



Community Hospital of the Monterey Peninsula®
BEHAVIORAL HEALTH SERVICES
Clint Eastwood Youth Program



My child would never use heroin . . .

Chances are, most teenagers will try drugs at some time. If they get the message that drugs are OK because the adults in their lives or their friends use them, if they are unhappy, or if they get little or no supervision, their risk of using goes up.

Life changes such as: parents getting divorced and/or remarried, moving, starting a new school, starting middle or high school, or friends moving away are often harder on teens than they may recognize. Events like these can increase the risk of their turning to drugs and/or alcohol to numb their feelings.

Additional risk factors for drug abuse are:

- Difficult home environment
- Parents who use drugs/alcohol or parents who are depressed
- A lack of close nurturing relationships
- Friends who use drugs or think it's OK or "cool"
- Relationships with others who behave poorly or chronically disobey rules
- A belief that drug use is "no big deal"
- Poor self-esteem
- Feelings of isolation, a lack of friends, and a lack of interests
- Inappropriately shy or aggressive behavior
- Failing grades, cutting school
- Poor social or coping skills
- Mental health problems such as anxiety, depression, or attention deficit disorder

Heroin is currently "in vogue"

Heroin use is more fashionable today than ever before, particularly among teenagers from middle- to high-socioeconomic families. Its use is growing in kids as young as eighth grade. A powerful opiate, heroin is extremely addicting. Like codeine, morphine, and other opiates, heroin stimulates a part of the brain that creates strong pleasurable feelings. The effects of an opiate high are intense and the user wants to repeat the high. Heroin initially gives you a burst of euphoria, but this high is often followed by

drowsiness, nausea, stomach cramps, and vomiting. Users need to take more as soon as possible to feel good again. Additionally, when users try to stop, they may experience a physical withdrawal. Between the powerful desire to feel the high and the painful withdrawal, the “need” to use may seem irresistible.

Studies suggest that there has been a shift from injecting heroin to snorting or smoking it. Unfortunately, there is a misconception that heroin will not lead to addiction if it is not injected. Many abusers who started by snorting or smoking shift to “shooting up” as their heroin use increases. The marked rise in current use may be partially due to heroin’s availability and affordability (\$10 a bag), an increase in purity/potency, and more young people selling heroin as a way to make a living.

Heroin by any other name . . .

Learn to recognize the symptoms of heroin use and the drug’s many nick-names so you’ll understand what your kids and their friends are talking about if these terms crop up in their conversations. Heroin can be mixed with other drugs and has multiple “street names.”

- Big H, Hell Dust, Smack, Thunder — heroin
- Crop — low-quality heroin
- Nose Drops — liquefied heroin
- A-Bomb — heroin mixed with marijuana
- Dragon Rock — heroin mixed with crack

Signs of use:

- euphoria
- excessive scratching and complaints of itching
- trance-like states
- hallucinations
- drowsiness
- lethargy
- loss of appetite/weight
- respiratory depression
- constricted pupils
- nausea
- cramps
- raw, red nostrils from snorting
- needle tracks or punctures
- scars along veins
- black and blue marks from “skin popping”
- unkempt appearance

If you suspect your teen may be using drugs and/or alcohol, talk with him or her and get an assessment from a professional alcohol/drug counselor.

This information is brought to you by Community Hospital of the Monterey Peninsula’s Clint Eastwood Youth Program, providing a structured program to treat drug and alcohol abuse as well as mental health problems.

For more information or to schedule a free screening, please call **373-0924** or **800-528-8080**



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