A Parent's Guide to Helping Your Child Succeed

Fourth Edition

Brought To You By

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**.

This edition includes updated results from the **Student Attitudes and Behaviors Survey**. We have added updated data and new resources on these critical and timely issues including new information on vaping and nicotine pouches, cannabis, online gambling and more.

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.

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brookfield-cares.org

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

About Brookfield Cares

Dear Parents,

Brookfield Cares is an advocacy group that works to create awareness, inspire the community, and advocate for positive change around substance misuse, and mental health concerns. As a non-profit organization of volunteers, we are committed to engage with all members of the community to advocate for the reduction of harmful behaviors, destigmatize mental health issues, and to promote healthy choices.

We work to create positive change by encouraging people to end isolation and seek help. We strive to reach the entire community on issues that have an impact on our daily lives, including addiction, drug and alcohol use, suicide prevention, and mental health issues. We have initiated a variety of programs to further our mission and goals. The more informed our community is, the healthier it will become. 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 and law enforcement officials, faith leaders, medical and 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).

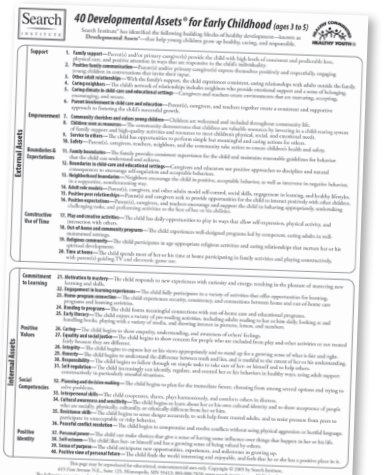
Grounded in research in youth development, resiliency, and prevention, the Developmental Assets identify:

External Assets

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

Internal Assets

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


Search Institute

40 Developmental Assets® for Early Childhood (ages 3 to 5)

Search Institute® has identified the following building blocks of healthy development—known as Developmental Assets®—that help young children grow up healthy, caring, and responsible.

External Assets

Support

1. **Family support**—Parent(s) and/or primary caregiver(s) provide the child with high levels of consistent and predictable love, affection, and support. Interactions in ways that are responsive to the child's individuality.
2. **Positive family communication**—Parent(s) and/or primary caregiver(s) express themselves positively and respectfully, engaging young children in conversation and listening carefully to what they say.
3. **Other adult relationships**—With the family's support, the child experiences consistent, caring relationships with adults outside the family.
4. **Caring neighbors**—The child's network of relationships includes neighbors who provide emotional support and a sense of belonging, encouragement, and security.
5. **Caring climate in child care and educational settings**—Caregivers and teachers create environments that are nurturing, accepting, supportive, and encouraging.
6. **Parent involvement in child care and education**—Parent(s), caregivers, and teachers together create a consistent and supportive approach to fostering the child's successful growth.

Empowerment

7. **Community valuates and values young children**—Children are welcomed and included throughout community life.
8. **Children seen as resources**—The community demonstrates that children are valuable resources by giving to a child-rearing system of family, school, and high-quality activities and resources to meet children's physical, social, and emotional needs.
9. **Service to others**—The child has opportunities to perform simple but meaningful and caring actions for others.
10. **Safety**—Parent(s), caregivers, teachers, neighbors, and the community take actions to ensure children's health and safety.

Boundaries & Expectations

11. **Family boundaries**—The family provides consistent supervision for the child and maintains reasonable guidelines for behavior that the child understands and achieves.
12. **Boundaries in child care and educational settings**—Caregivers and educators use positive approaches to discipline and natural consequences to assist children in learning self-restraint and acceptable behaviors.
13. **Neighborhood boundaries**—Neighbors encourage the child in positive, acceptable behavior, as well as intervene in negative behavior, such as unacceptable, misbehaving way.
14. **Adult role models**—Parent(s), caregivers, and other adults model self-control, social skills, engagement in learning, and healthy lifestyles.
15. **Positive peer relationships**—Parent(s) and caregivers seek to provide opportunities for the child to interact positively with other children.
16. **Positive expectations**—Parent(s), caregivers, and teachers encourage and support the child in behaving appropriately, understanding the ongoing rules, and performing activities to the best of his or her ability.

Constructive Use of Time

17. **Play and creative activities**—The child has daily opportunities to play in ways that allow self-expression, physical activity, and interaction with others.
18. **Out-of-home and community programs**—The child experiences well-designed programs led by competent, caring adults in well-structured settings.
19. **Religious community**—The child participates in age-appropriate religious activities and caring relationships that nurture her or his spiritual development.
20. **Time at home**—The child spends most of her or his time at home participating in family activities and playing constructively with parent(s) guiding TV and electronic game use.

Internal Assets

Commitment to Learning

21. **Motivation to mastery**—The child responds to new experiences with curiosity and energy, resulting in the pleasure of mastering new skills and learning new things.
22. **Engagement in learning experiences**—The child fully participates in a variety of activities that offer opportunities for learning, programs and learning activities.
23. **Home program connection**—The child experiences security, consistency, and connections between home and out-of-home care.
24. **Bonding to programs**—The child forms meaningful connections with out-of-home care and educational programs.
25. **Early literacy**—The child enjoys a variety of pre-reading activities, including adults reading to her or him daily, looking at and handling books, playing with a variety of media, and showing interest in pictures, letters, and numbers.

Positive Values

26. **Caring**—The child begins to show empathy, understanding, and awareness of others' feelings.
27. **Equality and social justice**—The child begins to show concern for people who are excluded from play and other activities or are treated fairly because they are different.
28. **Integrity**—The child begins to express her or his views appropriately and to stand up for a growing sense of what is fair and right.
29. **Honesty**—The child begins to understand the difference between truth and lies, and is truthful to the extent of her or his understanding.
30. **Responsibility**—The child begins to follow through on simple tasks to take care of her or himself and to help others.
31. **Self-regulation**—The child begins to increasingly can identify, regulate, and control his or his behaviors in healthy ways, using adult support consistently to gradually internal strategies.

Social Competencies

32. **Planning and decision-making**—The child begins to plan for the immediate future, choosing from among several options and trying to solve problems.
33. **Interpersonal skills**—The child cooperates, shares, plays harmoniously, and resolves conflicts in diverse, who are racially, physically, culturally, or otherwise different from her or him.
34. **Cultural awareness and harmony**—The child begins to learn about her or his own cultural identity and to show acceptance of people
35. **Resistance skills**—The child begins to resist danger assertively to seek help from trusted adults, and to resist pressure from peers to participate in unacceptable or risky behaviors.
36. **Peaceful conflict resolution**—The child begins to compromise and resolve conflicts without using physical aggression or hurtful language.

Positive Identity

37. **Personal power**—The child can make choices that give a sense of having some influence over things that happen in her or his life.
38. **Self-esteem**—The child likes her or himself and has a growing sense of being valued by others.
39. **Sense of purpose**—The child anticipates new opportunities, experiences, and challenges and is excited by growing up.
40. **Positive view of personal future**—The child finds the world interesting and enjoyable, and believes he or she has a positive place in it.

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Why Developmental Assets Matter

Research consistently shows that young people with a greater number of developmental assets are:

- More likely to succeed academically and socially
- Less likely to engage in a wide range of high-risk behaviors
- Better equipped to cope with stress and life's challenges
- More likely to volunteer, lead, and contribute positively to their communities

These Assets are available for download on the website:

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 Brookfield Public Schools have partnered to better understand the experiences, attitudes, and behaviors of our students. One of the most valuable tools we use is the **Search Institute's Attitudes and Behaviors Survey (www.search-institute.org)**, which provides insight directly from our middle and high school students.

Unlike national studies, this survey reflects the voices and experiences of Brookfield students, giving our schools and community meaningful, local data to guide prevention efforts, educational initiatives, and community programming.

Overall, the results continue to show that Brookfield is a strong and supportive community, and many of our students are thriving. At the same time, the survey identifies important trends that deserve our continued attention. By understanding these patterns, we can work together to strengthen protective factors, support healthy decision-making, and address emerging concerns before they become larger problems. Here's a sampling of what we've learned from the most recent, (6th time) survey, given in Winter 2025, which includes information from students in grades 8–12:

- Alcohol continues to be the number one drug of choice.
- Cannabis continues to be viewed as less dangerous than other substances with less parental disapproval, *but use has moved to vaping and nicotine pouches.*
- 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 (2025 Survey)					
Category	Definition	% Reporting Risk Taking Behaviors			
		Total Grades 9–12	Grade 8	Grade 9	Grade 12
Alcohol	Used alcohol in the last 30 days	**17%**	**4%**	**7%**	**30%**
	Got drunk once or more in the last 2 weeks	**8%**	**1%**	**3%**	**9%**
Driving & Alcohol	Drove after drinking in the last 12 months	**4%**	**0%**	**2%**	**9%**
	Rode (once or more in the last 12 months) with a driver who had been drinking	**17%**	**17%**	**18%**	**18%**
Eating Disorder	Has engaged in bulimic or anorexic behavior	**22%**	**18%**	**22%**	**21%**
Depression	Felt sad or depressed most of the time in the past month	**16%**	**18%**	**11%**	**18%**
Illicit drug use	Used heroin or other narcotics in the last 30 days	**1%**	**0%**	**1%**	**3%**
Gambling	Gambled once or more in the last 12 months	**22%**	**24%**	**16%**	**27%**
Violence	Physically hurt someone once or more in the last 12 months	**6%**	**20%**	**8%**	**3%**

** 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 play a key role in shaping their teen's attitudes and decisions about alcohol. The messages you share, the expectations you set, and the behaviors you model all influence whether and when your child chooses to drink. If you choose to drink, model responsible alcohol use. While no approach can eliminate the risk of underage drinking, open communication, clear boundaries, and consistent expectations can significantly reduce the likelihood of alcohol use and related problems.

There are several steps parents can take to reduce the likelihood that their teen will drink or develop unhealthy drinking habits:

- **Start conversations early and keep them going.** Talk with your child about alcohol in age-appropriate ways throughout childhood and adolescence. Encourage questions, listen to concerns, and share your expectations. Research shows that teens who understand their parents' views on underage drinking are more likely to make safer choices.
- **Set clear expectations and be consistent.** Establish family rules about alcohol before situations arise, and consistently enforce them. Teens are more likely to respect and follow rules when they view them as fair, reasonable, and consistent.
- **Stay involved.** Know where your teen is, who they are spending time with, and what they are doing. Connect with other parents to help monitor gatherings and ensure appropriate supervision.
- **Know the law.** Be familiar with Connecticut's laws regarding providing alcohol to minors, including your own children.
- **Never provide alcohol to someone else's child.** Supplying alcohol to minors can have serious legal and safety consequences.

As children become adolescents, they naturally seek greater independence, but parents continue to have a strong influence on their choices. Open communication, along with clear boundaries and expectations, helps teens make healthier decisions—especially about alcohol, where early choices can have lasting effects on their health, safety, and future.

Will My Kids Listen?

Adolescents who have strong, supportive relationships with trusted adults are less likely to engage in risky behaviors. One of the most effective things parents can do is have open, honest conversations about alcohol and drug use while clearly communicating their values and expectations. Let your child know that they can always come to you with questions or concerns without fear of judgment.

Some ways to start the conversation include:

- "As you get older, you'll face difficult choices. I trust you to make good decisions, and if you're ever unsure or feel pressured, I'm here to talk."
- "I care about your health, safety, and future. I hope you'll avoid alcohol and drugs while your brain and body are still developing, and if you ever need help, I'll always be here."
- "You don't have to follow the crowd. It's okay to say no, and you can always call me if you need help getting out of an uncomfortable situation."

Spend quality time with your children and stay involved in their lives. When they know you are there to listen without judgment, they are more likely to come to you with questions about drugs or talk about situations that make them feel uncomfortable or unsafe. This is especially important during times of change—such as a new school, a move, or stressful life events—when children may feel even more anxious.

What Is the Law?

Connecticut's Social Host Law (C.G.S. § 30-89a) makes it illegal for a person who owns, occupies, or controls a home or other private property to knowingly or recklessly allow anyone under the age of 21 to illegally possess alcohol on the property. The law also requires adults who become aware of underage drinking to make reasonable efforts to stop it.

After the legalization of adult-use cannabis in Connecticut in 2021, the Social Host Law was expanded to include cannabis. Parents, guardians, and other adults may be held accountable if they allow minors to possess or use cannabis on their property.

If an adult is found to be liable for allowing anyone under the age of 21 to consume alcohol or cannabis on their property, they may be subject to any or all of the following:

- Being charged with a Class A misdemeanor
- Paying fines up to $2,000
- Serving to up to one year in jail

A person may be found liable even if they weren't home at the time, if it only happened once, and if they weren't the one to provide the alcohol or cannabis.

Consequences

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.

Parents and caregivers should never assume they are protecting teens by allowing drinking at home. Research shows that providing alcohol or permitting underage drinking does **not** reduce risky behavior and may increase the likelihood of alcohol-related injuries, impaired driving, alcohol poisoning, and future alcohol misuse. Setting clear expectations, monitoring gatherings, and communicating with other parents are among the most effective ways to help keep young people safe.

Drugs

Cannabis

In Connecticut, cannabis is legal for adults 21 and older. It's important to understand that legal for adults doesn't mean safe for youth.

The adolescent brain continues developing into the mid-20s, particularly areas involved in decision-making, judgment, planning, and impulse control. Cannabis use during adolescence—especially frequent use or use of high-THC products—can affect attention, memory, learning, and mental health. Tetrahydrocannabinol (THC) is the main chemical in the cannabis plant that gives people the feeling of being high. Beginning cannabis use at a younger age is also associated with a greater risk of developing Cannabis Use Disorder (CUD).

What Forms of Cannabis Are Teens Using?

The cannabis products available in 2026 are much more potent, varied, and widespread than those in the past. Cannabis products available today can contain significantly higher concentrations of THC than products available decades ago. Higher THC exposure can increase the risk of severe intoxication, anxiety, panic, impaired judgment, and other adverse effects.

Parents should become familiar with the different products and methods of consumption teens may encounter, including:

- THC vape cartridges and disposable vape pens

- Cannabis flower smoked in joints, pipes, or bongs
- Edibles such as gummies, chocolates, baked goods, and beverages
- Concentrates such as wax, shatter, and oils, which can contain very high concentrations of THC
- Pre-rolled joints and other ready-to-use products

Cannabis vaping can be especially difficult for parents and school staff to recognize because devices may be small, easy to conceal, and produce less noticeable odor than smoked cannabis.

Edibles present another concern because some products can resemble ordinary candy, snacks, or beverages. They should always be stored securely and kept away from children. Cannabis lockbags are available through **Brookfield Cares** and Western Connecticut Coalition, free of charge, to support safe storage.

Connecticut Cannabis Laws

Only adults age 21 and older may legally purchase recreational cannabis in Connecticut. Providing or selling cannabis to someone under 21 is illegal.

Connecticut law also restricts where cannabis may be used, and driving while impaired by cannabis is illegal. Parents and caregivers should understand that they may face legal consequences for knowingly allowing underage possession or use on property they control.

What Parents Can Do

Parents do not need to know everything about cannabis to have effective conversations. Start by learning what today's products look like and asking your child what they have seen or heard.

- Keep cannabis products securely locked and out of the reach of children and teens.
- Learn to recognize THC vapes, edibles, concentrates, and other newer products.
- Clearly communicate your expectations about underage cannabis use.
- Talk about the effects cannabis can have on the developing brain, rather than relying on scare tactics.
- Discuss healthy ways to cope with stress, anxiety, boredom, and peer pressure.
- Remind your child never to ride with a driver who is impaired by cannabis, alcohol, or another substance.
- Foster a safe environment for your adolescent to confide in you. Make sure your teen knows they can call you if they find themselves in an unsafe situation.

Open, honest conversations combined with clear expectations and supportive relationships can help young people make healthier choices.

Cannabis information summarized from CDC.gov and InTheKnowCT.org.Information on Cannabis was summarized from CDC.gov and InTheKnowCT.org

Vaping and Nicotine Pouches

What Is Vaping?

Vaping is the inhaling of an aerosol created by an electronic cigarette (e-cigarette) or other vaping device. E-cigarettes are battery-powered devices that heat a liquid—often containing nicotine, flavorings, and other chemicals—to create an aerosol that the user inhales.

Vape devices, including e-cigarettes, vape pens, pod systems, disposable vapes, mods, and tank systems, generally contain four basic components: a cartridge, pod, or tank that holds the liquid; a heating element; a battery; and a mouthpiece.

Many newer vaping products are small, colorful, and easy to conceal. Some resemble everyday items such as pens, highlighters, USB drives, or cosmetic products, making them difficult for parents and educators to recognize.

What Is Being Vaped?

Today's vaping products can contain a variety of substances, but the most common are nicotine, THC (tetrahydrocannabinol, the psychoactive component of cannabis), and flavored e-liquids. While some e-liquids are marketed as nicotine-free, testing has sometimes found nicotine in products that did not accurately disclose their contents.

Thousands of flavors have been marketed, including fruit, candy, mint, dessert, and beverage flavors. Flavors can make vaping more appealing to young people, but they do not make vaping safe.

Nicotine concentrations vary widely. Many pod-based and disposable products use nicotine salts, which allow users to inhale high concentrations of nicotine with less throat irritation than traditional cigarettes. This can make it easier to consume large amounts of nicotine and develop dependence.

Products obtained from informal or unregulated sources may also contain unknown ingredients or contaminants.

Is Vaping Safe?

While e-cigarettes generally expose users to fewer harmful chemicals than combustible cigarettes, that does not mean they are safe—especially for children, teens, and young adults.

Most youth vaping products contain nicotine, a highly addictive substance that can affect the developing brain. Nicotine exposure during adolescence can interfere with attention, learning, memory, mood, and impulse control and can lead to dependence.

Vape aerosol may also contain ultrafine particles, heavy metals, volatile organic compounds, and other potentially harmful substances. Some vaping products contain THC or other drugs, and products purchased through informal or unregulated sources may contain unknown ingredients or contaminants.

Researchers continue to study the long-term effects of vaping and newer nicotine products. What is already clear is that young people should not use e-cigarettes, nicotine pouches, cigarettes, smokeless tobacco, or other nicotine products.

Nicotine Pouches: What Parents Should Know

Vaping is not the only nicotine product gaining attention among young people. Nicotine pouches, including brands such as ZYN, On!, and VELO, are small pouches placed between the lip and gum. Unlike traditional chewing tobacco or snuff, nicotine pouches do not contain tobacco leaf, but they do contain nicotine and can be highly addictive.

Because there is no smoke, vapor, or strong tobacco smell, nicotine pouch use can be particularly difficult for adults to detect. The small containers are easy to carry or conceal, and the pouches can be used discreetly at school, at home, or in other settings. In fact, in our Student Focus Groups, we learned that some high school athletes were using nicotine to improve focus, energy, alertness, and/or performance.

Nicotine pouches are sold in different flavors and nicotine strengths. Some products contain relatively high amounts of nicotine per pouch. Young people who are not accustomed to nicotine may experience nausea, dizziness, headaches, and increased heart rate.

Parents should also be aware that nicotine pouches are not FDA-approved smoking cessation medications. Adults who want help quitting tobacco or nicotine should talk with a healthcare professional about proven cessation methods.

What Does ZYN Look Like?

ZYN is a brand of nicotine pouch designed to be placed between the upper lip and gum. Because the product does not produce smoke, vapor, or a strong odor, its use can be much harder for parents and teachers to notice than cigarettes or vaping.

What parents should look for:

- Small, round containers: ZYN pouches are typically sold in small, round, pocket-sized cans that can resemble containers for mints or gum.
- Small white pouches: Individual pouches are small, white, rectangular packets that may look similar to tiny tea bags.
- Different flavors: Products are available in flavors such as mint, menthol, citrus, coffee, cinnamon, and other varieties that may make them more appealing or seem less like traditional tobacco products.
- Nicotine strength on the package: Containers indicate the amount of nicotine in each pouch. Strengths can vary by product.
- Easy to conceal: The cans fit easily into a pocket, backpack, purse, or desk, while individual pouches can be used very discreetly.

Why It Can Be Easy to Miss

A young person using a nicotine pouch may simply appear to have something tucked under their upper lip. There is no device to charge, no vapor to exhale, and typically little noticeable odor. Used pouches may also be found in trash cans, wrappers, backpacks, cars, or bedrooms.

Parents may hear teens refer to nicotine pouches as “Zyns,” “Zyn,” “pouches,” or “nic pouches.” ZYN is a brand name, however, and other brands of nicotine pouches are also available.

Parent Tip: If you find an unfamiliar round container or small white pouches, don’t assume they are mints or gum. Check the label for words such as “nicotine,” “nicotine pouches,” “mg,” or “tobacco-free nicotine.”

Current Trends

Youth tobacco use has changed considerably in recent years. E-cigarettes remain an

important concern, but newer products—including nicotine pouches—are increasingly visible and heavily discussed on social media.

This changing landscape makes it important for parents to look beyond traditional cigarettes and vaping. A teen using nicotine may have a disposable vape, a pod-based device, or a small container of nicotine pouches. Stay informed about emerging products and avoid assuming that something labeled "tobacco-free" or "smoke-free" is harmless. Nicotine-free is different from tobacco-free. A tobacco-free nicotine pouch can still deliver an addictive drug.

What Can Parents Do?

Be equipped with the facts. Learn about vaping devices, nicotine pouches, and other nicotine products. Know what they look like, what they contain, and why they may appeal to young people. Small vape devices and round nicotine-pouch containers can be easy to overlook.

Have conversations. Talk with your child early and often about nicotine. Look for natural opportunities, such as a social media post, advertisement, news story, or something happening at school. Listen without immediately lecturing and try open-ended questions such as, "What have you heard about nicotine pouches?" or "Why do you think vaping appeals to some kids?"

Explain that "tobacco-free" does not mean risk-free. Teens may believe nicotine pouches are safe because they do not contain tobacco leaf and do not produce smoke or vapor. Explain that nicotine itself is addictive and can affect the developing brain.

Try to understand why. Young people may experiment with vaping or nicotine pouches because of curiosity, flavors, friends, social media, stress, boredom, or the desire to fit in. Once nicotine dependence develops, they may continue using products to avoid withdrawal symptoms such as irritability, anxiety, difficulty concentrating, or strong cravings.

Convey your expectations. Set clear, consistent expectations about vaping and nicotine use. Explain the reasons behind your rules rather than relying only on punishment or scare tactics. Make sure your child understands that your concerns apply to all nicotine products, including vapes and nicotine pouches.

Role-play refusal skills. Ask, "What would you say if someone offered you a vape or nicotine pouch?" Practicing a simple response such as, "No thanks, I'm good," can make it easier for a young person to respond confidently when faced with peer pressure.

Watch for possible signs of nicotine use. Parents may notice unfamiliar vaping devices, chargers, pods, disposable vapes, or small containers of nicotine pouches. Other possible

signs of nicotine dependence can include increased irritability, anxiety, difficulty concentrating, frequent cravings, or repeatedly leaving situations to use nicotine. These signs can have many causes, however, so use them as an opportunity for conversation rather than proof of nicotine use.

Be a good role model. Model tobacco- and nicotine-free behavior when possible. If nicotine products are used by adults in the household, keep vapes, e-liquids, nicotine pouches, and other products securely stored away from children and pets.

Tobacco 21

Federal law prohibits retailers from selling tobacco products to anyone younger than 21. Connecticut law also prohibits the sale of tobacco and electronic nicotine-delivery products to people under 21. Parents should be aware that age restrictions apply to newer nicotine products as well—not just traditional cigarettes.

The nicotine marketplace continues to change rapidly. Staying informed and having frequent, judgment-free conversations can help young people understand that whether nicotine is smoked, vaped, or placed under the lip, it carries risks and can lead to addiction.

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

Talking With Your Children About Drugs

Talking about alcohol, nicotine, cannabis, and other drugs may feel uncomfortable, but regular, honest conversations are one of the most important ways parents can help children make healthy choices. You don't need to have one perfect conversation—look for opportunities to talk, listen, and stay connected over time.

1. Find the Right Moment

Choose times when conversation can happen naturally, such as during a walk, in the car, after dinner, or before bed. Talking side-by-side rather than face-to-face can sometimes make teens feel less pressured and more willing to open up.

Use everyday situations—news stories, television, social media, sporting events, or something happening at school—as conversation starters.

2. Listen More, Lecture Less

Approach conversations with curiosity and stay calm, even if you hear something that concerns you. Ask open-ended questions that encourage more than a yes-or-no response:

- "What do kids at school think about vaping?"
- "Why do you think some teens drink or use drugs?"
- "What would you do if someone offered you something at a party?"
- "Do you think kids your age understand the risks?"

Practice active listening by allowing your child to finish speaking before responding. Reflecting back what you hear—"It sounds like you're feeling…" or "Am I understanding you correctly?"—shows that you're listening, even when you disagree.

When discussing concerns, use "I" statements rather than blame. For example: "I worry about you because I love you and want you to be safe."

3. Remember: Parents Have Influence

Parents and other trusted adults have a powerful influence on a young person's decisions about substance use.

Set clear expectations. Tell your child directly that you don't want them using alcohol, cannabis, nicotine, or other drugs, and explain why in terms of health, safety, brain development, judgment, and their future.

Prepare for peer pressure. Talk about how to refuse alcohol or drugs, leave an uncomfortable situation, or contact you for help. Consider establishing a plan that allows your teen to call or text you for a ride when they feel unsafe.

Know what's out there. Learn about the substances young people may encounter and ask what your child has heard about them. Are kids at school vaping or using nicotine pouches? What do their friends think about cannabis or alcohol? Have they ever been offered something?

If there is a family history of addiction or alcohol-related problems, consider discussing it in an age-appropriate way. Genetics and family history can increase vulnerability to developing a substance use disorder. Most importantly, keep talking. One conversation isn't enough. The substances, pressures, and situations your child encounters will change as they get older.

View the **Parent Drug Guide (Pages 40-47)** to learn more about the top drugs in your teens' world. Then ask your teen about these drugs – have they heard of them? What do they know about them? Does anyone in their school use these drugs? Any of their friends? Have they ever been offered to drink or smoke weed?

4. Offer Empathy and Support

Academic pressure, friendships, relationships, social media, family issues, and worries about the future can create significant stress for young people. Acknowledge those pressures while explaining that alcohol and drugs are not healthy ways to cope.

Help your child identify healthier options, such as physical activity, music, hobbies, relaxation techniques, talking with someone they trust, or seeking professional support when needed.

Make sure your child knows that asking for help—or admitting a mistake—will never make you love them less.

5. Remember that the Teen Brain Is Still Developing

The brain continues developing into the mid-20s, particularly areas involved in planning, judgment, impulse control, emotional regulation, and considering consequences.

As a result, teens may be more likely to act impulsively, experience intense emotions, take risks, or be strongly influenced by peers. Understanding this doesn't mean ignoring inappropriate behavior. Teens still need clear expectations, consistent boundaries, and consequences, along with patience and guidance.

Respond Instead of React

When emotions are high, how you respond can determine whether a conversation becomes an argument or an opportunity to connect.

If you feel yourself becoming angry or frustrated, pause before responding. Keep your voice calm and avoid trying to resolve an issue in the heat of the moment. If necessary, take a break and return to the conversation when everyone is calmer.

Try to understand what your teen may be feeling beneath the behavior while maintaining your expectations and boundaries.

Keep the Door Open

Your goal isn't to win every disagreement. It's to create a relationship in which your child feels safe coming to you with questions, concerns, and mistakes.

Be clear about your expectations. Listen without immediately judging. Keep conversations going. Remind your child that you are always there to help.

Your influence matters—even when it doesn't seem like your teen is listening.

Keep the Lines of Communication Open

The goal isn't to win every disagreement—it's to build a relationship where your teen feels safe coming to you, even after making mistakes. Staying calm, setting consistent expectations, and communicating with empathy help strengthen trust over time.

Remember, adolescence is a temporary stage of development. With guidance, patience, and supportive adults, teens gradually develop the skills they need to make thoughtful decisions, manage emotions, and become independent, responsible adults.

Parents are the biggest influence in a teen's life. That's why it's important to talk regularly with your teen. Remind your teen of your support and be sure to listen to what he or she has to say.

Drug Safety and Disposal

- Preventing youth substance use also means limiting access to medications and cannabis products in the home.
- Lock it up. Keep prescription medications, cannabis products, and other potentially harmful substances secured and out of sight and reach of children and teens. **Brookfield Cares** has a limited number of medication lock boxes and cannabis lock bags available at no cost. Email info@brookfield-cares.org for more information.
- Dispose of medications safely. Do not keep unused or expired medications "just in case." Deterra® Drug Deactivation Pouches offer a convenient way to deactivate medications for disposal and are available at no cost through the Brookfield Town Hall Health Office and **Brookfield Cares**.

- Use the medication drop box. The Brookfield Police Department has a medication drop box in the lobby of the Police Station for the safe disposal of old, expired, or unused prescription medications.
- Periodically checking your home for unused medications and securely storing substances that need to remain in the home are simple steps that can reduce accidental poisoning, medication misuse, and access by children and teens.

Bullying

What Is Bullying?

Bullying is unwanted, aggressive behavior that causes someone to feel hurt, intimidated, humiliated, or excluded. It involves a real or perceived imbalance of power, where one person uses physical strength, social status, popularity, age, or access to information or technology to gain power over another.

Bullying can occur in person or online and may happen at school, in the community, or through social media, gaming platforms, texting, or other digital spaces. While bullying often occurs repeatedly, a single serious incident—particularly online—can have lasting effects if it is shared, viewed, or continues to circulate.

Bullying is generally characterized by three key elements:

Power Imbalance. The person engaging in bullying has, or is perceived to have, more power than the person being targeted. That power may come from physical size, popularity, social influence, age, or access to private or embarrassing information.

Repeated Behavior or Ongoing Harm. Bullying often happens more than once. However, one severe incident can still be considered bullying if it causes ongoing harm or is likely to be repeated or amplified, especially through digital media.

Intentional Harm. Bullying involves deliberate actions meant to cause physical, emotional, social, or psychological harm. These behaviors may include:

- Threatening or intimidating someone
- Spreading rumors or gossip
- Excluding someone on purpose
- Name-calling or making hurtful comments
- Physical aggression
- Sending hurtful messages or posts online (cyberbullying)

Not every conflict, disagreement, or unkind interaction is bullying. Bullying is distinguished by an imbalance of power and behavior that is intended to harm or control another person. Recognizing these differences helps parents, educators, and youth respond appropriately and support healthy relationships.

Talking About Bullying

Creating a safe space for conversation is one of the best ways to understand what

your child is experiencing. Remind them that they won't get in trouble for being honest and that you're there to listen and help—not to judge or immediately fix the problem.

Consider asking:

- Have you seen anyone being treated unfairly at school or online?
- Do kids at your school ever leave people out on purpose?
- If someone was having a hard time with friends, what do you think they could do?
- Have you ever felt left out or embarrassed by someone?
- Is there anyone at school who seems like they could use a friend?
- Is there an adult at school that you would feel comfortable talking to if you were upset?

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.

What You 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 about your child's mental health, talk to your pediatrician or 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-judgmental 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 (2025) Brookfield students reported that 16% of all high school students have felt sad or depressed most of the time in the past month and 11% are frequently depressed and/or have attempted suicide.

Mental Health Trends — *High School and Beyond*

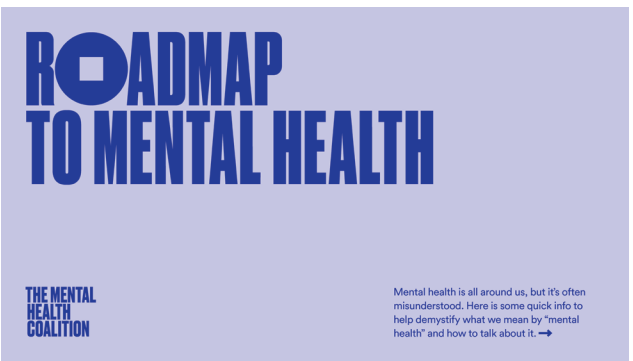
There is much recent reporting of data showing that mental health trends are worsening among high school and college students. Here are just a few items of note:

Mental Health Trends		
40%	20%	57%
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 (2024) and American Campus Communities (2024)

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

Obsessive-Compulsive Disorder (OCD) is a common mental health condition that affects approximately 1–3% of children and adolescents. OCD is characterized by obsessions, including unwanted, intrusive thoughts, images, or urges that cause significant anxiety—and compulsions—repetitive behaviors or mental acts performed in an attempt to reduce that anxiety or prevent something bad from happening.

While compulsions may provide temporary relief, they reinforce the cycle of OCD over time, making the obsessions stronger and more difficult to manage.

OCD is diagnosed when these thoughts and behaviors are persistent, time-consuming (often taking more than an hour each day), cause significant distress, or interfere with school, friendships, family life, or everyday activities.

The good news is that OCD is highly treatable. The most effective treatments include Cognitive Behavioral Therapy (CBT) with Exposure and Response Prevention (ERP), and, for some children, medication may also be recommended.

Common Obsessions and Compulsions

- Fear of contamination or germs
  Excessive hand-washing or cleaning
- Fear that something bad will happen
  Repeated checking (doors, locks, homework, etc.)
- Fear of making mistakes or things not being "just right"
  Repeating, arranging, or seeking reassurance
- Need for symmetry
  Ordering or arranging items until they feel "right"
- Intrusive thoughts about harm, religion, or morality
  Mental rituals, praying, counting, or avoiding certain situations

Parents should remember that children with OCD cannot simply "stop" these behaviors. The thoughts and rituals are driven by anxiety, not by choice. Early recognition and treatment can significantly improve a child's quality of life and help them successfully manage symptoms.

Adapted from resources developed by the International OCD Foundation (IOCDF) and the Anxiety & Depression Association of America (ADAA). These organizations provide comprehensive information and support for families seeking to better understand OCD

Eating Disorders

Eating disorders are serious but treatable mental health conditions that involve persistent disturbances in eating behaviors, body image, and thoughts about food or weight. They can affect people of all ages, genders, body sizes, races, and backgrounds. The most common eating disorders include Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Avoidant/Restrictive Food Intake Disorder (ARFID), and Other Specified Feeding or Eating Disorders (OSFED).

Eating disorders are complex illnesses with no single cause. Research shows they result from a combination of genetic, biological, psychological, and environmental factors. They are not a choice, and early intervention greatly improves recovery.

During our Spring 2025 focus groups with students from Brookfield High School, students identified social media as a major influence on body image, citing unrealistic beauty standards, edited images, and influencer content that encourages unhealthy comparisons. These findings reflect national research linking excessive social media use to greater body dissatisfaction and an increased risk of disordered eating.

Our most recent **Attitudes and Behaviors Survey** found that 25% of Brookfield High School students reported engaging in behaviors associated with disordered eating—a 3 percentage point decrease from the 2022 survey. While encouraging, these findings highlight the continued need to promote healthy body image, media literacy, and open conversations about nutrition and mental health.

What Parents Should Know

The National Alliance for Eating Disorders and other leading experts emphasize several important facts:

- Eating disorders are real medical and mental health illnesses that require treatment.
- They are not caused by poor parenting or by a child's lack of willpower.
- Genetics and biology can increase a person's risk, but environmental influences—including social media, peer pressure, dieting, and cultural appearance ideals—also play a role.
- Eating disorders affect the brain as well as the body, but recovery is possible with early intervention and evidence-based treatment.
- Families play an essential role in supporting recovery by recognizing warning signs, seeking professional help, and providing encouragement throughout treatment.

If you notice significant changes in your child's eating habits, weight, exercise patterns, mood, or body image concerns, don't wait to seek help. Talk with your child's pediatrician or a qualified mental health professional. The earlier treatment begins, the better the chances for a full recovery.

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 16% of them (high school grades) are frequently depressed and 11% have attempted suicide one or more times.

Warning Signs of Suicide

Watch for significant changes in a person's words, behaviors, or emotions, especially if several occur together:

- Talking about wanting to die or feeling hopeless, trapped, or like a burden to others.
- Withdrawing from family, friends, or activities they once enjoyed.
- Extreme mood changes, including persistent sadness, anxiety, irritability, or a sudden sense of calm after depression.
- Changes in sleep or eating habits or a noticeable decline in school or work performance.
- Giving away prized possessions or saying goodbye as if they won't be seen again.
- Increased use of alcohol or drugs or engaging in reckless or risky behavior.
- Looking for ways to harm themselves, including searching online for suicide methods.
- Experiencing a major loss or stressful life event, such as a breakup, bullying, death of a loved one, or significant life change.
- Previous suicide attempt or a history of depression or other mental health conditions.

If you notice these warning signs, take them seriously. Ask directly if the person is thinking about suicide and help connect them with support. In an emergency, call 911. You can also call or text 988 to reach the Suicide & Crisis Lifeline 24/7.

Source: QPR Institute® (Question, Persuade, Refer) and the 988 Suicide & Crisis Lifeline.

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?"

Remember: Asking about suicide does not increase the risk that someone will think about or attempt suicide. In fact, asking caring, direct questions can help someone feel heard and supported and may be the first step in getting them help.

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.

R **ecognizing emotions in self and others**

U **nderstanding the causes and consequences of emotions**

L **abeling emotions accurately**

E **xpressing emotions appropriately**

R **egulating emotions effectively**

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.

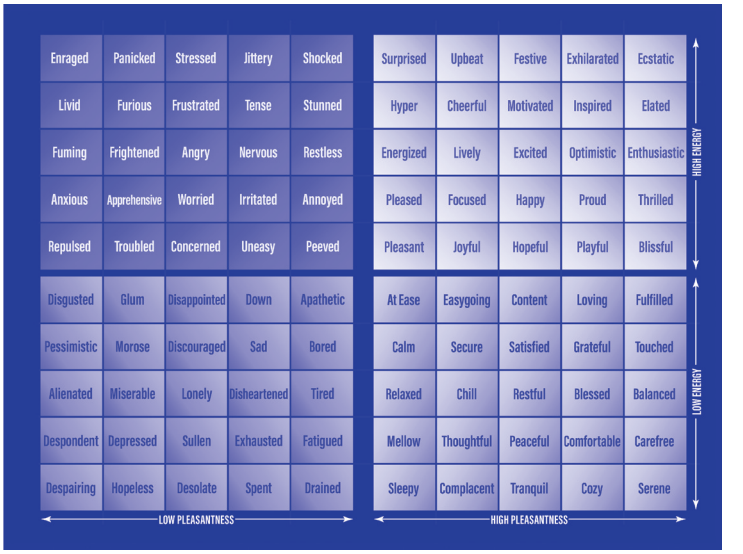
RULER Impact

- **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 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

Social Media & Online Gambling

Social media, messaging apps, and online games can offer connection, creativity, and learning, but they can also expose children to cyberbullying, inappropriate content, misinformation, privacy risks, unwanted contact, and social pressure.

Parents don't need to know every app or trend. Stay involved, set expectations, and keep communication open.

Stay Involved

Know what they're using. Ask about your child's apps, games, and websites. Check age requirements, privacy settings, messaging features, and location sharing.

Set limits. Establish rules for device use, including meals and bedtime. Use parental controls when appropriate, but don't let them replace conversations about online safety.

Watch for changes. Secrecy or changes in mood, sleep, friendships, school performance, or device habits may be reasons to check in.

Model healthy habits. Demonstrate the respectful, balanced technology use you expect from your child.

Talk About Online Safety

Make these topics part of regular conversations:

- **Privacy:** Don't share addresses, passwords, school information, location, or other personal details.
- **Photos and posts:** Once something is shared, control over it can be lost. Never share or forward intimate or private images.
- **Online contacts:** People aren't always who they claim to be. Be cautious with strangers and private messages.
- **Cyberbullying:** Don't participate in or share harmful content. Save evidence, block/report accounts, and tell an adult.
- **Misinformation and influencers:** Online content may be inaccurate, edited, sponsored, or designed to sell something.
- **Digital footprints:** Before posting, ask: Would I be comfortable with a parent, teacher, coach, or future employer seeing this?

Keep Communication Open

Show interest in your child's online life. Ask what they enjoy, what kids their age are seeing, and whether they've encountered anything uncomfortable. Listen before reacting. Children are more likely to ask for help when they know admitting a mistake won't automatically result in punishment.

If something concerning happens, teach them to stop responding, save evidence, block or report the account, and tell a trusted adult. Children should never arrange to meet someone they know only online without a parent's involvement.

Remind them: "If something online scares, embarrasses, or worries you, you can always come to me."

Is Your Child Ready for Social Media?

Many social media platforms have a minimum age of 13, but age alone doesn't determine readiness. This is a minimum age for most platforms, not a guarantee of readiness. Consider whether your child can:

- Follow family technology rules and protect personal information.
- Recognize scams, misinformation, inappropriate content, and advertising.
- Handle peer pressure, conflict, and cyberbullying.
- Avoid contact with strangers and tell an adult when something feels wrong.
- Understand that posts can be difficult to erase.
- Balance technology with sleep, school, relationships, and activities.

When your child is ready, start slowly. Consider one platform, make the account private, limit contacts, disable unnecessary location sharing, and review expectations together. Continue checking not only what they're doing online, but how it makes them feel.

Aim for Balance

Healthy technology use is about more than screen time. Make sure devices aren't interfering with sleep, physical activity, school, relationships, and hobbies.

Periodically ask as a family: Is technology adding something positive to our lives, or is it interfering with sleep, relationships, responsibilities, or emotional well-being? A family media plan can help both children and adults develop healthier, safer digital habits.

Teens & Online Gambling

Online gambling has become increasingly visible and accessible through smartphones, social media, sports coverage, advertising, and gaming. In fact, results from the **Attitudes & Behaviors Survey** show that 22% of Brookfield's high school students have engaged in some form of online gambling. For teens, the line between gaming and gambling can sometimes be difficult to recognize—especially when games involve virtual currency, randomized rewards, prizes, or opportunities to spend money for the chance to receive something of greater value.

Parents can help by understanding what gambling looks like today, talking openly about the risks, and paying attention to their child's online and financial activity.

What Types of Gambling Might Teens Encounter?

Sports betting. Teens may see friends, family members, influencers, or sports personalities discussing bets on professional or college games. Betting can include predicting winners, point spreads, individual player performance, parlays, and in-game or "live" bets. In Connecticut, licensed sports-betting platforms include DraftKings•, FanDuel®, and Fanatics Sportsbook.® Sports wagering through these platforms is restricted to adults age 21 and older.

Fantasy sports. Fantasy contests allow participants to create teams or lineups using real athletes and compete based on their performances. Some contests involve entry fees and cash prizes. In Connecticut, participants must be at least 18 to enter fantasy contests.

Online casino games. Digital versions of slot machines, blackjack, roulette, poker, and other casino-style games can be played on websites and apps. Legal online casino gambling in Connecticut is restricted to adults age 21 and older.

Informal betting. Teens may bet with friends on sporting events, video games, card games, challenges, or other outcomes.

Video games and gambling-like features. Some games include loot boxes, randomized rewards, virtual currencies, or other purchases that can introduce young people to gambling-like mechanics. Not every activity involving these features legally qualifies as gambling, but parents should pay attention when children are spending real money for uncertain or randomized rewards.

Know the Law in Connecticut

In Connecticut, individuals must be 21 or older for casino gaming and sports wagering, including online betting, and 18 or older for fantasy contests, lottery tickets, and keno.

Under C.G.S. § 12-863a, strengthened in 2025, it is a Class C misdemeanor to knowingly allow an underage person to open, maintain, or use an online gaming account or make or attempt a wager. Never allow a child or teen to gamble through your account—even once.

Warning Signs

One behavior does not necessarily indicate gambling, but watch for patterns such as:

- Unexplained spending, borrowing, or missing money.
- Unfamiliar charges or financial transactions.

- Frequent talk about odds, spreads, parlays, wins, or losses.
- Unusual focus on the outcomes of sporting events.
- Secretive phone, computer, or financial-app use.
- Using or asking to use another person's gambling account.
- Trying to win back money after a loss ("chasing losses").
- Mood changes related to winning or losing.

How Parents Can Help

Talk early. Ask what your child knows about sports betting and whether kids their age are gambling. Explain that social media often highlights wins, but gambling is never a guaranteed way to make money.

Discuss advertising. Help teens recognize how promotions, influencers, and sports broadcasts can make gambling seem normal. Remind them that being a sports fan doesn't require betting.

Protect accounts and money. Never share gambling passwords. Use strong passwords, two-factor authentication, and parental controls. Monitor credit cards, digital wallets, payment apps, and gaming purchases such as loot boxes and virtual currency.

Set clear rules. Make sure your child knows they may never use another person's identity, gambling account, or payment method to place a bet.

Start the Conversation

Keep the conversation open and nonjudgmental. If your child tells you they have gambled, focus first on understanding what happened: where they gambled, how often, how much money was involved, and whether they feel able to stop.

Try asking:

- "Do kids at school bet on sports?"
- "What do your friends think about sports betting?"
- "Do you see betting content on social media?"
- "Do any games you play let you spend money for a chance to win something?"
- "What would you do if a friend asked you to place a bet?"

The goal is not simply to catch teens gambling. It is to help them understand the risks, recognize how gambling is marketed to them, and develop healthy attitudes about money, gaming, sports, and risk.

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. We have listed the contact information for the school principals as well as the Director of Pupil Services.

David Pepsoski, Principal, Candlewood Lake Elementary School: **203-775-7675**
Deane Renda, Principal, Whisconier Middle School: **203-775-7710**
Marc Balanda, Principal, Brookfield High School: **203-775-7725**
Bill Roland, Director of Pupil Personnel Services: **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 — CIFC

Brookfield Public Schools partners with The CT Institute for Communities (CIFC Health) to provide mental health services to students and families through the School-Based Health Center (SBHC) at Brookfield High School. Services are available during school hours and include:

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

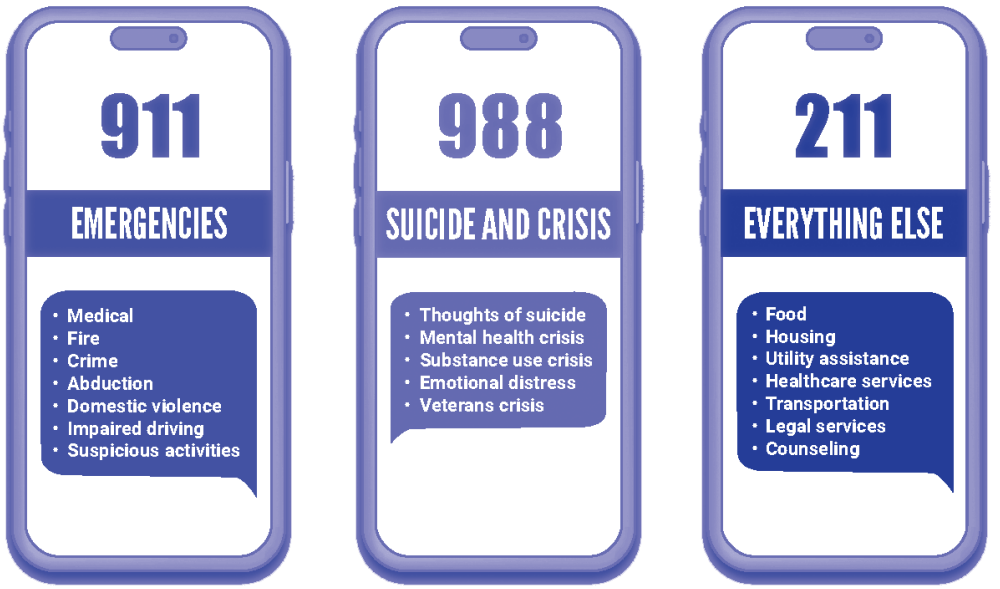
For more information, see the BHS School Based Health Center webpage:
https://sites.google.com/brookfieldps.org/bhs-sbhc/home

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/

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
- 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 (drugfreect.org)
- State of Connecticut Department of Children and Families Parent Information & Support
- Youth.gov

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/

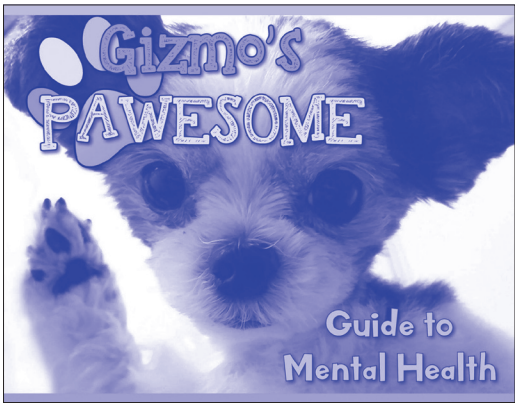
Mental Health Resources

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
- CT Support Group
- 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/l/letstalkaboutit

VAPING IDENTIFICATION CHART FOR PARENTS

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

DEVICES	DESCRIPTION
1ST GENERATION **Disposable e-cigarettes** 	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"
2ND GENERATION **With prefilled or refillable cartridge** 	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.
3RD GENERATION **Tanks or Mods (refillable)** 	Drugs in this class (called Benzodiazepines) are used to relieve anxiety or help someone sleep.
4TH GENERATION **Pod Mods (prefilled or refillable)** 	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.
VAPORIZERS 	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.

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.

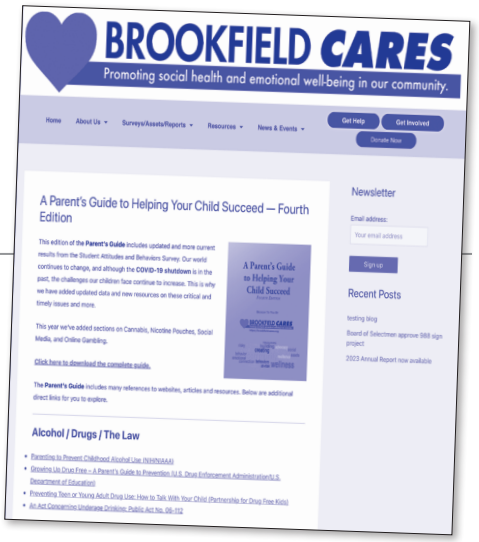
https:// brookfield-cares.org/resources/

BROOKFIELD *CARES*

Promoting social and emotional wellness in our community.

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

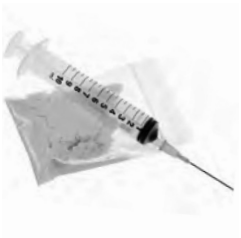
DRUG IDENTIFICATION CHART FOR PARENTS

TYPE OF DRUG	DRUG NAME(S)	DRUG SLANG	DESCRIPTION
NARCOTIC (OPIOID) 	Oxycodone prescribed as Tylox®, Percodan®, OxyContin®	Hillbilly Heroin, Kicker, OC, Ox, Oxy, Perc, Roxy	Semisynthetic opioid drug prescribed for pain. Comes in pill forms (including tablet or capsule).
NARCOTIC (OPIOID) 	Hydrocodone prescribed as Vicodin®, Lorcet®, Lortab®	Hydro, Norco, Vikes	Can cause abdominal pain, extreme nausea, liver damage
CENTRAL NERVOUS SYSTEM DEPRESSANT 	Prescribed as Valium®, Xanax®, Restoril®, Ativan®, Klonopin®	Barbs, Benzos, Downers, GHB, Liquid X, Nerve Pills, Phennies, R2, Reds, Roofies, Tranks, Yellows	Drugs in this class (called Benzodiazepines) are used to relieve anxiety or help someone sleep.
NARCOTIC (SYNTHETIC OPIOID) 	Fentanyl, clandestine fentanyl	Apace, Cash, Dance Fever, Goodfellas, Great Bear, He- Man, Poison, Tango	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.
STIMULANT (AMPHETAMINES 	Prescribed as Adderall®, Concerta®, Dexedrine®, Focalin®, Metadate®, Methylin®, Ritalin®, Desoxyn®	Bennies, Black Beauties, Crank, Ice, Speed, Uppers	Used to treat attention deficit hyperactivity disorder. Also used as a study aid, to stay awake, and to suppress appetite.

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).

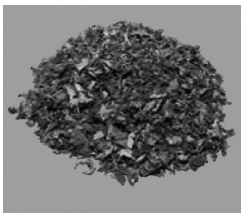
HOW IT'S CONSUMED	EFFECTS
Pills and tablets chewed or swallowed. Inhaling vapors by heating tablet on foil. Crushed and sniffed or dissolved in water and injected. Possible related paraphernalia: needle, pipe	Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. 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.
Usually taken orally, in pill forms (including tablets and capsules), and syrups.	Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. 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.
Comes in pills, syrups, and injectable liquids. Taken orally or crushed and snorted. Possible related paraphernalia: needle, straw, tube	Effects include calmness, euphoria, vivid or disturbing dreams, amnesia, impaired mental function, hostility, irritability, sedation, hypnosis, decreased anxiety, and muscle relaxation. Can be addictive. Overdose may be fatal; signs can include shallow breathing, clammy skin, dilated pupils, weak but rapid pulse, and coma.
Clandestine fentanyl is typically injected, inhaled like heroin, or laced into counterfeit prescription pills. Possible related paraphernalia: needle, straw, tube	Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. 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.
Pill forms (including tablet and capsule) taken orally but sometimes injected. "Ice" or crystallized methamphetamine hydrochloride is smoked. Possible related paraphernalia: needle,	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.

DRUG IDENTIFICATION CHART FOR PARENTS

TYPE OF DRUG	DRUG NAME(S)	DRUG SLANG	DESCRIPTION
CANNABIS 	Marijuana cigarette (joint) and marijuana edibles	Aunt Mary, BC Bud, Chronic, Dope, Gangster, Ganja, Grass, Hash, Herb, Joint, Mary Jane, Mota, Pot, Reefer, Sinsemilla, Skunk, Smoke, Weed, Yerba	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.
CANNABIS 	Marijuana extract concentrate	710, Budder, Butane Hash Oil (BHO), Dabs, Honey Oil, Shatter, THC Extractions, Wax	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).
SYNTHETIC CANNABINOIDS 	K2/Spice	Black Mamba, Blaze, Bliss, Bombay Blue, Fake Weed, Genie, Legal Weed, Red X Dawn, Scooby Snax, Skunk, Zohai	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."
NARCOTIC (OPIOID) 	Heroin	Big H, Black Tar, Chiva, Hell Dust, Horse, Negra, Smack, Thunder	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.

HOW IT'S CONSUMED	EFFECTS
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). Can be mixed with food (marijuana edibles) or brewed as tea. Possible related paraphernalia: bong, pipe, roach clip, rolling papers	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. 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.
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. Possible related paraphernalia: vaporizer, e-cigarette, bong	Marijuana concentrates have a much higher level of THC. The effects of using may be more severe than from smoking marijuana, both psychologically and physically.
Usually smoked in a joint, pipe, or e-cigarette. Can also be brewed into tea. Possible related paraphernalia: bong, e-cigarette, pipe, roach clip, rolling papers	Paranoia, anxiety, panic attacks, hallucinations, and giddiness. This addictive substance can also cause increased heart rate and blood pressure, convulsions, organ damage, and/or death.
Injected, smoked, or sniffed/snorted. High purity heroin is usually snorted or smoked.	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.

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
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. Possible related paraphernalia: needle, pipe, small spoon, straw, tube	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.
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.	Effects are similar to other stimulants, such as cocaine, amphetamine, and methamphetamine.
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. Possible related paraphernalia: needle, pipe	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.
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.	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.
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 balloons with nitrous oxide. Possible related paraphernalia: aerosol cans, balloons, rags	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.

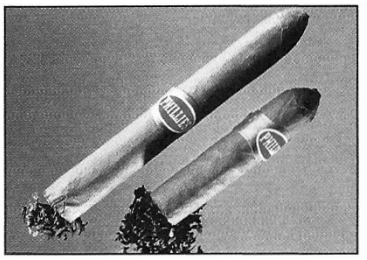
DRUG IDENTIFICATION CHART FOR PARENTS

TYPE OF DRUG		DRUG NAME(S)	DRUG SLANG	DESCRIPTION
COLD MEDICINE		Dextromethorphan in over-the-counter brands: Robitussin®, Coricidin® HBP	CCC, DXM, Poor Man's PCP, Purple Drank, Robo, Skittles, Syrup, Triple C	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.
ALCOHOL		Alcohol	Beer, booze, malt liquor, wine, wine cooler	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.
TOBACCO		Cigarette	Bone, butt, cancer stick, coffin nail, smoke	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.
NICOTINE POUCH		Zyn	Zynnies, Zynner, Zynsky	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
VAPING		E-cigarettes, nicotine, marijuana (cannabis), flavorings	E-cigs, e-hookahs, hookah pens, Juuling, Juuls, mods, vapes, vape pens	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.

HOW IT'S CONSUMED	EFFECTS
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. Possible related paraphernalia: needle, pipe	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.
Alcohol is consumed orally.	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.
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.	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.
The pouches are tucked into the upper lip, delivering a dose of nicotine directly to the bloodstream.	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.
Puffing activates a battery-powered heating device, which vaporizes the liquid in the cartridge. Users then inhale the resulting aerosol or vapor.	Coughing/wheezing, nausea, vomiting, headache, dizziness, paranoia, anxiety, panic attacks, and hallucinations. Vaping marijuana has been shown to cause serious lung damage and death. The long-term effects of vaping are not yet known.

ADDITIONAL PICTURES OF DRUGS OF USE

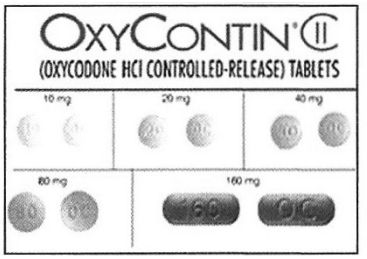
Marijuana paraphernalia



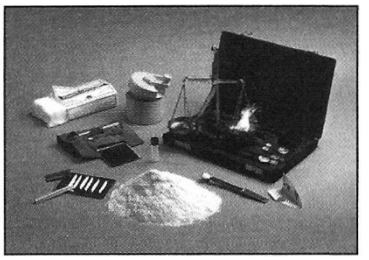
Blunts

Ecstasy

Heroin



OxyContin

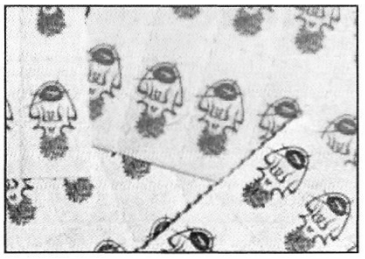


Cocaine paraphernalia

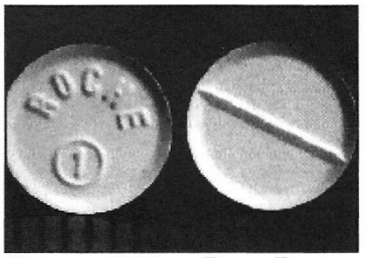
K2/Spice

Bath salts

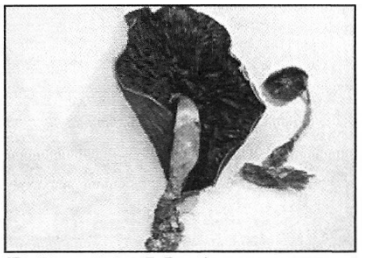
Salvia Divinorum



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

Thank you Community of Concern.

There's Always Something New to Learn

Our world is constantlly changing, and **Brookfield Cares** is constantly 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
or by scanning this QR code.

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

WCTC

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.

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