

A Parent's Guide to Helping Your Child Succeed

THIRD EDITION

BROUGHT TO YOU BY



BROOKFIELD CARES

Promoting social health and emotional well-being in our community.

resources
risky empower building advocacy social
education creating safety better assets
behavior emotional **community** resilience awareness
connection behaviors wellness
coalition at-risk
asset

About this Guide

BROOKFIELD CARES is pleased to provide you with this updated Parent's Guide. While we all hope that our children will not have issues, it is good to know where resources are if we need them. We put this guide together for **you**.

Contents include:

- Information about **BROOKFIELD CARES**.
- Description of Developmental Assets, and some results of the Attitudes and Behaviors Survey that our Middle School and High School students take.
- Information on teen use of alcohol and drugs, and what CT state law says about personal liability for parents.
- Information on bullying, and a program developed by Yale's Center for Emotional Intelligence called RULER that the schools are using.
- Information on the teen brain and mental health.
- Resources – including phone numbers, websites, and a visual drug guide for parents.

This edition includes updated results from the **Student Attitudes and Behaviors Survey**. Our world continues to change, and although the **COVID-19 shutdown** is in the past, the challenges our children face continue to increase. We have added updated data and new resources on these critical and timely issues.

We have focused on what you as parents and caregivers can do to provide meaningful help. You'll find:

- Tips on how to talk to your children on a variety of topics.
- Resources to use: helpful websites and organizations, download-able files, contacts to call, and more.
- Information on many of the challenges our children face.
- Statistics on what our children tell us about their experiences.

Brookfield is a wonderfully caring community.

We hope you find this Parent's Guide helpful.

brookfield-cares.org

You can reach us by email at info@brookfield-cares.org



BROOKFIELD CARES

Promoting social and emotional wellness in our community.

Dear Parents,

BROOKFIELD CARES is a non-profit volunteer community based organization dedicated to creating awareness and positive change around the issues of substance misuse, depression, suicide, and other mental health concerns. We do this by engaging with all members of the community to reduce harmful behaviors, destigmatize mental health issues, and promote and support healthy choices. We have partnered with many involved constituent groups of our community to bring you this resource guide.

We have a particularly close working relationship with the Brookfield Public Schools. We thank them for their continued involvement and support.



This Guide reinforces the commitment of our schools, coaches, town & law enforcement officials, faith leaders, medical & mental health professionals, and concerned community members to assist and empower those in need of support.

BROOKFIELD CARES urges all parents, guardians and caregivers to look at the information provided here, ask questions, and remain involved. It is never too early to start important and necessary dialogue on important issues.

Developmental Assets

BROOKFIELD CARES and the Brookfield Public Schools work together in a variety of ways, including surveying attitudes and behaviors of middle and high school students. The survey we use was developed by **Search Institute** (www.search-institute.org).

Search Institute has identified 40 positive supports and strengths that young people need to succeed – what they call **Assets**. Half of the assets focus on the relationships and opportunities they need in their families, schools, and communities (**External Assets**). These are the supports, opportunities, and relationships young people need across all aspects of their lives. The remaining assets focus on the social-emotional strengths, values, and commitments that are nurtured within young people (**Internal Assets**). These are the personal skills, self-perceptions, and values they need (called to make good choices, take responsibility for their own lives, and be independent and fulfilled).

Grounded in research in youth development, resiliency, and prevention, the Developmental Assets identify:

External Assets

- Support
- Empowerment
- Boundaries & Expectations
- Constructive Use of Time

Internal Assets

- Commitment to Learning
- Positive Values
- Social Competencies
- Positive Identity



When youth have more assets, they are:

- More likely to thrive now and in the future
- Less likely to engage in a wide range of high-risk behaviors
- More likely to be resilient in the face of challenges

These Assets are available for download on the website:

[https:// brookfield-cares.org/developmental-assets/](https://brookfield-cares.org/developmental-assets/)

The PDF includes descriptions of the assets for four age groups:

- Early Childhood (ages 3–5)
 - Children Grades K–3 (ages 5–9)
 - Middle Childhood (ages 8–12)
 - Adolescents (ages 12–18)

Attitudes and Behaviors Survey

Since 2009, **BROOKFIELD CARES** and the Brookfield Public Schools have worked cooperatively to get information directly from our students about issues affecting their experience. The vehicle we use is the **Attitudes and Behaviors Survey**.

Created by Search Institute (www.search-institute.org), this survey provides powerful information based on what our own students are telling us, not on national trends.

While the results show that our issues are not greater than other comparable towns, and our students overall do very well, survey results do point to the fact that we have issues to address as a community.

Here's a sampling of what we've learned from the most recent, (6th time) survey, given in Fall 2022:

- Alcohol continues to be the number one drug of choice.
- Marijuana continues to be viewed as less dangerous than other substances with less parental disapproval, *but use has moved to vaping.*
- We need to be continually mindful of suicide risk of students.
- Onset of at-risk behaviors (such as drinking) can start as early as age 10 or 11.

What follows is more specific data as reported to our Town and Schools following the most recent survey:

Current Behaviors (2022 Survey)

Category	Definition	% Reporting Risk Taking Behaviors			
		Total Grades 9–12	Grade 7	Grade 9	Grade 12
Alcohol	Used alcohol in the last 30 days	21%	6%	12%	32%
	Got drunk once or more in the last 2 weeks	11%	1%	4%	20%
Driving & Alcohol	Drove after drinking in the last 12 months	3%	0%	1%	8%
	Rode (once or more in the last 12 months) with a driver who had been drinking	21%	18%	17%	24%
Eating Disorder	Has engaged in bulimic or anorexic behavior	28%	21%	30%	36%
Depression	Felt sad or depressed most of the time in the past month	25%	9%	22%	22%
Illicit drug use	Used heroin or other narcotics in the last 30 days	2%	0%	1%	5%
Gambling	Gambled once or more in the last 12 months	14%	12%	13%	13%
Violence	Has engaged in 3 or more acts* in the last 12 months	17%	11%	12%	19%

* Fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm

Our goal is to take a new survey every 2 to 3 years so we can understand new issues and track progress on existing ones. We report results to the community when they are available.

Copies of presentations made to the town on the Survey results are available on the Brookfield Cares website: under [Surveys/ Assets/Reports](#) in the menu bar.

Alcohol

What can Parents do?

Parents influence whether and when adolescents begin drinking as well as how their children drink. Family policies about adolescent drinking in the home and the way parents themselves drink are important. If you choose to drink, always model responsible alcohol consumption. What else can parents do to help minimize the likelihood that their adolescent will choose to drink and that such drinking, if it does occur, will become problematic? Studies have shown that it is important to:

- **Talk early and often**, in developmentally appropriate ways, with children and teens about your concerns—and theirs—regarding alcohol. Adolescents who know their parents' opinions about youth drinking are more likely to fall in line with their expectations.
- **Establish policies early on, and be consistent in setting expectations and enforcing rules.** Adolescents do feel that parents should have a say in decisions about drinking, and they maintain this deference as long as they perceive the message to be legitimate. Consistency is central to legitimacy.
- **Work with other parents to monitor where kids are gathering and what they are doing.** Being involved in the lives of adolescents is key to keeping them safe.
- **Be aware of your State's laws about providing alcohol to your own children.**
- **Never provide alcohol to someone else's child.**

Children and adolescents often feel competing urges to comply with and resist parental influences. During childhood, the balance usually tilts toward compliance, but during adolescence, the balance often shifts toward resistance as teens prepare for the autonomy of adulthood. With open, respectful communication and explanations of boundaries and expectations, parents can continue to influence their children's decisions well into adolescence and beyond. This is especially important in young people's decisions regarding whether and how to drink—decisions that can have lifelong consequences.

Will my kids listen?

Adolescents who have a good bond with an adult are less likely to engage in risky behaviors. Tell your children you don't want them drinking or using drugs. Explain to them how you feel and what you expect from them. For example, you might say:

- “I know you may be tempted to try drugs, but I also know you're really smart. That's why I expect you to avoid drugs—no matter what your friends do.”
- “It worries me to know how easily you could damage your brain or develop an addiction. Will you promise me you won't try things just because the people you hang out with try them?”

Spend time with your kids and learn what is going on in their lives. If they think you will be there for them, they will be more likely to talk to you about drugs or situations that make them feel uncomfortable. This is especially important during times of change—such as a new school, a move, or a divorce—when they may feel anxious.

What is the law?

Connecticut General Statute 30-89a (effective June 6, 2014) prohibits providing and/or serving alcohol to a young person (other than your own child) who is under the minimum drinking age of 21. This state statute prohibits anyone who owns or controls private property, including a dwelling unit, from permitting anyone under age 21 to illegally possess alcohol in the unit or on the property.

What can the consequences be?

Parents should be aware that there can be consequences for allowing their children to drink on their property. If parents condone or even know about underage drinking on their property, they are opening themselves up to penalties including fines and possible jail. If the kids are under sixteen, far worse penalties can be imposed, including a charge of risk of injury to a minor, which carries a prison term of up to ten years.

Drugs

Talking with your child can be challenging. Having meaningful, ongoing conversations about drugs and alcohol, however, is key to helping keep your son or daughter healthy and safe.

Here are 5 tips on how to talk with your son or daughter, foster mutual understanding, and break through communication barriers so that you feel more connected to one another.

1. Choose a good time & place

Look for blocks of time to talk. After dinner, before bed, before school or on the way to or from school and extracurricular activities can work well.

Take a walk or go for a drive together. With less eye contact, your teen won't feel like he's under a microscope.

2. Approach your talk with openness, active listening & "I" statements

Keep an open mind. If you want to have a productive conversation with your teen, try to keep an open mind and remain curious and calm. That way, your child is more likely to be receptive to what you have to say.

Ask open-ended questions. For a more engaging conversation, you'll want to get more than just a "yes" or "no" response from your child.

Use active listening. Let your teen know he or she is understood by reflecting back what you hear — either verbatim or just the sentiment. It works like this: You listen without interrupting (no matter what), then sum up what you've heard to allow him or her to confirm. Try these phrases:

- "It seems like you're feeling..."
- "I hear you say you're feeling..."
- "Am I right that you're feeling..."

Use "I" statements to keep the flow going. "I" statements let you express yourself without your teenager feeling judged, blamed or attacked. You describe his behavior, how you feel about it and how it

affects you. Then you spell out what you need. Like this:

- “When you don’t come home on time, I worry that something terrible has happened. What I need is for you to call me as soon as you know you’re going to be late so that I know you’re okay.”
- “I feel like you can’t hear what I have to say when you’re so mad. Then I get frustrated. I need to talk about this later when we’re both able to listen.”
- “Because I love you and I want to keep you safe, I worry about you going to the concert. I need to know that you will obey our rules about not drinking or using drugs.”

“I” statements allow you to use persuasion (not control or blame) to cause a change in his behavior. You also allow him/her to help decide what happens next — another key to bonding.

3. Understand your influence as a parent

Keep in mind that teens say that when it comes to drugs and alcohol, their parents are the most important influence. That’s why it’s important to talk — and listen — to your teen. So, try to talk. A lot.

Discuss the negative effects of drugs and alcohol. Clearly communicate that you do not want your teen using drugs. Talk about the short- and long-term effects drugs and alcohol can have to his or her mental and physical health, safety and ability to make good decisions. Explain to your child that experimenting with drugs or alcohol during this time is risky to their still-developing brain.

Parents, you are the biggest influence in your teens life. Kids who say they learn a lot about the risks of drugs at home are significantly less likely to use drugs.

Ask your child what might happen if he or she does use drugs or alcohol. This gets your teen to think about his or her future, and what the boundaries are around substance use – and some possible negative consequences (what if they do something stupid in front of their friends, have a hangover). It will also give you insight into what’s important to your child.

Information in this section excerpted from: Parenting to Prevent Childhood Alcohol Use (NIH/ NIAAA), Growing Up Drug Free – A Parent’s Guide to Prevention (U.S. Drug Enforcement Administration/U.S. Department of Education), Preventing Teen or Young Adult Drug Use: How to Talk With Your Child (Partnership for Drug Free Kids).

Take advantage of “teachable moments.” Use every day events in your life to point out things you’d like your child to know about. Point out alcohol and drug-related situations in celebrity headlines, or stories going on your own community that show the consequences of alcohol and drug use. If you and your child are at the park and see a group of kids drinking, use the moment to talk about the negative effects of alcohol. When watching TV together, ask if the shows and advertising make drug use look acceptable and routine? Or do they show its downside? How did that program make your child feel about drugs?

Share stories. Stories of people in recovery and stories of those lost to drugs and alcohol can be powerful teaching tools. Ask your teen his or her thoughts and feelings after reading the stories.

View the Parent Drug Guide (Pages 32 – 39) to learn more about the top drugs in your teens’ world. Then ask your teen about these drugs – has he heard of them? What does she know about them? Does anyone in her school use these drugs? Any of her friends? Has he ever been offered to drink or smoke weed?

If there is a history of addiction or alcoholism in your family, then your child has a much greater risk of developing a problem. Be aware of this elevated risk and discuss it with your child regularly, as you would with any disease. Learn about other risks and why teens use.

4. Offer empathy & support

Let your child know you understand. The teen years can be tough. Acknowledge that everyone struggles sometimes, but drugs and alcohol are not a useful or healthy way to cope with problems. Let your child know that they can trust you.

Remind your child that you are there for support and guidance – and that it’s important to you that she/he is healthy, happy and makes safe choices.

5. Keep in mind your teen’s brain is still developing

The human brain doesn’t fully develop until about age 25. This helps to explain a lot about the way your teen communicates. For example, because the prefrontal cortex isn’t mature, your child may have a terrible time interpreting facial expressions. (You may feel surprised, but he or she thinks you’re angry.) Add that to impulsivity

(over-reactive amygdala) and limited emotional control (prefrontal cortex again), and you've got a recipe for major communication problems. Once you learn to recognize typical teen behavior, you can control your automatic reactions to it and communicate more clearly.

Typical teen behavior can trigger a lot of emotion in parents. Identifying the behavior you see in your teen can help you manage your own impulses; we avoid giving our teens control. Plus, we communicate better because our messages aren't clouded by emotion.

Learn to spot typical teen behavior so you won't over-react. Once you know that brain development can affect teen behavior in some pretty bizarre ways, you may see your teen in a new light. Start keeping a list of the things your teen does that make you feel frustrated, impatient, angry or threatened. (Include specific words, emotions, gestures and body language.) Writing things down will make it easier for you recognize the same scene later and say, "I'm not falling into this trap again." Pay attention to yourself. What happens when your teen mouths off? Does your heart race? Do your cheeks burn? Does your neck get stiff? These are the warnings signs of a gut reaction. As soon as you feel the cues, take a deep breath (or three) or take a break to cool down. Before you do, though, set a time when you'll both come back and continue talking.

BOTTOM LINE:

Parents are the biggest influence in a teen's life. That's why it's important to talk regularly with your teen. Approach your conversation with openness and empathy and be sure to clearly communicate that you do not want your teen using drugs or alcohol. Remind your teen of your support and be sure to listen to what he or she has to say.

Drug Safety and Disposal

Keeping drugs safe and discarding them safely is a priority.

- Brookfield Cares has a limited number of lock boxes that are available at no cost. Email requests to info@brookfield-cares.org
- Deterra® Pouches provide a convenient, environmentally sound way to deactivate and dispose of drugs in your home. Available for free at Brookfield Town Hall's Health Office.
- The Brookfield Police also have a Drop Box in the lobby of the Police Station for disposal of old and/or outdated prescription drugs.

Bullying

What is bullying?

Bullying is unwanted, aggressive behavior that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behavior must be aggressive and include:

- **An Imbalance of Power**

Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.

- **One Time or Repetition**

Bullying behaviors can be severe one-time events or can happen more than once or have the potential to happen more than once.

- **Intent to harm**

Bullying includes actions such as making threats, spreading rumors, intentionally excluding someone from a group.

How to talk about bullying

Parents and other caring adults have a role to play in preventing bullying. They can:

- **Help kids understand bullying.**

Talk about what bullying is and how to stand up to it safely.

Tell kids bullying is unacceptable. Make sure kids know how to get help.

- **Keep the lines of communication open.**

Check in with kids often. Listen to them. Know their friends, ask about school, and understand their concerns.

- **Encourage kids to do what they love.**

Special activities, interests, and hobbies can boost confidence, help kids make friends, and protect them from bullying behavior.

Information in this section excerpted from: Parent's Guide to Bullying Prevention (StopBullying.gov / U.S. Department of Health and Human Services).

- **Model how to treat others with respect.**

Kids learn from adults' actions. By treating others with kindness and respect, adults show the kids in their lives that there is no place for bullying. Even if it seems like they are not paying attention, kids are watching how adults manage stress and conflict, as well as how they treat their friends, colleagues, and families.

Keep the lines of communication open

Research tells us that children really do look to parents and care-givers for advice and help on tough decisions. Sometimes spending 15 minutes a day talking can reassure kids that they can talk to their parents if they have a problem. Start conversations about daily life and feelings with questions like these:

- What was one good thing that happened today? Any bad things?
- What is lunch time like at your school? Who do you sit with?
What do you talk about?
- What is it like to ride the school bus?
- What are you good at?
- What do you like best about yourself?

Talking about bullying directly is an important step in understanding how the issue might be affecting kids. There are no right or wrong answers to these questions, but it is important to encourage kids to answer them honestly. Assure kids that they are not alone in addressing any problems that arise.

STOP BULLYING

PHYSICAL

VERBAL

SOCIAL

CYBER



Mental Health

What Parents Need to Know About Mental Health

Understand that transitions can be difficult at any age.

Some youth thrive in the face of change but for others, it can be a tricky situation to navigate. Watch for signs of distress as your children transition to a new grade, sport, or group of friends. You can help them manage the stress by monitoring mood changes, sleep patterns, behavior changes, and watching for signs of isolation.

Know the signs of common mental health conditions.

The most common mental health conditions in youth are anxiety disorders, attention deficit hyperactivity disorder (ADHD) and depression. If you are concerned that your child is experiencing a mental health disorder, talk to a licensed provider (such as a therapist), and get an evaluation. General symptoms to be aware of include poor school performance or changes in school performance, persistent boredom, frequent physical ailments such as headaches, stomachaches, sleep issues, signs of regression like bed wetting, and even aggressive behaviors.

Learn how to start a conversation around mental health.

Understanding how to talk about mental health is likely one of the most important things you will do as a parent. When beginning these conversations, it is important to speak from a place of empathy and express care. Use open and non-judgemental language such as “I am worried about you,” “I am here for you,” or “Do you want to talk about how you’re feeling?”

The above excerpted from Partnership for Drug-Free Kids website citing information from Psych Hub.

Teen Depression

Teenagers face a host of pressures, from the changes of puberty to questions about who they are and where they fit in. With all this turmoil and uncertainty, it isn't always easy to differentiate between normal teenage growing pains and depression. But teen depression goes beyond moodiness. It's a serious health problem that impacts every aspect of a teen's life. Fortunately, it's treatable and parents can help. Contact your child's pediatrician if you have any questions or concerns. Your love, guidance, action and support can go a long way toward helping your teen overcome depression and get their life back on track. Having an early intervention is also important to get your teen the help they need, the sooner, the better.

The above description comes from the Parent's Guide to Teen Depression (www.helpguide.org).

In our most recent Attitudes and Behaviors Survey (2022) students reported that 25% of all high school students have felt sad or depressed most of the time in the past month and 16% are frequently depressed and/or have attempted suicide.

Mental Health Trends — *High School and Beyond*

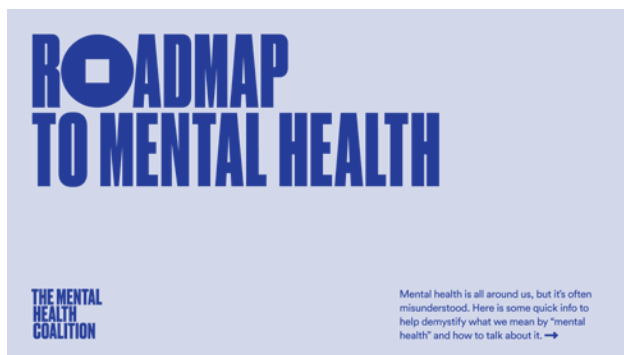
There is much recent reporting of data showing that mental health trends are worsening among high school and college students. Here are just a few items of note:

Mental Health Trends		
42%	22%	41.6%
of high schools students experienced persistent feelings of sadness or hopelessness.	of high schools students seriously considered attempting suicide.	of college students report “overwhelming anxiety”.

Data from The Centers for Disease Control and Prevention (2023) and American College Health Association (2023)

Going to college can be a stress inducing time for all students. Common health issues facing college students often and increasingly include Depression, Anxiety, Suicide, Eating Disorders, Addiction, and more. Resources are available at the Brookfield Cares website in the College Students and Mental Health page under the Resources tab, including a downloadable College Mental Health Toolkit. Go to this link to download:

<https://brookfield-cares.org/college-students-and-mental-health/>



OCD

Approximately 1 out of 100 children develops Obsessive Compulsive Disorder (OCD). When a child has OCD, a difference in the way his or her brain processes information results in uncontrollable worries and doubts called “obsessions.” The child then performs “compulsions” — repetitive rituals or habits — in an effort to decrease the anxiety caused by the obsessions. But the decrease is only temporary, because performing the compulsions reinforces and strengthens the obsessions, creating a worsening cycle of OCD behavior.

OCD is diagnosed when obsessions and compulsions are time-consuming, cause significant distress, and interfere with daily functioning in school, social activities, family relationships, or normal routines. Treatment of someone diagnosed with OCD typically can be done through mental health therapy, and at times, medication may be suggested.

Common Obsessions and Compulsions

- Fear of contamination or germs
Washing, cleaning
- Fear of harm or danger
Checking
- Fear of losing something valuable
Hoarding
- Fear of violating religious rules
Preoccupation with religious observances
- Need for symmetry
“Evening up” or arranging
- Need for perfection
Seeking reassurance or doing things “just right”

The above description and list comes from the Obsessive Compulsive Foundation of Metropolitan Chicago’s How To Help Your Child – a Parent’s Guide to OCD available for download:

<https://adaa.org/sites/default/files/How-to-Help-Your-Child-A-Parents-Guide-to-OCD.pdf>

Eating Disorders

The American Psychiatric Association classifies five different types of eating disorders, with the most commonly known being Anorexia, Bulimia and Binge Eating Disorder. Research shows that biological factors play a significant role in who develops an eating disorder. Symptoms can affect the physical and mental health of the individual. Causes of eating disorder can range from a wide variety of sources however, through focus groups conducted with High School students in Spring of 2023, students reported the role of social media and what tends to be trending based on how peers navigate on how their body should look disregarding genetic make up, health, and accuracy of influencer reportings.

The above description comes from the National Eating Disorder Association (NEDA) Parent Toolkit.

Our most recent Attitudes and Behaviors Survey tells us that 28% of high school students have engaged in eating disordered behavior, which is an 11% increase from the findings in 2019 when the Survey was last given.

According to Dr. Ovidio Bermudez (past Chair of the National Eating Disorders Association) here are 10 things parents with a child suffering from an eating disorder needs to know:

1. The eating disorder is not your fault.
2. The eating disorder is not your child's fault, either.
3. Eating disorders run in families.
4. Environment also plays a role.
5. Society plays a role, too.
6. Disordered eating habits change the brain.
7. Other behaviors can also change the brain.
8. The brain can recover.
9. Full weight restoration is key to recovery.
10. Help is available.

A link to the complete article referenced above is available on the Brookfield Cares Parent's Guide Resources page.

**"We need to change the culture of this topic
and make it OK to speak about mental health and suicide."**

*— Luke Richardson, New York Islanders coach
whose daughter took her own life at the age of 14.*

Suicide

What Parents Need to Know About Suicide

Suicide is a major public health problem and a leading cause of death in the United States. The effects of suicide go beyond the person who acts to take his or her life. It has a lasting effect on family, friends, and communities. Our own students are telling us (Attitudes and Behaviors Survey) that 26% of them (high school grades) are frequently depressed and/or have attempted suicide; with that number increasing by the time they are high school seniors.

Warning Signs of Suicide

1. Visiting, calling or texting people to say goodbye.
2. Looking for ways to die, such as researching for methods or means on the internet or trying to buy guns, ropes, pills or knives.
3. Making direct or indirect statements about death, suicide, or suicide ideation/plan.
4. Writing about death, suicide or dying when this is out of the ordinary.
5. Sudden and extreme changes in mood or behaviors (e.g. changes in routine, appearance, grooming habits).
6. Increased substance abuse.
7. Excessive or dangerous risk-taking.
8. Seeking revenge for a real or imagined victimization or rejection.
9. Signs of severe depression (insomnia or sleeping too much, intense anxiety or panic attacks, irritability or agitation, rage or uncontrolled anger, withdrawal or isolation, losing interest in things, lost ability to experience pleasure).
10. Expression of any of these thoughts or feelings (trapped or desperate to escape an intolerable situation, humiliation, being a burden to others, worthlessness, hopelessness, purposelessness or having no reason to live).

List from Debra Zegas Berman — mother, survivor of suicide loss, and educator and the Cincinnati Children's Blog (blog.cincinnatichildrens.org).

Talking About Suicide

Talking about suicide with children is important:

1. **Children deserve the truth.** Lying or hiding the truth from children often backfires. It can ruin the relationship between child and parent.

2. **Mental health is genetic.** Mental illness runs in families and affects almost every family member. Sharing accurate information about mental health and suicide gives children accurate information about it.
3. **Even if it doesn't happen in your family, hearing about it provides parents a good starting point for having a candid talk about suicide and its impact on others.**

Preschool-Kindergarten: Stick to the basics.

If a young child asks about suicide, keep it simple.

Ages 7 to 10: Give short, true answers.

From 7 to 10, it's still important for parents to emphasize the death is sad and that the person died from a disease.

Ages 11 to 14: Be more concrete.

By middle school, one in three children have experienced mood dysregulation that scares them. This doesn't mean that preteens will go on to experience a mental health condition. It does show that at a young age, children are grappling with complicated emotions.

High school: Not if ... When.

Parents of high school students can have the exact same conversation with their teens as they would with middle schoolers with one notable difference. Instead of asking **if** their teens or their friends have experienced mental health conditions or thought of suicide ask **when**. Our most recent Survey tells us that while 6% of middle schoolers have suicidal thoughts, that number grows to 16% for high schoolers.

Suggestions excerpted from Parent Toolkit's How To Talk To Children About Suicide: An Age-By-Age Guide.

Conversation starters to consider when talking to your kids:

- "I was reading that youth suicide has been increasing..."
- "I heard about a new TV show/movie that talks about suicide..."
- "What do you think about suicide?"
- "It sounds like a lot of young people have thought about suicide at some point."
- "Do you know if any of your friends have thought about suicide?"
- "Has this been something that's ever crossed your mind?"

Excerpted from 'Talking with your Child About Suicide.' <https://www.childrens.com/health-wellness/talking-with-your-child-about-suicide>

SEL & The RULER APPROACH

What is SEL?

SOCIAL EMOTIONAL LEARNING (SEL) is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

District leadership is committed to helping students and educators incorporate social and emotional practices into the school experience throughout Brookfield Public Schools and have embarked on a comprehensive effort to implement SEL at all grades through the RULER approach.

What is RULER?

RULER is an evidence-based approach for integrating social and emotional learning into schools, developed at the Yale Center for Emotional Intelligence. RULER applies “hard science” to the teaching of what have historically been called “soft skills.” RULER teaches the skills of emotional intelligence — those associated with recognizing, understanding, labeling, expressing, and regulating emotion. Decades of research show that these skills are essential to effective teaching and learning, sound decision making, physical and mental health, and success in school and beyond.

Recognizing emotions in self and others

Understanding the causes and consequences of emotions

Labeling emotions accurately

Expressing emotions appropriately

Regulating emotions effectively

Visit these Yale University RULER websites to learn more:

<https://www.rulerapproach.org>

<https://www.rulerapproach.org/about/what-is-ruler/>

What is Emotional Intelligence?

According to studies by Salovey & Mayer (1990 published research article), “Emotional intelligence is the ability to monitor one’s own and others’ feelings, to discriminate among them, and to use this information to guide one’s thinking and action.” Emotional intelligence provides the knowledge, attitude, and skills associated with RULER.

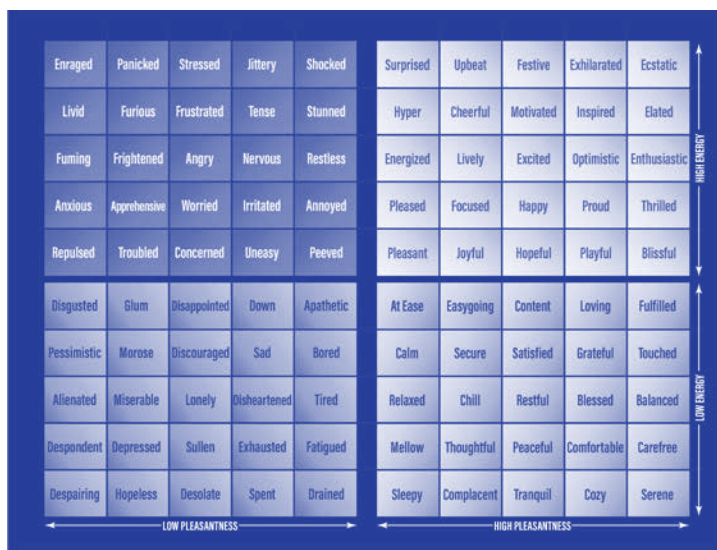
RULER Impact

- **Students** will become less anxious and depressed, have more developed emotional skills, have fewer attention problems, have better academic performance, develop greater leadership skills.
- **Teachers** will be more engaging, supportive, and effective.
- **Classrooms/Schools** will provide more positive climates with less bullying.

Mood Meter

Students, teachers, and staff use the Mood Meter (a RULER tool) in classrooms. Mood Meter helps students to identify how they are feeling. Goals include:

- **Expand your emotional vocabulary:** Discover the nuances in your feelings.
- **Gain insights about your inner life:** Learn what’s causing your feelings over time.
- **Regulate your feelings:** Use strategies to regulate your feelings: enhance how you manage your life.
- **Remember to check in with yourself:** Use reminders to check-in on your feelings throughout the day.
- **View your report:** Learn how your feelings are affecting your decisions, relationships, and performance.



Visit this website to learn more about Mood Meter:

<https://marcbrackett.com/mood-meter-app/>

The Developing Brain

This Guide reinforces the commitment of our schools, coaches, town & law enforcement officials, faith leaders, medical & mental health professionals, and concerned community members to assist and empower those in need of support.

The Teen Brain: 6 Things to Know

Big and important changes happen to the brain during adolescence. Here are 6 things to know about the teen brain

1 – Your brain does not keep getting bigger as you get older

For girls the brain reaches its largest physical size around 11 years old, and for boys the brain reaches its largest physical size around age 14. Of course, this difference in age does not mean either boys or girls are smarter than one another!

2 – But that doesn't mean your brain is done maturing

For both boys and girls, although your brain may be as large as it will ever be, your brain doesn't finish developing and maturing until your mid- to late-20s. The front part of the brain, called the prefrontal cortex, is one of the last brain regions to mature. It is the area responsible for planning, prioritizing and controlling impulses.

3 – The teen brain is ready to learn and adapt

In a digital world that is constantly changing, the adolescent brain is well prepared to adapt to new technology—and is shaped in return by experience.

4 – Many mental disorders appear during adolescence

All the big changes the brain is experiencing may explain why adolescence is the time when many mental disorders—such as schizophrenia, anxiety, depression, bipolar disorder, and eating disorders—emerge.

5 – The teen brain is resilient

Although adolescence is a vulnerable time for the brain and for teenagers in general, most teens go on to become healthy adults. Some changes in the brain during this important phase of development actually may help protect against long-term mental disorders.

6 – Teens need more sleep than children and adults

Although it may seem like teens are lazy, science shows that melatonin levels (or the “sleep hormone” levels) in the blood naturally rise later at night and fall later in the morning than in most children and adults. This may explain why many teens stay up late and struggle with getting up in the morning. Teens should get about 9–10 hours of sleep a night, but most teens don’t get enough sleep. A lack of sleep makes paying attention hard, increases impulsivity and may also increase irritability and depression.

Information in this section excerpted from: National Institute of Mental Health website.



INFANTS

- Genes do the heavy lifting



CHILDREN

- Environment starts to take precedence



TEENS

- Environment becomes the primary influence

Vaping / Smoking

What is Vaping?

Vaping is the inhaling of a vapor created by an electronic cigarette (e-cigarette) or other vaping device. E-cigarettes are battery-powered smoking devices. They have cartridges filled with a liquid that usually contains nicotine, flavorings, and chemicals. The liquid is heated into a vapor, which the person inhales. That’s why using e-cigarettes is called “vaping.”

Vape devices (e-cigs, e-hookahs, mods, vape pens, vapes, tank systems, JUULs) contain 4 basic components: a cartridge or a tank to hold e-liquid (or e-juice/vape sauce), a heating element known as an atomizer, a battery and a mouthpiece to inhale.

What Is Being Vaped?

Although many substances can be vaped, three are most common: flavored e-liquids, flavored e-liquids with nicotine, and marijuana. The e-liquids come in small bottles or in prefilled pods or cartridges. Pods are the component that contain the e-liquid.

- Flavored e-liquids come in thousands of flavors, including bubble gum, cotton candy and grape, but also hot dog, banana bread and King Crab legs.
- Flavored e-liquids may also contain different levels of nicotine, ranging from 2mg/ml to 59mg/ml. One of the more popular vape devices, JUUL, contains 59mg/ml of nicotine in each pod. Each JUUL pod is equal to one pack of cigarettes.
- Marijuana can be vaped in both the leaf form or using THC and/or CBD oil. THC is the psychoactive compound in marijuana that creates a sense of being high.

Is Vaping Safe?

The short answer is that vaping isn't considered safe for teens and young adults, especially since their brains are still developing. Vaping is a relatively new phenomenon. As a result, long-term studies that examine its impact on teen and young adult health and behavior have yet to be concluded. Concerns include: exposure to nicotine, dependence, smoking risks, injuries and poisonings, cancer and respiratory effects.

Health Updates – Emerging Data

The Centers for Disease Control and Prevention has been working with a number of states who are reporting “*a cluster of pulmonary illnesses linked to e-cigarette product use, or ‘vaping,’ primarily among adolescents and young adults.*”

The Journal of Adolescent Health published research in August 2020 showing that in a survey of more than 4,300 U.S. teens and young adults ages 13 to 24, teen and young adult vapers were up to 7 times more likely to get COVID-19, compared with those who did not vape. In 2023 the CDC reported most youth who reported using e-cigarettes used flavored varieties (89.4%). Among middle and high school students who currently used any type of flavored e-cigarette in 2023, the most commonly used flavors were fruit (63.4%), candy, desserts, or other sweets (35%), mint (27.8%), and menthol (20.1%).

These are emerging stories. We encourage you to stay informed as new data becomes available and is published.

What Can Parents Do to Safeguard Against Vaping?

Be equipped with the facts

It's important to be familiar with vape devices (especially JUUL due to its popularity), what's being vaped (i.e. flavorings, nicotine and/or marijuana) and the associated risks.

Have conversations

Look for opportunities to discuss vaping with your child. Opportunities may present themselves in numerous ways. Be ready to listen rather than give a lecture. Try using open-ended questions to get the conversation going such as, "What do you think about vaping?"

Try to understand why

Most kids start vaping due to curiosity, the flavors, cloud tricks, wanting to fit in, etc. Over time, vaping can become habitual as it is used to address other needs such as relief from boredom and anxiety. Some kids also become addicted to nicotine and continue vaping to avoid withdrawal symptoms. It helps to understand why your child is vaping.

Convey your expectations

Set clear expectations. Express your understanding of the risks, but also why a person might want to vape. Share why you don't want your child vaping.

Role play refusal skills

If you have a younger teen, it may help to teach your child refusal skills. After all, if your child is in middle school or older, they are likely to be in social situations where they are offered an opportunity to try a flavor. You might ask, "What would you say if someone offered you their vape?" See how your child would handle the situation. Practicing something along the lines of "No thanks, I'm not interested," said with direct eye contact and assertive body language can help your child be prepared.

Be a good role model

Set a positive example by being vape and tobacco-free. If you do vape, keep your equipment and supplies secured.

Tobacco 21

A law that took effect in Connecticut on October 1, 2019 prohibits businesses from selling products such as cigarettes, cigars, chewing tobacco or pipe tobacco to people younger than 21. It also bans the sale of vaping products which contain nicotine, to those under 21.

For more information visit <https://www.fda.gov/tobacco-products/retail-sales-tobacco-products/tobacco-21>

Information in this section excerpted from: What You Need to Know And How to Talk With Your Kids About Vaping! Partnership for Drug-Free Kids (drugfree.org).

RESOURCES

A variety of services are available to the Brookfield community. From our schools to government, associations and beyond, we are all committed to helping and providing direction and support. Here are just a few of the resources. A more complete listing can be found on the <https://brookfield-cares.org> website under the **Resources** tab.

Brookfield Public Schools

Our schools provide a wide variety of services, so if you have any issues at all that you'd like to discuss call the Director Of Pupil Personnel Services at **(203) 775-7748**.

Brookfield Police Department

The Brookfield Police Department recognizes the importance of keeping children and youth safe. Effective policing requires an awareness and understanding of their specific needs. If you need assistance with your youth, please contact Youth Officer Heller at **(203) 740-4135** or email him at: mheller@brookfieldct.gov

School Based Health Center — CIFIC

Brookfield Public Schools and The CT Institute for Communities (CIFIC Health) are working together to support students' and families' needs by providing mental health services within the high school. Students at Brookfield High School can take advantage of mental health services offered during school hours, through the School Based Health Center (SBHC). Therapy and mental health services include:

- Mental health assessment
- Individual, group, and family therapy
- Anxiety/depression
- Poor academic performance/learning challenges
- Recent move to Brookfield from another location
- Peer/family relations
- Exposure to trauma/loss
- History of or current self-harm and/or suicidal ideation

For more information, see the BHS School Based Health Center webpage:

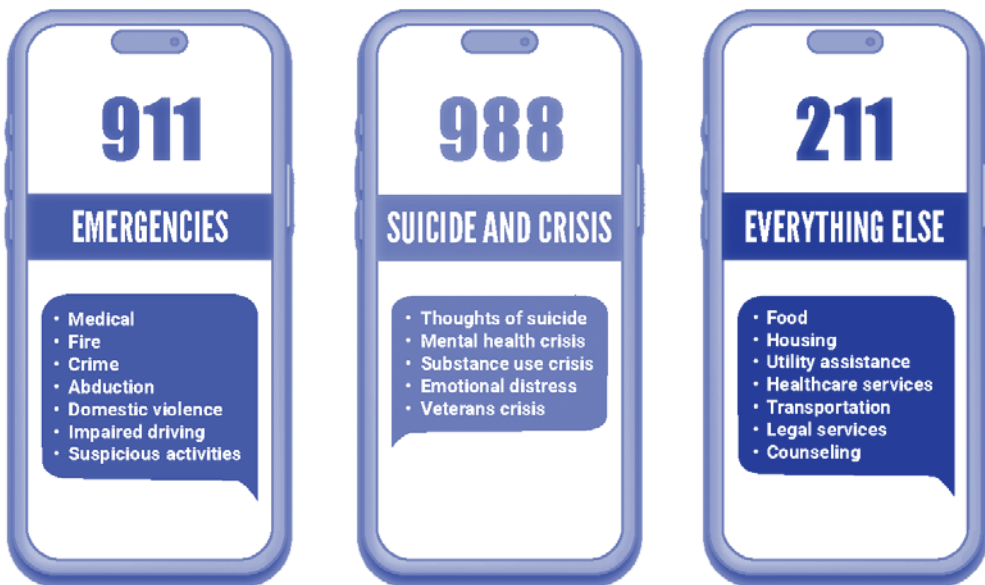
<https://sites.google.com/brookfieldps.org/bhs-sbhc/home>

24-Hour Help

Hurting yourself is NEVER the right answer. There are people who can help. For immediate help text or call:

- Text HOME to 741741 Free 24/7 crisis counseling through Crisis Hotline
- 1-877-968-8454 YOUTHLINE Teen to Teen Peer Counseling Hotline
 or Text 'TEEN2TEEN' to 839863
- 1-877-870-4673 Samaritans Helpline
- 1-888-447-3339 Danbury Hospital 24-Hour Crisis Hotline
- 1-800-563-4086 Department of Mental Health and Addiction
 Service (DMHAS) Opioid Access Line
- 1-866-488-7386 The Trevor Project for LGBTQ young people
 or Text 'START' to 678-678

Help can also be 3 numbers away:



Treatment and Counseling

While not endorsing or recommending specific programs, the list of links on the Brookfield CARES website has been compiled to help families research the subjects of addiction and mental illness. It includes substance misuse and addiction treatment centers, mental health resources, addiction services, twelve-step resources and more. Remember that your family doctor or pediatrician can also assist you with a referral.

[https:// brookfield-cares.org/treatmentcounseling/](https://brookfield-cares.org/treatmentcounseling/)

Substance Misuse

A variety of websites where you can find detailed information, resources, and downloads for issues of concern. Included are:

- Public Health and Alcohol Related Injuries
- Partnership for Drug Free Kids
- Time To Talk Parent Talk Kit • Youth.gov
- SAMHSA Talk. They Hear You: Parent & Caregiver Resources (<https://www.samhsa.gov/talk-they-hear-you/parent-resources>)
- Rethinking Drinking
- Connecticut Association of Directors of Health (CADH) Opioid and Substance Use Disorder Toolkit (<http://cadh.org/ct-opioid-toolkit/>)
- NIDA (National Institute on Drug Abuse) for Teens
- DMHAS Opioid Treatment Resources (drugfreet.org)
- State of Connecticut Department of Children and Families Parent Information & Support

<https://brookfield-cares.org/resources/substance-misuse-resources/>

Suicide / Depression

Websites ranging from current information to how to identify and understand what can be unfamiliar and hard to understand behaviors. Included are:

- Recognizing and Addressing Depression Presenting as Anger
- Substance Abuse Mental Health Service Administration (U.S. Department of Health and Human Services)
- The American Foundation for Suicide Prevention

<https://brookfield-cares.org/resources/suicide-prevention/>

Mental Health Resources

State and national associations devoted to research and communication on mental health and other issues. Included are:

- Connecticut Department of Mental Health and Addiction Services
- National Alliance on Mental Illness
- TurningPointCT.org
- Connecticut Department of Mental Health & Addiction Services
- Western CT Coalition

<https://brookfield-cares.org/resources/mental-health/>

Gizmo's Pawesome Guide to Mental Health

Gizmo's Pawesome Guide to Mental Health is a great free resource to help you and your kids with your sad, mad and worried feelings during tough times – including the shutdown. The book is available for download for free in both English and Spanish, and you can order free print copies too.

Note: free quantities are limited to a max of 4 outside of Connecticut.

Visit Gizmo's website to download a PDF, order a free copy, or find additional resources including word searches, games, puzzles, and activity pages.



<https://www.gizmo4mentalhealth.org>



Let's Talk About It: A Graphic Guide To Mental Health






Created for middle and high school students, this is designed to destigmatize the conversation around mental health addressing everything from stress to anxiety to addiction. The book also looks at how the brain affects behavior, shares ways to stay mentally healthy, and directs readers towards resources for those who need help.

A copy can be downloaded free of charge here:

<https://cartoonstudies.gumroad.com/1/letstalkaboutit>

VAPING IDENTIFICATION CHART FOR PARENTS

Information in this section is from the U.S. Department of Health and Human Services.

DEVICES	DESCRIPTION
<p>1ST GENERATION Disposable e-cigarettes</p> 	<p>A type of e-cigarette designed to be used one time, only. These devices are not rechargeable or refillable. They are discarded when it runs out of charge or e-liquid. They are designed to mimic the look and feel of combustible cigarettes. These are sometimes referred to as "cigalikes"</p>
<p>2ND GENERATION With prefilled or refillable cartridge</p> 	<p>A type of rechargeable e-cigarette, or vaping, product designed to be used multiple times. They are modifiable devices ("mods"), allowing users to customize the substances in the device. The cartridge is attached to a battery pen—which contains the battery. Cartridge and battery pen are typically purchased separately. They can be bought in starter packs.</p>
<p>3RD GENERATION Tanks or Mods (refillable)</p> 	<p>Drugs in this class (called Benzodiazepines) are used to relieve anxiety or help someone sleep.</p>
<p>4TH GENERATION Pod Mods (prefilled or refillable)</p> 	<p>Pod Mod is an e-cigarette, or vaping, product with a prefilled or refillable "pod" or pod cartridge with a modifiable (mod) system ("Pod-Mods") These are examples of fourth generation devices. Pod Mods come in many shapes, sizes, and colors. Pod Mods typically use nicotine salts rather than the freebase nicotine used in most other e-cigarette, or vaping, products. Nicotine salts allow particularly high levels of nicotine to be inhaled more easily and with less irritation to the throat than freebase nicotine.</p>
<p>VAPORIZERS</p> 	<p>An inhalation device used to release the active substances of organic or inorganic materials in the form of an aerosol through the application of non-combusting heat. Vaporizers can be used to aerosolize dry herbs, wax, and oil. For example, vaporizers are used to heat marijuana to a point where its active ingredients (e.g., THC) are released in an aerosol and inhaled.</p>

New Challenges All the Time

The COVID-19 pandemic and the issues around Racism, Inclusion and Black Lives Matter continue to have long lasting impact. We will be updating the **Resources** pages on the **BROOKFIELD CARES** website as we find new and relevant resources. Websites, audio, and downloadable files are available. Included are:

COVID-19

- A Family Guide to COVID-19: Questions & Answers for Parents, Grandparents & Children (NYU Langone Health)
- Kitchen Conversations: How to Talk with Young Children About COVID-19 Centers for Disease Control and Prevention)

Racism • Inclusion • BLM

- A Parent's Guide to Black Lives Matter (Childcare platform Yoopies UK)
- Beyond the Golden Rule: A Parent's Guide to Preventing and Responding to Prejudice (Teaching Tolerance)

Our Changing School Issues

In addition to increased awareness and resources for student mental health issues, Brookfield Schools have begun efforts focused on these issues.

- **Attendance.** Our schools have signed onto the Connecticut State Department of Education initiative "School is Better With You" beginning in 2023.
- **Student Persistence:** Staff has seen more of a tendency for students to give up or stop trying when situations become difficult. In an effort to help support students, the schools have initiated several efforts including:
 - » Whisconier Middle School now has a Dean of Students.
 - » The Restorative Practices approach has been introduced along with traditional discipline to support students more effectively.
 - » Outreach and communication to families is being revamped with the adoption and launch of *ParentSquare*, a website/information management system in July, 2024.

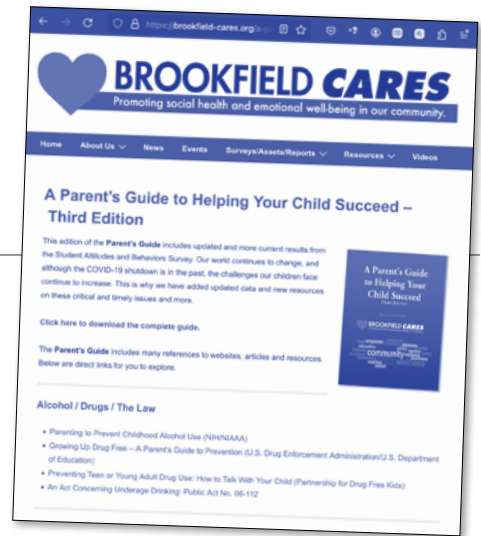


Visit the **BROOKFIELD CARES** Parent Resources page where you can access links to resources and support materials.

[https:// brookfield-cares.org/resources/](https://brookfield-cares.org/resources/)

Parent's Guide to Helping Your Child Succeed

This Parent's Guide includes many references to websites, articles and resources. The downloadable guide has live links to all of these references—and more. And we're adding new resources all the time. Go to the URL below to download the guide.



<https://brookfield-cares.org/parents-guide-to-helping-your-child-succeed/>

Join Brookfield CARES Email List

If you'd like to get updates on what **BROOKFIELD CARES** is doing, events, and relevant news items, sign up to get our email communications:

<https://brookfield-cares.org/brookfield-cares-email/>



Follow Brookfield CARES on Instagram

If you prefer Instagram, follow us to get updates, notices, information, positive messages, and more.

<https://www.instagram.com/brookfieldcares/>






Follow Brookfield CARES on Facebook

Follow us on Facebook to get updates, notices, information, positive messages, and more.

www.facebook.com/BrookfieldCARES







DRUG IDENTIFICATION CHART FOR PARENTS

TYPE OF DRUG	DRUG NAME(S)	DRUG SLANG	DESCRIPTION
<p>NARCOTIC (OPIOID)</p> 	<p>Oxycodone prescribed as Tylox®, Percodan®, OxyContin®</p>	<p>Hillbilly Heroin, Kicker, OC, Ox, Oxy, Perc, Roxy</p>	<p>Semisynthetic opioid drug prescribed for pain. Comes in pill forms (including tablet or capsule).</p>
<p>NARCOTIC (OPIOID)</p> 	<p>Hydrocodone prescribed as Vicodin®, Lorcet®, Lortab®</p>	<p>Hydro, Norco, Vikes</p>	<p>Can cause abdominal pain, extreme nausea, liver damage</p>
<p>CENTRAL NERVOUS SYSTEM DEPRESSANT</p> 	<p>Prescribed as Valium®, Xanax®, Restoril®, Ativan®, Klonopin®</p>	<p>Barbs, Benzos, Downers, GHB, Liquid X, Nerve Pills, Phennies, R2, Reds, Roofies, Tranks, Yellows</p>	<p>Drugs in this class (called Benzodiazepines) are used to relieve anxiety or help someone sleep.</p>
<p>NARCOTIC (SYNTHETIC OPIOID)</p> 	<p>Fentanyl, clandestine fentanyl</p>	<p>Apace, Cash, Dance Fever, Goodfellas, Great Bear, He- Man, Poison, Tango</p>	<p>A synthetic opioid that is about 100 times more potent than morphine as an analgesic. Users may believe they are buying heroin, but instead could be receiving fentanyl or heroin laced with fentanyl, which could result in death. It is illicitly manufactured in China and possibly Mexico, and smuggled into the United States.</p>
<p>STIMULANT (AMPHETAMINES)</p> 	<p>Prescribed as Adderall®, Concerta®, Dexedrine®, Focalin®, Metadate®, Methylin®, Ritalin®, Desoxyn®</p>	<p>Bennies, Black Beauties, Crank, Ice, Speed, Uppers</p>	<p>Used to treat attention deficit hyperactivity disorder. Also used as a study aid, to stay awake, and to suppress appetite.</p>

Information in this section covers some commonly used substances and accessories and has been excerpted from the DEA's and U.S. Department of Education's joint publication: *GROWING UP DRUG FREE: A Parent's Guide to Substance Use Prevention*. To learn more, please go to DEA's website for parents, educators, and caregivers (www.getsmartaboutdrugs.com/drugs).





HOW IT'S CONSUMED	EFFECTS
<p>Pills and tablets chewed or swallowed. Inhaling vapors by heating tablet on foil. Crushed and sniffed or dissolved in water and injected.</p> <p>Possible related paraphernalia: needle, pipe</p>	<p>Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.</p> <p>Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of a triad of symptoms such as coma, pinpoint pupils, and respiratory depression is strongly suggestive of opioid poisoning.</p>
<p>Usually taken orally, in pill forms (including tablets and capsules), and syrups.</p>	<p>Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.</p> <p>Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of a triad of symptoms such as coma, pinpoint pupils, and respiratory depression is strongly suggestive of opioid poisoning.</p>
<p>Comes in pills, syrups, and injectable liquids. Taken orally or crushed and snorted.</p> <p>Possible related paraphernalia: needle, straw, tube</p>	<p>Effects include calmness, euphoria, vivid or disturbing dreams, amnesia, impaired mental function, hostility, irritability, sedation, hypnosis, decreased anxiety, and muscle relaxation. Can be addictive.</p> <p>Overdose may be fatal; signs can include shallow breathing, clammy skin, dilated pupils, weak but rapid pulse, and coma.</p>
<p>Clandestine fentanyl is typically injected, inhaled like heroin, or laced into counterfeit prescription pills.</p> <p>Possible related paraphernalia: needle, straw, tube</p>	<p>Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.</p> <p>Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of a triad of symptoms such as coma, pinpoint pupils, and respiratory depression is strongly suggestive of opioid poisoning.</p>
<p>Pill forms (including tablet and capsule) taken orally but sometimes injected. "Ice" or crystallized methamphetamine hydrochloride is smoked.</p> <p>Possible related paraphernalia: needle,</p>	<p>Similar to cocaine but slower onset. Increased body temperature, blood pressure, and pulse rates; insomnia; loss of appetite; and physical exhaustion. Chronic misuse produces a psychosis that resembles schizophrenia: paranoia, hallucinations, violent and erratic behavior. Overdose can be fatal.</p>

DRUG IDENTIFICATION CHART FOR PARENTS

TYPE OF DRUG	DRUG NAME(S)	DRUG SLANG	DESCRIPTION
<p>CANNABIS</p> 	<p>Marijuana cigarette (joint) and marijuana edibles</p>	<p>Aunt Mary, BC Bud, Chronic, Dope, Gangster, Ganja, Grass, Hash, Herb, Joint, Mary Jane, Mota, Pot, Reefer, Sinsemilla, Skunk, Smoke, Weed, Yerba</p>	<p>Marijuana is an addictive mind-altering psychoactive drug. It is a dry mix of flowers, stems, seeds, and leaves (usually green or brown) from the cannabis sativa plant. The principal component in marijuana that is responsible for its euphoric effects is delta-9-tetrahydrocannabinol, or THC.</p>
<p>CANNABIS</p> 	<p>Marijuana extract concentrate</p>	<p>710, Budder, Butane Hash Oil (BHO), Dabs, Honey Oil, Shatter, THC Extractions, Wax</p>	<p>A powerful substance made by extracting THC from marijuana. Some marijuana concentrates contain 40% to 80% THC. Regular marijuana contains THC levels averaging around 12%. One very dangerous way of extracting THC produces a sticky liquid known as "wax" or "dab" (it may resemble honey or butter).</p>
<p>SYNTHETIC CANNABINOIDS</p> 	<p>K2/Spice</p>	<p>Black Mamba, Blaze, Bliss, Bombay Blue, Fake Weed, Genie, Legal Weed, Red X Dawn, Scooby Snax, Skunk, Zohai</p>	<p>Synthetic versions of THC (the psychoactive ingredient in marijuana), K2/Spice (and similar products) is a mixture of plant material sprayed with synthetic psychoactive chemicals. It is especially dangerous because the user typically doesn't know what chemicals are used. Often, the small plastic bags of dried leaves are sold as potpourri or incense and may be labeled "not for human consumption."</p>
<p>NARCOTIC (OPIOID)</p> 	<p>Heroin</p>	<p>Big H, Black Tar, Chiva, Hell Dust, Horse, Negra, Smack, Thunder</p>	<p>Heroin is a semisynthetic opioid substance. It comes in a white or brownish powder, or a black sticky substance known as "black tar heroin." Because it is often mixed (cut) with other drugs or substances, especially fentanyl in recent years, users typically do not know how much heroin or other substances are being used, creating the likelihood of overdose.</p>






HOW IT'S CONSUMED	EFFECTS
<p>Smoked as a cigarette (a joint) or in a pipe or bong. Sometimes smoked in blunts (cigars emptied of tobacco and filled with marijuana and sometimes other drugs).</p> <p>Can be mixed with food (marijuana edibles) or brewed as tea.</p> <p>Possible related paraphernalia: bong, pipe, roach clip, rolling papers</p>	<p>Relaxation, loss of inhibition, increased appetite, sedation, and increased sociability. Can affect memory and ability to learn; also causes difficulty in thinking and problem solving.</p> <p>May cause hallucinations, impaired judgment, reduced coordination, and distorted perception. Also may cause decreased blood pressure, increased heart rate, dizziness, nausea, rapid heartbeat (tachycardia), confusion, anxiety, paranoia, drowsiness, and respiratory ailments.</p>
<p>The "wax" is used with vaporizers or e-cigarettes or heated in a glass bong. Users prefer using e-cigarettes or vaporizers because it is smokeless, odorless, and easy to hide.</p> <p>Possible related paraphernalia: vaporizer, e-cigarette, bong</p>	<p>Marijuana concentrates have a much higher level of THC.</p> <p>The effects of using may be more severe than from smoking marijuana, both psychologically and physically.</p>
<p>Usually smoked in a joint, pipe, or e-cigarette. Can also be brewed into tea.</p> <p>Possible related paraphernalia: bong, e-cigarette, pipe, roach clip, rolling papers</p>	<p>Paranoia, anxiety, panic attacks, hallucinations, and giddiness.</p> <p>This addictive substance can also cause increased heart rate and blood pressure, convulsions, organ damage, and/or death.</p>
<p>Injected, smoked, or sniffed/snorted. High purity heroin is usually snorted or smoked.</p>	<p>This highly addictive drug first causes a euphoria or "rush," followed by a twilight state of sleep and wakefulness. Effects can include drowsiness, respiratory depression, constricted pupils, nausea, flushed skin, dry mouth, and heavy arms or legs. Overdose effects include slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death.</p>

DRUG IDENTIFICATION CHART FOR PARENTS

TYPE OF DRUG	DRUG NAME(S)	DRUG SLANG	DESCRIPTION
STIMULANT 	Cocaine	Blow, Coca, Coke, Crack, Crank, Flake, Rock, Snow, Soda Cot	Cocaine is usually a white, crystalline powder made from coca leaves. Cocaine base (crack) looks like small, irregularly shaped white chunks (or "rocks").
STIMULANT 	Khat	Abyssinian Tea, African Salad, Catha, Chat, Kat, Oat	Khat is a flowering evergreen shrub, and what is sold and misused is usually just the leaves, twigs, and shoots of the Khat shrub.
METHAMPHETAMINE 	Meth	Bikers Coffee, Chalk, Crystal, Crank, Ice, Meth, Shabu, Shards, Speed, Stove Top, Trash, Tweak, Yaba	Meth is a stimulant that speeds up the body's system. "Crystal meth" is an illegally manufactured version of a prescription drug (such as Desoxyn® to treat obesity and ADHD) that is cooked with over-the-counter drugs in meth labs. It resembles pieces of shiny blue-white glass fragments (rocks) or it can be in a pill or powder form.
OTHER 	Kratom	Biak, Kakuam, Ketum, Thang, Thom	Kratom is a tropical tree native to Southeast Asia. Consumption of its leaves produces both stimulant effects (in low doses) and sedative effects (in high doses).
OTHER 	Toluene, kerosene, gasoline, carbon tetrachloride, amyl nitrate, butyl nitrate, nitrous oxide	Gluey, Huff, Rush, Whippits	Specific volatile solvents, aerosols, and gases typically found in common household products (such as felt-tip markers, spray paint, air freshener, typewriter correction fluid, butane, glue, and thousands of others). These substances are harmful when inhaled.

HOW IT'S CONSUMED	EFFECTS
<p>Usually snorted in powder form or injected into the veins after dissolving in water. Crack cocaine is smoked. Users typically binge on the drug until they are exhausted or run out of cocaine.</p> <p>Possible related paraphernalia: needle, pipe, small spoon, straw, tube</p>	<p>Smoking or injecting creates an intense euphoria. The crash that follows is mentally and physically exhausting, resulting in sleep and depression for several days, followed by a craving for more cocaine. Users quickly become tolerant, so it is easy to overdose. Cocaine causes disturbances in heart rate, increased blood pressure and heart rate, anxiety, restlessness, irritability, paranoia, loss of appetite, insomnia, convulsions, heart attack, stroke, and/or death.</p>
<p>Typically chewed like tobacco, then retained in the cheek and chewed intermittently to release the active drug, which produces a stimulant-like effect. Dried Khat leaves can be made into tea or a chewable paste. Khat also can be smoked and even sprinkled on food.</p>	<p>Effects are similar to other stimulants, such as cocaine, amphetamine, and methamphetamine.</p>
<p>Swallowed in pill form. In powder form, it can be smoked, snorted, or injected. Users may take higher doses to intensify the effects, take it more often, or change the way they take it.</p> <p>Possible related paraphernalia: needle, pipe</p>	<p>Meth is highly addictive and causes agitation, increased heart rate and blood pressure, increased respiration and body temperature, anxiety, and paranoia. High doses can cause convulsions, heart attack, stroke, or death.</p>
<p>The psychoactive ingredient is found in the leaves from the kratom tree. These leaves are subsequently crushed and then smoked, brewed with tea, or placed into gel capsules.</p>	<p>Effects include nausea, itching, sweating, constipation, loss of appetite, tachycardia, vomiting, and drowsiness. Users also have experienced anorexia, weight loss, insomnia, frequent urination, hepatotoxicity, seizure, and hallucinations.</p>
<p>Fumes are inhaled by sniffing or snorting the substance directly from a container or dispenser. Fumes are sometimes breathed in after being deposited inside a paper or plastic bag, or they are "huffed" from an inhalant-soaked rag or from Sballoons with nitrous oxide.</p> <p>Possible related paraphernalia: aerosol cans, balloons, rags</p>	<p>Slight stimulation, feeling less inhibition, and/or loss of consciousness. Inhalants damage sections of the brain that control thinking, moving, and seeing. Effects can include slurred speech, loss of coordination, euphoria, and dizziness. Long-term use may damage the nervous system and organs; sudden sniffing death may occur from suffocation or asphyxiation.</p>

DRUG IDENTIFICATION CHART FOR PARENTS

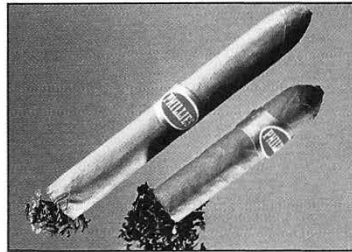
TYPE OF DRUG	DRUG NAME(S)	DRUG SLANG	DESCRIPTION
<p>COLD MEDICINE</p> 	<p>Dextromethorphan in over-the-counter brands: Robitussin®, Coricidin® HBP</p>	<p>CCC, DXM, Poor Man's PCP, Purple Drank, Robo, Skittles, Syrup, Triple C</p>	<p>DXM is a cough suppressant found in many over-the-counter cold medications in cough syrups or pill forms (such as tablets and capsules). It is also now sold in powder form.</p>
<p>ALCOHOL</p> 	<p>Alcohol</p>	<p>Beer, booze, malt liquor, wine, wine cooler</p>	<p>Alcohol is a drug that can interfere with brain development in youth and young adults. Alcohol poisoning (or overdose) results from drinking large amounts of alcohol in a short period of time, which can cause serious brain damage or death. Drinking at a young age also makes an alcohol use disorder more likely later in life.</p>
<p>TOBACCO</p> 	<p>Cigarette</p>	<p>Bone, butt, cancer stick, coffin nail, smoke</p>	<p>Tobacco contains nicotine, one of the most highly addictive drugs used today. Teens who smoke cigarettes or use nicotine pouches are much more likely to use marijuana than those who have never smoked.</p>
<p>NICOTINE POUCH</p> 	<p>Zyn</p>	<p>Zynnies, Zynner, Zynsky</p>	<p>Zyn is an oral pouch that contains nicotine powder and flavorings like mint, coffee and citrus. The pouches are the fastest-growing segment of the tobacco industry</p>
<p>VAPING</p> 	<p>E-cigarettes, nicotine, marijuana (cannabis), flavorings</p>	<p>E-cigs, e-hookahs, hookah pens, Juuling, Juuls, mods, vapes, vape pens</p>	<p>Vaping is the act of inhaling and exhaling an aerosol or vapor made from a liquid or dry material that is heated in an electronic powered device (an e-cigarette). The liquid can contain flavoring, nicotine, marijuana concentrates, or other chemicals.</p>

HOW IT'S CONSUMED	EFFECTS
<p>DXM misuse traditionally involves drinking large amounts of over-the-counter cough medication. Tablet, capsule, and pill forms are now snorted or injected. DXM powder is sold online, and extensive "how to use" information is available on various websites.</p> <p>Possible related paraphernalia: needle, pipe</p>	<p>Can cause hallucinations, confusion, loss of coordination, slurred speech, sweating, and lethargy. It is addictive. High doses of DXM taken with alcohol or other drugs, including antidepressants, can cause death.</p>
<p>Alcohol is consumed orally.</p>	<p>Misusing alcohol can result in an alcohol use disorder, dizziness, slurred speech, disturbed sleep, nausea, vomiting, hangovers, impaired motor skills, violent behavior, impaired learning, Fetal Alcohol Spectrum Disorders, respiratory depression, and, at high doses, death.</p>
<p>Cigarettes, cigars, and pipes are smoked. Some users prefer smokeless tobacco (chew, dip, snuff), which is placed inside the mouth between the lips and gums.</p>	<p>Tobacco has many short- and long-term effects. They include addiction, heart and cardiovascular disease, cancer, emphysema, and chronic bronchitis. When pregnant mothers smoke, it can lead to spontaneous abortion, preterm delivery, and low birth weight.</p>
<p>The pouches are tucked into the upper lip, delivering a dose of nicotine directly to the bloodstream.</p>	<p>Can cause heart, lung, stomach, and fertility problems, raise blood pressure, and weaken the immune system. highly addictive and it may increase cardiovascular disease. It could also play a role in hardening artery walls, which may lead to a heart attack.</p>
<p>Puffing activates a battery-powered heating device, which vaporizes the liquid in the cartridge. Users then inhale the resulting aerosol or vapor.</p>	<p>Coughing/wheezing, nausea, vomiting, headache, dizziness, paranoia, anxiety, panic attacks, and hallucinations.</p> <p>Vaping marijuana has been shown to cause serious lung damage and death. The long-term effects of vaping are not yet known.</p>

ADDITIONAL PICTURES OF DRUGS OF USE



Marijuana paraphernalia



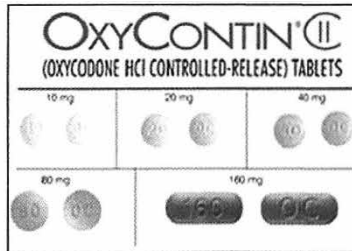
Blunts



Ecstasy



Heroin



OxyContin



Cocaine paraphernalia



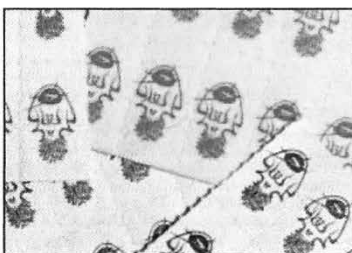
K2/Spice



Bath salts



Salvia Divinorum



LSD blotter paper

Street names: Acid, blotter, yellow sunshines, microdot, boomers, cubes; **Looks like:** odorless, colorless liquid used on blotter paper, sugar cubes, tablets; How it's used: Swallowed; **Signs/Symptoms of Use:** Dilated pupils, altered states of perception



Rohypnol – Date Rape Drug

Street names: Roofies, Fly, Spanish Fly, R-Z; **Looks like:** Tasteless, odorless, dissolves in beverages; How it's used: Swallowed; **Signs/Symptoms of Use:** Small amounts cause unconsciousness and/or amnesia



Psilocybin Mushroom

Street names: Purple passion, magic mushrooms, shrooms; **Looks like:** Natural mushrooms-fried or dried; How it's used: Eaten, brewed or consumed as tea; **Signs/Symptoms of Use:** Same as LSD, paranoia, nervousness, nausea

There's Always Something New to Learn

Our world is constantly changing, and **BROOKFIELD CARES** is constantly looking for ways to provide you with information and resources to help your students thrive. Please visit our website to access and download resources.



You can visit **BROOKFIELD CARES** at
[https:// brookfield-cares.org](https://brookfield-cares.org)
or by scanning this QR code.



resources
risky empower building advocacy social
education creating safety better assets
behavior emotional community resilience awareness
connection behaviors wellness
coalition at-risk asset

Thank You

BROOKFIELD CARES thanks you for taking the time to read, to attend meetings, to learn, and to stay involved in your children's lives.

We continue to work hard to reach the entire community on issues that have an impact on our lives. Feedback enables us to improve. Please let us know if you have any suggestions on how we can improve this guide or any of the efforts we undertake. You can reach us by email at info@brookfield-cares.org

<https://brookfield-cares.org>



BROOKFIELD CARES

Promoting social health and emotional well-being in our community.

BROOKFIELD CARES thanks the
Western CT Coalition for its
strong and ongoing support.
Visit them at: www.wctcoalition.org



BROOKFIELD CARES encourages you to get informed and stay involved in your loved ones' lives. To learn more, visit our website, click on the Resources tab, and explore the Parent Resources.

<https://brookfield-cares.org>

This guide has been paid for by Brookfield Cares.