



## New School Year.....New Trends to Watch For

### “Smoking” Alcohol

Teens are getting drunk in a dangerous new way by “smoking” alcohol. You don’t drink the booze, you inhale it; and the vapors give you an instant high.

YouTube videos have gone viral, with hits exploding into the millions, demonstrating how to vaporize the alcohol and inhale the fumes in order to get drunk.

Doctors are urgently warning teens not to try this at home, saying it’s incredibly dangerous and can be extremely addictive. It’s pure alcohol shooting into your brain. It looks like a game, but it can be deadly.

Videos show teens putting a small amount of alcohol into a plastic bottle, pumping it with air using a common bicycle tire pump, and sucking in the potent fumes. They do this with vodka, beer, whiskey, champagne, the list goes on. Within seconds they are drunk.



Steve Pasierb, who runs the partnership at drugfree.org, says, “These videos scare the hell out of me. It’s binge drinking in an instant. It’s like doing five or six shots into your bloodstream right away.”

Here’s the danger: when you drink alcohol normally, the liquor takes time to affect you, first going into your stomach, then being slowly processed in your liver, and about 20 minutes later, into your bloodstream. Smoking alcohol is absorbed instantly into the lungs, racing to the brain. And, doctors say it can poison you faster. Normally when you get drunk, vomiting is your body’s way of expelling the alcohol, but when you inhale alcohol, your brain has no way of expelling it.

Some myths about smoking alcohol are:

- It can help you lose weight — not true, you are still consuming calories
- You can hide it from police or parents — not true, it’s in your lungs and on your breath
- You can’t get a DUI — not true, it is in your blood system
- It isn’t illegal because you’re not drinking — not true, no matter **how** you consume alcohol, if you’re under 21 it’s illegal.

(Source: www.today.com, 7-21-13)

### “N-Bomb”

#### A Deadly New Synthetic Drug

25I-NBOMe and 25C-NBOMe, or “N-Bomb” as they are known on the street, are the latest synthetic drugs believed to be responsible for the recent deaths of two Scottsdale, Arizona teens, as well as other multiple hospitalizations and deaths of adolescents nationwide.

One of the Scottsdale victims, a high school student who overdosed after nasally using a liquid form of the drug, died in the backseat of a car as a friend drove him around trying to let him sleep off the effects of the drug. “These drugs are so potent and the kids just don’t get it,” said the victim’s uncle.

With constant formula manipulations of these synthetic drugs to keep their status “legal”, it is essential that parents be aware of these drugs and what to look for in order to prevent further incidents.

25I-NBOMe and 25C-NBOMe most frequently come in the form of white, light brown or tan powder, small squares of blotter paper, or liquid drops. The liquid and powder are ingested orally or used nasally, and the blotter paper is held under the tongue until the chemical is absorbed into the bloodstream. Many individuals who purchase these drugs believe they are purchasing LSD. Both of these new synthetic substances are extremely potent, and individuals using them can easily misjudge dosages, resulting in overdose and death.



Other slang terms they are known by are: 25-I, 25-C, Pandora, Dime, Smiles, and Vortex.

Searches for NBome on YouTube results in videos of individuals under the influence, as well as advertisements for websites that sell them.

(Source: archive.constantcontact.com, 5-3-13)

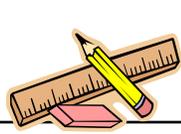
## Welcome

to the SCIP Program:

- Huntington Elementary School; Lincoln
- Norris Intermediate School; Firth



for your caring attitude and commitment to the success of the youth in your community!



## WORKING WITH CHILDREN EXPERIENCING ANXIETY

Is it any wonder so many children are anxious? Children today may be confronted with unthinkable realities, events that their parents and grandparents could never have conceived.

All children experience some anxiety in the form of worry, apprehension, dread, fear or distress. Occasional nervousness and fleeting anxieties occur when a child is first faced with an unfamiliar or especially stressful situation. It can serve as an important protection tool or signal for caution in certain situations.

Anxiety is considered a disorder, not based on what a child is worrying about, but rather how that worry is impacting a child's functioning. The content may be "normal" but help is needed when a child is experiencing too much worry or suffering immensely over what may appear to be insignificant situations, when worry and avoidance become a child's automatic response in many situations, when they feel constantly keyed up, or when coaxing or reassurance are ineffective in moving them through. For these children, anxiety is not protecting them, but rather preventing them from fully participating in typical activities of daily life such as school, friendships, and academic performance.

Children struggling with excessive anxiety may exhibit the following behaviors:

- Pessimism and negative thinking patterns such as imagining the worst, over-exaggerating the negatives, rigidity and inflexibility, self-criticism, guilty thoughts, etc.
- Anger, aggression, restlessness, irritability, tantrums, opposition and defiance
- Constant worry about things that might happen or have happened
- Crying
- Physical complaints such as stomachaches, headaches, fatigue, etc.
- Avoidance behaviors such as avoiding things or places or refusing to do things or go places
- Sleeping difficulties such as difficulty falling or staying asleep, nightmares, or night terror
- Perfectionism
- Excessive clinginess and separation anxiety
- Procrastination
- Poor memory and concentration
- Withdrawal from activities and family interactions
- Eating disturbances

Anxious children can benefit a great deal by support from their parents and teachers. You can help by providing:

- Consistent daily routines and structure. Routines reduce anxiety, and regular daily patterns emphasize predictability.
- Opportunities for exercise. Exercise is helpful in relieving stress and helping your child's body to relax.
- Set limits and have consequences for breaking the limits
- Help children identify and communicate about their feelings
- Provide soothing and comforting strategies
- Respect your child's fears
- Model and encourage brave behavior in a supporting manner
- Teach relaxation skills
- Teach problem-solving strategies
- Challenge unhelpful thoughts

(Sources: [well.blogs.nytimes.com](http://well.blogs.nytimes.com); [worrywisekids.org](http://worrywisekids.org); [kidshealth.org](http://kidshealth.org); [kathyeugster.com/articles/article004.htm](http://kathyeugster.com/articles/article004.htm))

## Prescription Drug Take Back

The fifth DEA National Prescription Drug Take Back Day is scheduled for October 26, 2013, 10am-2pm.

The National Prescription Drug Take Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications.

SCIP will once again be partnering with the Lincoln Police Department to staff collection sites.

Collection site locations will be posted on the DEA website after October 1, 2013.

For more information, or to inquire about hosting a collection site in your area, contact your local law enforcement agency or go to the DEA's website: [www.dea diversion.usdoj.gov/drug\\_disposal/takeback/index.html](http://www.dea diversion.usdoj.gov/drug_disposal/takeback/index.html)

## Don't be fooled by the innocence of youth!



Elementary schools have for many years considered the use of drugs and alcohol to be more of a concern for the secondary level schools. Unfortunately, the sad truth is that is no longer the case.

After one SCIP coordinator toured a juvenile detention center in Northeast Nebraska that houses youth from the smallest to the largest populated schools across Nebraska, we received quite an eye opener!!

A question was posed to 15 juveniles asking them at what age they started using drugs/ alcohol and what their substance of choice was. Here are their responses:

- 3 began at age 8 - all 3 used marijuana, and one of those three also used cocaine
- 1 began at age 9 - drugs (not specified)
- 2 began at age 10 - 1 one used alcohol and pills, one didn't specify

The remaining ages of initial use ranged from 11 years old up to 15, with substances that included marijuana, alcohol, prescription drugs, or other unspecified drugs. One youth who started using at age 8, continually added new drugs - ecstasy, acid, and mushrooms - until he was using meth at the age of 15. Others indicated they went on to use synthetic drugs (bath salts, K-2, etc.), prescription drugs, meth and heroin.

This should serve as a reminder to stay ever vigilant, and intervene with these students to help them early on before their use escalates! Don't bury your head in the sand! This is not a secondary school issue any more!