpiness and feeling on edge
- Feelings of helplessness

## Common Cognitive Reactions

- Difficulty concentrating
- Problems with performance at work or school
- Intrusive thoughts associated with the incident
- Upsetting dreams

## Common Behavioral Reactions

- Avoiding people, places, and things that remind you of the incident
- Avoiding activities you usually like and enjoy
- Spending more time alone
- Engaging in risky behaviors

## Coping After Mass Violence

There are things you can do to reduce and manage your reactions:

- Remind yourself that it's fine to have emotional reactions and that they will lessen over time.

- Do your best to maintain a healthy lifestyle. That includes maintaining a daily schedule, eating a healthy diet, drinking plenty of water, and exercising regularly.
- Stretch to help relieve stress. Yoga and tai chi are two popular practices that include stretching, and sessions are available on the internet so you can participate on your own schedule. Joining an in-person class is a great way to connect with others as long as health and safety precautions are followed.
- Establish a healthy sleep routine. That means turning off electronics at night, maintaining a comfortable room temperature, and going to bed around the same time every night.
- Use behavioral techniques to relax, such as breathing, guided imagery, and muscle relaxation. These can also be found on the internet, and there are a number of mobile apps that aid in relaxation.
- Identify people you can talk to about your concerns. Sharing your thoughts and feelings can help you to get support with your day-to-day needs, process what happened and make meaning of it, and rebuild your sense of trust.
- Limit exposure to mass media and social media reports concerning the incident. Coverage of mass violence incidents is constant and can cause continued distress. Try turning off the news and shutting down social media for several hours every day. Instead, watch a movie or play a game.
- Connect with family and friends who help you feel comfortable and relaxed. Do things with them that make you happy.
- Write in a journal. This is great way to clarify your thoughts and feelings, process what happened, and problem-solve.
- If going to public places alone elevates your stress, go with a friend or in a group. Try not to isolate yourself. Getting involved in community activities and volunteering is a good way to stay busy and connect with others.
- Avoid using alcohol, tobacco, or other substances to reduce stress. Using the techniques described above is a good alternative.





## Signs of the Need for Professional Support

Reactions may change over time, and the timeline for recovery will vary depending on the individual. Here are some signs that signal the need to reach out to a mental health or substance use disorder treatment professional:

- Reactions that increase in intensity, interfere with daily functioning, or persist for several months
- New or increased use of alcohol and/or substances to cope with stress
- Feelings of hopelessness and worthlessness
- Self-harm and thoughts of suicide

If you're in college, you may be able to access support through your school's student services, counseling and psychological services, health services, peer support, or other programs. If you're employed, you may have access to counseling and support through an employee assistance program. Check out the helpful resources box for more sources of information and support in coping with mental health and substance use issues and conditions.



Photos are for illustrative purposes only. Any person depicted in the photo is a model.

## Helpful Resources

### Substance Abuse and Mental Health Services Administration (SAMHSA)

5600 Fishers Lane  
Rockville, MD 20857  
Toll-free: 1-877-SAMHSA-7 (1-877-726-4727)  
TTY: 1-800-487-4889  
Email: [samhsainfo@samhsa.hhs.gov](mailto:samhsainfo@samhsa.hhs.gov)  
SAMHSA Store: <https://store.samhsa.gov>

### SAMHSA Disaster Technical Assistance Center

Toll-free: 1-800-308-3515  
Email: [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov)  
Website: <https://www.samhsa.gov/dtac>

### SAMHSA Disaster Mobile App

Website: <https://store.samhsa.gov/product/samhsa-disaster>

## Helplines

### SAMHSA Disaster Distress Helpline

Toll-free talk or text: 1-800-985-5990  
Español: Llama o envía un mensaje de texto 1-800-985-5990 presiona "2".  
American Sign Language (ASL): Click on the "ASL Now" button on the website or call 1-800-985-5990 from your videophone.  
Website: <https://disasterdistress.samhsa.gov>

### 988 Suicide & Crisis Lifeline

Call or text: 988  
Chat: [988lifeline.org](https://988lifeline.org)  
(Español) Línea de Prevención del Suicidio y Crisis: 988  
For TTY users: Use your preferred relay service or dial 711 and then 988.

## Treatment Locator

### SAMHSA's National Helpline

Toll-free: 1-800-662-HELP (1-800-662-4357) (24/7/365 treatment referral information service in English and español)  
TTY: 1-800-487-4889  
Website: <https://www.samhsa.gov/find-help/national-helpline>

*\*Note: The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).*

# SAMHSA

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PEP22-01-01-006



# TIPS for TEENS

## HIV

### THE TRUTH ABOUT HIV

**SLANG: THE VIRUS/  
HI-FIVE/THE BUG/  
THE DEADLIEST CATCH**

## GET THE FACTS

**HIV AFFECTS YOUR BODY.** The human immunodeficiency virus (HIV) weakens your body's immune system, making it less able to fight against diseases and infections. The virus is spread through contact with certain bodily fluids, including blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk from a person with HIV.<sup>1</sup> The virus can also be spread through high-risk drug use such as injecting drugs and sharing equipment used with drug injection.

**HIV AFFECTS YOUTH—THOUGH MANY YOUNG PEOPLE DON'T KNOW THEY HAVE HIV.** In 2017, the number of youth ages 13 to 24 who received an HIV diagnosis reached 8,164.<sup>2</sup> However, this age group is the least likely to know their HIV status: In 2015, an estimated 51 percent of those living with HIV were unaware they had been infected.<sup>3</sup>

**HIV IS PREVENTABLE.** Abstaining from sex, using protection during sex, and avoiding drug use can help prevent HIV infection. There also are HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for people who don't have HIV but who are at high risk of becoming infected. Among people who inject drugs, PrEP reduces their risk of HIV infection by more than 70 percent when taken daily.<sup>4</sup>

**HIV IS TREATABLE.** Although there is currently no cure for HIV, with proper treatment, a person can live a long and otherwise healthy life with HIV and prevent it from progressing to acquired immunodeficiency syndrome (AIDS), the most advanced stage of HIV infection. Taking HIV antiretroviral therapy (ART) as prescribed can lower a person's HIV levels to become undetectable, allowing them to live longer, healthier lives while also reducing their risk of transmitting HIV.<sup>5</sup>

## ? Q&A

**Q. CAN I GET HIV FROM TOUCHING A PERSON OR AN OBJECT?**

**A. NO.** HIV isn't an airborne virus, and you can't get HIV from shaking hands or hugging a person who is infected. You also can't get it from touching objects used by a person with HIV.<sup>6</sup>

**Q. CAN I GET HIV IF I USE DRUGS?**

**A.** Injection drug use is a leading cause of transmission.<sup>7</sup> Also, alcohol and drugs can affect your judgment, leading you to engage in risky behavior such as having unprotected sex. The best way to reduce your risk of HIV is to avoid using drugs and other substances.<sup>8</sup>

**Q. WHO IS AT THE HIGHEST RISK FOR GETTING HIV?**

**A.** While those who use IV drugs or have unprotected sex are at greater risk, HIV can affect anyone regardless of sexual orientation, race, ethnicity, gender, or age.<sup>9</sup>

### THE BOTTOM LINE:

HIV is harmful but preventable. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

### LEARN MORE:

Get the latest on how HIV affects the brain and body at [hiv.gov](http://hiv.gov).

### TO LEARN MORE ABOUT HIV, CONTACT:

**SAMHSA**

**1-877-SAMHSA-7 (1-877-726-4727)**

(English and Español)

**TTY 1-800-487-4889**

**[www.samhsa.gov](http://www.samhsa.gov)**

**[store.samhsa.gov](http://store.samhsa.gov)**



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



# BEFORE YOU RISK IT!

1

**KNOW THE RISKS.** Because the effects of drugs and alcohol use can result in poor judgment, their use can lead to risky behaviors that increase the chances of getting or transmitting an HIV infection, such as unprotected sex or sharing needles when injecting drugs. In 2017, 2,389 people who inject drugs were diagnosed with HIV.<sup>10</sup>

2

**STAY INFORMED.** Interactions between HIV medicines and illegal drugs can increase the risk of harmful side effects. In addition, drug and alcohol use can further harm a person with HIV by weakening their immune system and damaging their liver.<sup>11</sup>

3

**LOOK AROUND YOU.** In 2017, 38,739 people were diagnosed with HIV in the U.S., and an estimated 1.1 million people were living with HIV at the end of 2015. Of those people, about 1 in 7 did not know they were infected.<sup>12</sup>



## FIND HELP AND TREATMENT

For 24/7 free and confidential information and treatment referrals in English and Spanish, call SAMHSA's National Helpline at:

**1-800-662-HELP (1-800-662-4357)**

or visit the SAMHSA Treatment Services Locator at **findtreatment.gov**

You also can visit the HIV Testing Sites & Care Services Locator at **hiv.gov/locator** to search for health centers and other service providers near you.

<sup>1</sup> National Institutes of Health (NIH). (2018). HIV/AIDS: The Basics. *AIDSinfo*. Retrieved from <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/19/45/hiv-aids-the-basics>

<sup>2</sup> Centers for Disease Control and Prevention (CDC). (2019). HIV in the United States and Dependent Areas. Retrieved from <https://www.cdc.gov/hiv/pdf/statistics/overview/cdc-hiv-us-ataglance.pdf>

<sup>3</sup> HIV.gov. (2019). U.S. Statistics. Retrieved from <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>

<sup>4</sup> CDC. (2019). PrEP. *HIV Basics*. Retrieved from <https://www.cdc.gov/hiv/basics/pep.html>

<sup>5</sup> CDC. (2018). HIV Treatment. *HIV Basics*. Retrieved from <https://www.cdc.gov/hiv/basics/livingwithhiv/treatment.html>

<sup>6</sup> CDC. (2018). HIV Transmission. *HIV Basics*. Retrieved from <https://www.cdc.gov/hiv/basics/transmission.html>

<sup>7</sup> CDC. (2018). Diagnoses of HIV Infection in the United States and Dependent Areas, 2017. *HIV Surveillance Report*, 29. Retrieved from <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>

<sup>8</sup> CDC. (2018). HIV Transmission. *HIV Basics*. Retrieved from <https://www.cdc.gov/hiv/basics/transmission.html>

<sup>9</sup> HIV.gov. (2017). Who Is at Risk for HIV? Retrieved from <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/who-is-at-risk-for-hiv>

<sup>10</sup> HIV.gov. (2019). U.S. Statistics. Retrieved from <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>

<sup>11</sup> NIH. (2018). HIV and Drug and Alcohol Users. *AIDSinfo*. Retrieved from <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/25/84/hiv-and-drug-and-alcohol-users>

<sup>12</sup> HIV.gov. (2019). U.S. Statistics. Retrieved from <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>

## MORE INFORMATION

FOR MORE INFORMATION OR FOR  
RESOURCES USED IN THIS

**"TIPS for TEENS,"**

visit **store.samhsa.gov** or call  
**1-877-SAMHSA-7 (1-877-726-4727)**  
(English and Español).

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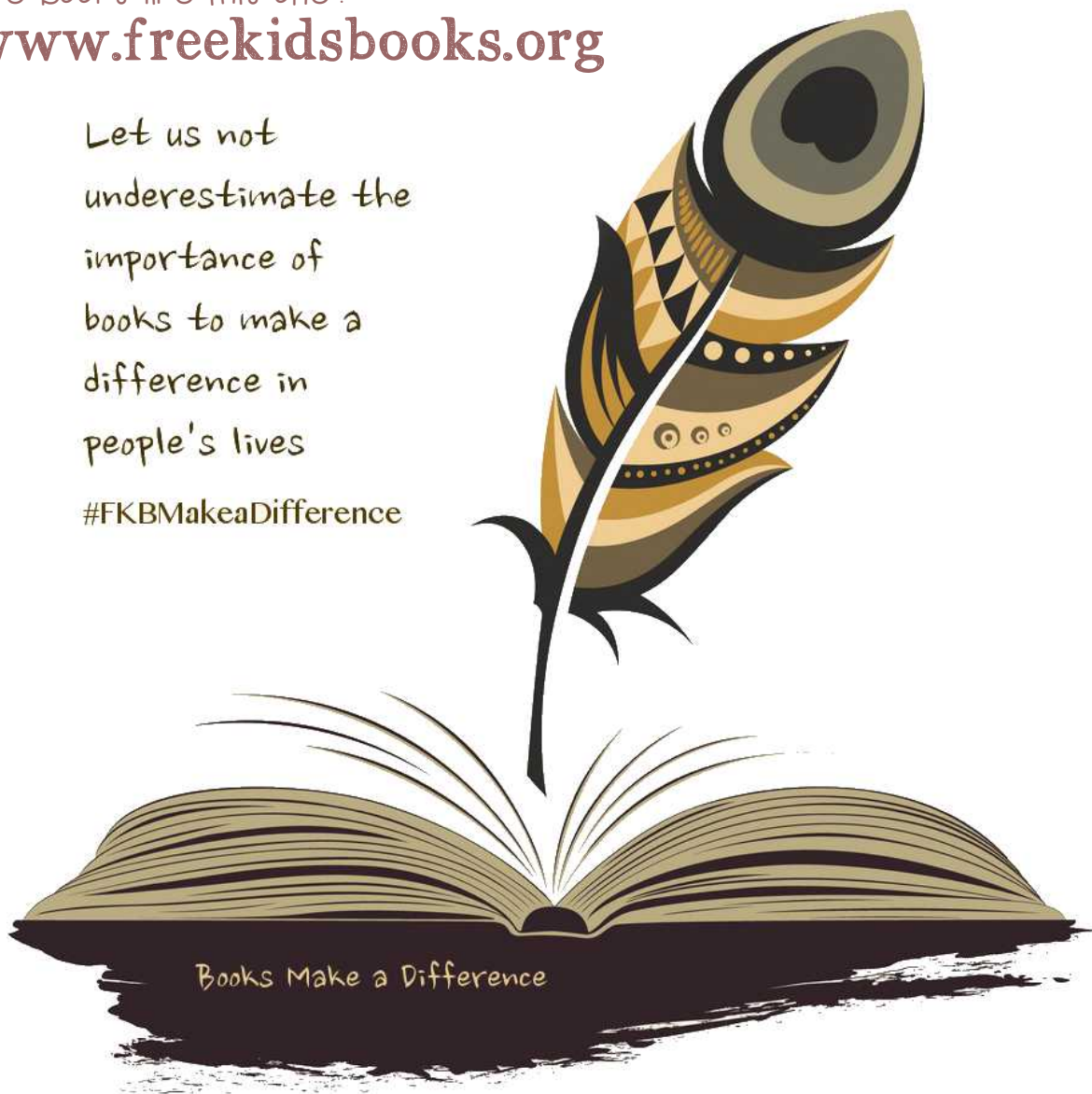


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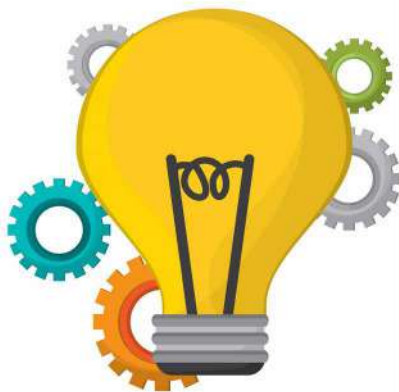


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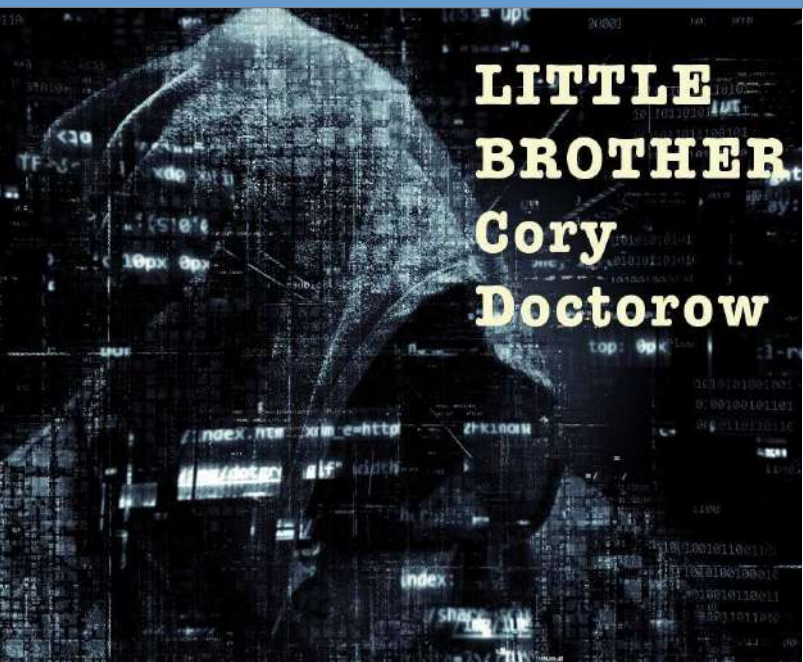
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