

ABUSE PREVENTION MAGAZINE

THE HIGH SCHOOL PREVENTION MAGAZINE

HE DIDN'T KNOW
HIS COCAINE
WAS CUT WITH
FENTANYL

What Is Fentanyl? On pages 12-13

**Cocaine & Fentanyl Seizures On
The Rise Across The US. On pages 14-15**

What Is Snap Chat
Dysmorphia?

On page 9



How To Survive A School Or
Workplace Shooting.

On pages 10-11



Teen Pregnancy-5 Things
Your Teen Needs To Know
About Sex.

On pages 16-18



Teen Suicide Warning Signs
& How To Get Help.

On pages 21-23



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Answers. Help. Hope. Because *you* should know all your options.

From the Editor:

Dear Wisconsin Readers and Supporters,

In This Edition of The High School Drug & Alcohol Abuse Prevention Magazine We Are Providing More Conversation Starters for These Tough and Scary Topics That Must Be Spoken About for Teens and Families.

Prevention Magazine is proud to team up with the **Drug Enforcement Administration Omaha Division** which covers a five-state territory including Wisconsin to spread awareness about Red Ribbon Week! We are very grateful for the (DEA) and their efforts to keep us informed about any public safety announcements and what dangerous drugs to watch out for concerning our youth and community members.

We are focusing on the dangerous and lethal drug called **'fentanyl'** that has been flooding the nation at a rapid speed. Learn what 'fentanyl' is and why you should be concerned. We are also touching on facts all teens should know before deciding to become sexually active, and ways to talk with your teen and know the warning signs of suicide and depression. What to do if you were in a school or workplace shooting and what social media filters are really teaching our teens.

All these topics hold great importance when it comes to our youth. Our goal is to bring awareness to each of these issues and to provide the right resources.

Teen depression & Suicide: Learning more about what might lead a teen to suicide may help prevent further tragedies. It can be hard to remember how it felt to be a teen, caught in that gray area between childhood and adulthood. Sure, it's a time of tremendous possibility, but it also can be a period of stress and worry. There's pressure to fit in socially, to perform academically, and to act responsibly.

How to survive a school or workplace shooting: What would you do if a shooting happened in your own school or workplace? It is a scary thought, but it is something that could happen to anybody. Having some ideas about how to respond beforehand could save your life.

Talking to your parents about sex: As awkward as it may be, educating your children about sex can keep them healthy—and even save her life. About 90% of parents nationwide say they've spoken to their teens about sex.

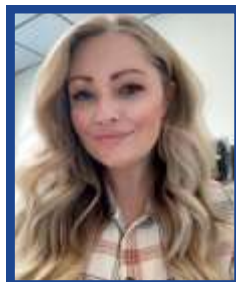
Prevention Magazine would like to say thank you to all our supporters for their contributions and participation in helping us make a difference across communities in your state.

Feel free to contact us at:

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Or visit us online at: www.preventionmagazine.org



Editor and Founder: Brooke S.

ABUSE PREVENTION MAGAZINE

THE HIGH SCHOOL PREVENTION MAGAZINE

Are you worried about the high cost involved in acquiring a college education? Prevention Magazine is pleased to award a \$500.00 Scholarship to a graduating senior with each issue we publish in your state!

To qualify to win a \$500.00 SCHOLARSHIP all you have to do is write an essay (600-800) words, double spaced about a personal encounter you or someone you know has had with abuse.

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Scholarship essays are judged on the same criteria that essays written for a high school English class would be, i.e., thesis statement, supporting content, grammar, punctuation, etc...

We are accepting essay submissions all year.

Please Email the following information to:
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- Essays
- Official School Transcripts
- Color Photo
- Name
- Phone Number
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Note: All essays submitted are the sole property of the Prevention Magazine, LLC and are subject to editing. The writer of the winning essay will receive the scholarship and have his or her essay and photo published in the High School Prevention Magazine and also on our website.

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NOT EVERY CHILD MAKES IT HOME SAFE GRADUATION NIGHT... & ONLY SOME LIVE TALK TO ABOUT IT.

High School graduation marks one of the most exciting times in a person's life, and the first major milestone on the way to adulthood. This is a time for celebration and transition, a time to look back on past accomplishments and bonds made with friends, and a time to look forward to all the promises the future holds.

This melting pot of emotions and excitement, mixed with nostalgia, sadness and anxiety about the future can fuel the temptation to drink.

When graduation and drinking mix, this event is often marked by tragedy. From loss of life to injuries and DUIs, what was a celebration can quickly turn to the worst day in the lives of grads and their families.

Yet despite the well-known dangers, grad parties are often wrought with underage drinking.



DEATH AND DENIAL: THE NUMBERS

Every year, graduation across America represents a tragedy for the families of nearly 3,000 hopeful graduates who lose their lives due to drunk driving, with more than 225,000 more sent to emergency rooms for treatment of serious injuries.

When it comes to teen death, car accidents rank #1, with alcohol use implicated in around 33% of all fatal teen car accidents. Come graduation time, these numbers get even grimmer. On graduation night, this number skyrockets to 40%, leaving families heartbroken at the senseless loss.

THE GOOD NEWS: Data from the CDC indicates that the rate of teens drinking, and driving is down by nearly 54% since 1991.

THE BAD NEWS: According to Mothers Against Drunk Driving (MAD), motor vehicle accidents remain the number one cause of death for teens, with around one-third of those involving alcohol.

ASSUMING YOUR CHILD 'KNOWS BETTER' ISN'T ENOUGH

Even if they aren't the one's drinking, being an unknowing passenger in a vehicle operated by someone impaired, or even driving on roadways at all on graduation day can be disastrous. Some research indicates that high school grads are 79% more likely to drink on grad day, and they all have licenses.

In other cases, peer pressure, the stress of moving away to college and leaving behind friends, and an uncertain future can get the best of even the most careful law-abiding teen.

<https://www.johnbales.com>

TEENAGE DRUNK DRIVING FACTS

Teenagers drinking and driving is an unfortunate reality. There's no reason pretending it doesn't exist. Here are some depressing quick facts that new drivers (and parents)

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should know.

- 70% of all teenagers admit to drinking alcohol.
- One in 10 teens in high school drinks and drives.
- Teens are 17 times more likely to die in a crash when they have a blood-alcohol level of .08%.
- Every 15 minutes a teenager will die due to drunk driving.
- 60% of all teen deaths from car accidents involve alcohol.
- In a national survey, 24% of teens reported that within the previous month, they had ridden with a driver who had been drinking alcohol.
- About 55% of teens killed in drinking and driving accidents were not wearing their seat belts.

THE GOOD NEWS? Drinking and driving among teenagers has gone down by 54% in the past 2 decades.

PREVENTING TEEN DRIVING DEATHS MEANS BEING A SMART PASSENGER

Every year, the lives of teenagers are lost due to drunk driving, even though they weren't driving at all.

The sad reality is many teens often find themselves in situations where they feel trapped and forced into getting into a car

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with a drunk driver. Sometimes teens feel they have no other choice because they will get into trouble if they call for help, or they might feel pressured for several reasons.

It's important that teens always have someone they can call to get out of situations like this, free from repercussions. Often times, it's important to work with a family friend or extended family member like an aunt or uncle to act as a confidential intermediary.

While it's best for teens to never be around alcohol, that just isn't a viable solution in the lives of most teens. So, at the very least, an emergency exit plan should be discussed and determined before it's ever a problem.

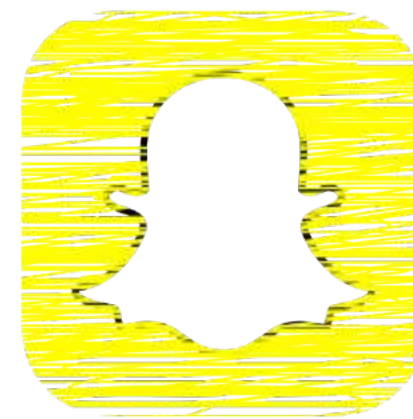
LET'S MAKE SURE TEENAGE DRUNK DRIVING RATES KEEP HEADING DOWN

The best way to prevent your teen from drinking and driving, or riding with a drunk driver, is to educate. Not all teens will listen, but teenage drunk driving rates among high school students have decreased by 54% since 1991.

We're headed in the right direction! What has led to this decrease? Graduated driver's license systems are now in place in all 50 states. This alone has led to a much safer system of licensing new drivers. There has also been a huge step up in education about drunk driving. And finally, stiffer drunk driving penalties have also had an impact. Recent studies have shown that the fear of arrest is a bigger deterrent than the fear of an accident. This is true for both adults and teens alike. So instead of preaching safety, you can always preach the criminal element of drinking and driving.

Let's keep up the good work and keep lowering teen drunk driving rates. Lives depend on it.

Source: <https://www.drive-safely.net>



HERE'S HOW PARENTS CAN HELP.

Teens are developing 'Snapchat dysmorphia' from unrealistic beauty standards in photo-editing apps. Parents can help by having open conversations about the issue.

- Some social media users are developing a condition called 'Snapchat dysmorphia' due to being exposed to unrealistic beauty standards, and are seeking out surgery to resemble their edited images.
- Nearly half of teenagers are online on a "near-constant basis," which means these airbrushed images are inescapable for many young people.
- Body-image experts encourage parents to have open conversations with their children about how inaccurate edited photos are, and how those photos make them feel.

It's easier than ever to edit the perfect selfie and post it for the world to see. But at what cost?

Photo manipulation apps like Snapchat, Instagram, and Facetune allow users to erase any perceived physical imperfection online. Instagram's Oslo filter turns a pasty winter complexion into a sun-kissed glow. Facetune's reshape function plumps

'SNAPCHAT DYSMORPHIA'

is leading teens to get plastic surgery based on unrealistic filters.

thin lips into the full, pouty Kylie Jenner kind. While this technology can help users up their likes, it's also contributing to their low self-esteem and a concerning condition called "Snapchat dysmorphia." That's when people obsess over their appearance and can develop unrealistic beauty standards based on how they're able to alter their images using editing technology. Some teens are even bringing in edited pictures from social media to plastic surgeons as examples of how they want to look.

In this new era, where it's not just celebrities who have access to airbrushing tools anymore, it's impossible for Gen Z, the most online generation ever, to escape edited photos. That's why body-image experts encourage parents to intervene early on.

Parents can do this by having open conversations about the truth behind photo editing, how it can affect their teenagers' self-esteem, and how to deal with those negative feelings. Once you notice your children taking an interest in flipping through magazines and, of course, using social media, start identifying examples of photo editing. That can include celebrities, influencers, and real-life peers who have used editing techniques to lighten their skin, shrink their pores, remove blemishes, and look slimmer.

Source: <https://www.insider.com>



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What would you do if a shooting happened in your own school or workplace? It is a scary thought, but it is something that could happen to anybody. Having some ideas about how to respond beforehand could save your life.

Steps alert and always report suspicious incidents to the authorities. If a student or co-worker threatens to bring a knife or a gun, for example, report this to a teacher or supervisor. You might prevent a disaster by doing so. If there are students or coworkers who lawfully carry weapons or tools, they will be able to explain this to your supervisor.

Know what the procedure is that is already in place. Many schools and work-places have "lock down" procedures. An example of this could be that the students hide in the corner of their classroom, out of sight of doors and windows, while the teacher locks the door and turns off the lights. If you are in the halls, you might be expected to run inside the nearest classroom. Whatever it is, know what it is, and if there is no procedure in place, talk to a teacher or boss about creating one right away.

Respond to the sound of gunshots according to your situation: If you see the shooter at distance, running away should be your first plan, when possible. At 20 feet from the gunman, you're still within a deadly range, but at 40 feet, you're a difficult shot. If he starts to shoot as you're making your escape, run in a zigzag or another unpredictable pattern. This will decrease your chances of being hit. Seek an exit, or if you have to, hide in a room, preferably with windows, so you have a way of escaping the room if you have to. Lock or barricade the door and turn off the lights. If a door will not lock, barricade it with tables and chairs. You might want to do this anyway just in case. If there is a phone in the room, Call the emergency services (911/999/112) as soon as the door is locked and blocked. If you don't have time, call and leave the phone off the hook. The police will automatically come to see if there is a problem. If you are in the same area as the shooter, find cover, fast. If the shooter opens fire, attempt to take cover behind heavy furniture or any other heavy obstacle. If there is nothing close, simply drop to the floor and lie flat. This will protect your vital organs and make you a smaller target to the shooter. Lying flat could also make the shooter mistake you for dead. Remain quiet and still. If the shooter is about

to shoot you, do anything you can to stop them. Try talking to the shooter if you know them, but use caution. You could possibly change their mind, but remember, if they have a gun in their hand, they may not be convinced by anything. Attacking an armed assailant is unwise unless you have absolutely no other option. They have likely already decided to shoot people, and threatening them may result in the deaths of you and even more around you. To take his focus off his or her weapon and plan of attack, you might throw chairs, laptops, or fire extinguishers, or set off the sprinkler system or fire alarm. obstacle. If there is nothing close, simply drop to the floor and lie flat. This will protect your vital organs and make you a smaller target to the shooter. Lying flat could also make the shooter mistake you for dead. Remain quiet and still. If the shooter is about to shoot you, do anything you can to stop them. Try talking to the shooter if you know them, but use caution. You could possibly change their mind, but remember, if they have a gun in their hand, they may not be convinced by anything. Attacking an armed assailant is unwise unless you have absolutely no other option. They have likely already decided to shoot people, and threatening them may result in the deaths of you and even more around you. To take his focus off his or her weapon and plan of attack, you might throw chairs, laptops, or fire extinguishers, or set off the sprinkler system or fire alarm.

Then, pick up a desk or some other shield and charge right at the shooter. There's a risk you'll be killed in the process, but if two or three people rush at once, there's also a chance that somebody will take the shooter down. Unarmed civilians who band together have a much better chance of surviving an attack. If you're already within a step or two of the shooter, you might be able to grab his or her weapon. If the shooter is facing you, quickly reach up and take hold of the barrel, and then aim it away from your body. The move should be as clean and economical as possible.

The gunman will reflexively pull the gun back away from you. Follow the movement, gripping the gun and push your weight forward. Then, punch him in the face or the throat as hard as you can. Hit him on the nose, jab your fingers into his eyes, or strike him with the heel of your open palm. Then use your free hand to grab the non business



Photo Source: fox44.com

...If you hear gunshots and are in a bathroom, your best bet is to remain in the bathroom...

end of the gun. With two hands on the gun, you can knee the attacker in the groin. If you are barricaded in a room with other people, firmly order everyone to spread out as widely as possible, and get down on the floor behind furniture or any other cover. People have a natural tendency to huddle together in a crisis, but in a shooting situation, this just makes all of you one big, stationary target. Spreading out and getting down low makes everyone a more difficult target.

If you hear gunshots and are in a bathroom, your best bet is to remain in the bathroom. Lock the bathroom door if you are able to. Another thing you can do is go into a stall, lock it, and crouch on the toilet seat to hide. Call the emergency services (911/999/112) if you have a cell phone on you, but stay as quiet as possible. Call the emergency services as soon as it is safe to do so. If you hear gunshots and are outside, go in the opposite direction from where you heard the gunshots. Call the emergency services (911/999/112) as soon as you are far enough away.

Assist other people that are fleeing the building after you call. Wait for help to arrive. Before you open the door to someone that says "police" or "paramedics" be aware that it could be the shooter trying to get you to open the door. Ask them questions and make sure that they are actually police or someone trying to help you.


When the police arrive, they will treat everyone as a potential assailant. Do not run to them or request help, as this may cause them to think you are a threat. Instead, quickly go face down on the ground with your arms spread away from your body, palms towards the police, and fingers spread apart. Be quiet and listen for orders. Do exactly what the officers tell you to do, do it quickly, and do it without argument or protest. Expect the police to treat you as though you might be the armed criminal, and even to handcuff you and everyone else in the room. They are not being mean; they are getting the situation under control the only way possible.

Remind yourself that they are doing what they are doing in order to neutralize every possible threat, and save your life. Be as helpful as possible to the authorities. Tell them everything you know. Emergency personnel are trained to survey a scene before entering it. Don't be shocked if the cavalry stays parked outside and doesn't come running in before the threat is established. They're taught that they can't help anyone if they're dead. It's true but an unpleasant reality if you're the one inside with a threatening person. Tips Remain calm. Try To Smile Remember to help those around you if you can. If someone is shot, tend to them as quickly as you can. See How to Treat a Bullet Wound. Seek therapy afterward, if the event was deeply troubling for you. When necessary and escaping through an upper-floor window, find a drain pipe or a ledge that can slow your descent or let you slide down part of the way.

You'll likely hurt your ankles when you land, so be prepared to break the fall with a quick roll. Protect your body by rolling over one shoulder, diagonally across the back and onto the opposite hip. It is better to escape with a couple broken bones than to be shot and killed. Use this as a last resort though. For example, if you are on the 3rd floor with windows that do not open, and it is safe to jump, you may throw a computer through the window. Yes, they are expensive but cost does not matter when someone is coming after you with a gun. Don't take personal belongings or put your- self at risk to collect these items. Personal property can be replaced—your life can't.

Stay quiet whether trying to hide or take out the threat Warnings Don't let the fear of a shooting change your life. It is out of your control. Just live life to its fullest knowing what to do if a shooting ever did happen. If you have a gun, do not try to act like a hero unless the attacker is in full sight and there are no obstacles nearby.

Source: wiki



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Fentanyl is a powerful synthetic opioid that is like morphine but is 50 to 100 times more potent. It is a prescription drug that is also made and used illegally. Like morphine, it is a medicine that is typically used to treat patients with severe pain, especially after surgery. It is also sometimes used to treat patients with chronic pain who are physically tolerant to other opioids. Tolerance occurs when you need a higher and/or more frequent amount of a drug to get the desired effects.

In its prescription form, fentanyl is known by such names as Actiq®, Duragesic®, and Sublimaze®. Synthetic opioids, including fentanyl, are now the most common drugs involved in drug overdose deaths in the United States.

What are Opioids?

Opioids are a class of drugs naturally found in the opium poppy plant. Some opioids are made from the plant directly, and others, like fentanyl, are made by scientists in labs using the same chemical structure (semi-synthetic or synthetic).

HOW DO PEOPLE USE FENTANYL?

When prescribed by a doctor, fentanyl can be given as a shot, a patch that is put on a person's skin, or as lozenges that are sucked like cough drops.

The illegally used fentanyl most often associated with recent overdoses is made in labs. This synthetic fentanyl is sold illegally as a powder, dropped onto blotter paper, put in eye droppers and nasal sprays, or made into pills that look like other prescription opioids.

Some drug dealers are mixing fentanyl with other drugs, such as heroin, cocaine, methamphetamine, and MDMA. This is because it takes very little to produce a high with fentanyl, making it a cheaper option. This is especially risky when people taking drugs don't realize they might contain fentanyl as a cheap but dangerous additive. They might be taking stronger opioids than their bodies are used to and can be more likely to overdose. To learn more about the mixture of fentanyl into other drugs, visit the Drug Enforcement Administration's Drug Facts on fentanyl.

How does fentanyl affect the brain?

Like heroin, morphine, and other opioid drugs, fentanyl works by binding to the body's opioid receptors, which are found in areas of the brain that control pain and emotions. After taking opioids many times, the brain adapts to the drug, diminishing its sensitivity, making it hard to feel pleasure from anything besides the drug. When people become addicted, drug seeking, and drug use take over their lives.

Fentanyl's effects include:

- extreme happiness
- drowsiness
- nausea
- confusion
- constipation
- sedation
- problems breathing
- unconsciousness

CAN YOU OVERDOSE ON FENTANYL?

Yes, a person can overdose on fentanyl. An overdose occurs when a drug produces serious adverse effects and life-threatening symptoms. When people overdose on fentanyl, their breathing can slow or stop. This can decrease the amount of oxygen that reaches the brain, a condition called hypoxia. Hypoxia can lead to a coma and permanent brain damage, and even death.

HOW CAN A FENTANYL OVERDOSE BE TREATED?

As mentioned above, many drug dealers mix the cheaper fentanyl with other drugs like heroin, cocaine, MDMA and methamphetamine to increase their profits, making it often difficult to know which drug is causing the overdose.

Naloxone is a medicine that can treat a fentanyl overdose when given right away. It works by rapidly binding to opioid receptors and blocking the effects of opioid drugs. But fentanyl is stronger than other opioid drugs like morphine and might require multiple doses of naloxone. Because of this, if you suspect someone has overdosed, the most important step to take is to call 911 so they can receive immediate medical attention. Once medical personnel arrive, they will administer naloxone if they suspect an opioid drug is involved.

Naloxone is available as an injectable (needle) solution and nasal sprays (NARCAN® and KLOXXADO®).

People who are given naloxone should be monitored for another two hours after the last dose of naloxone is given to make sure breathing does not slow or stop.

CAN FENTANYL USE LEAD TO ADDICTION?

Yes. Fentanyl is addictive because of its potency. A person taking prescription fentanyl as instructed by a doctor can experience dependence, which is characterized by withdrawal symptoms when the drug is stopped. A person can be dependent on a substance without being addicted, but dependence can sometimes lead to addiction.

Addiction is the most severe form of a substance use disorder (SUD). SUDs are characterized by compulsive drug seeking and drug use that can be difficult to control, despite harmful consequences. When someone is addicted to drugs, they continue to use them even though they cause health problems or issues at work, school, or home. An SUD can range from mild to severe.

People addicted to fentanyl who stop using it can have severe withdrawal symptoms that begin as early as a few hours after the drug was last taken.

These symptoms include:

- muscle and bone pain
- sleep problems
- diarrhea and vomiting
- cold flashes with goose bumps
- uncontrollable leg movements
- severe cravings

These symptoms can be extremely uncomfortable and are the reason many people find it so difficult to stop taking fentanyl. There are medicines being developed to help with the withdrawal process for fentanyl and other opioids.

HOW IS FENTANYL ADDICTION TREATED?

Like other opioid addictions, medication with behavioral therapies has been shown to be effective in treating people with a fentanyl addiction.

Medications: Buprenorphine and methadone work by binding to the same opioid receptors in the brain as fentanyl, reducing cravings and withdrawal symptoms. Another medicine, naltrexone, blocks opioid receptors and prevents fentanyl from having an effect. People can discuss treatment options with their health provider.

Counseling: Behavioral therapies for addiction to opioids like fentanyl can help people modify their attitudes and behaviors related to drug use, increase healthy life skills, and help them stick

with their medication. Some examples include:

- cognitive behavioral therapy, which helps modify the patient's drug use expectations and behaviors, and effectively manage triggers and stress
- contingency management, which uses a voucher-based system giving patients "points" based on negative drug tests. They can use the points to earn items that encourage healthy living
- Motivational interviewing, which is a patient-centered counseling style that addresses a patient's mixed feelings to change

These behavioral treatment approaches have proven effective, especially when used along with medicines.

Points to Remember

- Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent. In its prescription form it is prescribed for pain, but fentanyl is also made illegally.
- Fentanyl and other synthetic opioids are the most common drugs involved in overdose deaths.
- Illegal fentanyl is sold in the following forms: as a powder, dropped on blotter paper like small candies, in eye droppers or nasal sprays, or made into pills that look like real prescription opioids.
- Illegal fentanyl is being mixed with other drugs, such as cocaine, heroin, methamphetamine, and MDMA. This is especially dangerous because people are often unaware that fentanyl has been added.
- Fentanyl works by binding to the body's opioid receptors, which are found in areas of the brain that control pain and emotions. Its effects include extreme

happiness, drowsiness, nausea, confusion, constipation, sedation, tolerance, addiction, respiratory depression and arrest, unconsciousness, coma, and death.

- The high potency of fentanyl greatly increases risk of overdose, especially if a person who uses drugs is unaware that a powder or pill contains it. They can underestimate the dose of opioids they are taking, resulting in overdose.
- Naloxone is a medicine that can be given to a person to reverse a fentanyl overdose. Multiple naloxone doses might be necessary because of fentanyl's potency.
- Medication with behavioral therapies has been shown to be effective in treating people with an addiction to fentanyl and other opioids.

Source: <https://www.drugabuse.gov/>

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COCAINE AND FENTANYL

SEIZURE'S RISE ACROSS THE US

Cocaine and Fentanyl Seizures Rise Across The US- DEA agents in Iowa take more than \$2 million in drugs off streets January 22, 2020. 21 defendants face a combined 218 years in federal prison.



DES MOINES, Iowa – Agents of the Drug Enforcement Administration Des Moines Resident Office partnered with the Mid-Iowa Narcotics Enforcement Task Force, United States Postal Inspection Service and U.S. Department of Homeland Security Investigations to take down 21 high-ranking members of the Jesse Sanchez Drug Trafficking Organization based out of Southern California and sourced by the Sinaloa Cartel. Agents seized more than 200 pounds of methamphetamine, 50,000 fentanyl pills and 10 kilograms of heroin estimated at more than \$2 million. In addition, approximately \$425,000 in drug proceeds and assets were seized during a two-year period. “This complex, multi-jurisdictional investigation involved hundreds of man hours and had organizational ties to multiple federal and state investigations,” said DEA Omaha Division Special Agent in Charge Richard Salter Jr. “This case is yet

another outstanding example of DEA’s networking capabilities with local, state and federal law enforcement partners throughout the U.S.” Operation Despacito began in April 2017, as investigators tracked the Iowa-based distribution cell known for methamphetamine, heroin, fentanyl and cocaine trafficking. In a case that crossed state and international borders, investigators identified a network that utilized subterranean tunnels, passenger vehicles and the U.S. postal service to smuggle and transport thousands of pounds of illegal drugs into and throughout the United States. Traffickers routed illegal drugs to Florida, Hawaii, Iowa, Illinois, Michigan, Minnesota, New York and North Carolina. Information obtained from cooperating sources and co-conspirators contributed to the Office of Foreign Assets Control process for sanctions on three Mexico-based,

Sinaloa Cartel Kingpins in accordance with the Foreign Narcotics Kingpin Designation Act. The Kingpin Act denies significant foreign narcotics traffickers, their related businesses and their operatives, access to the U.S. financial system, and all trade and transactions involving U.S. companies and individuals.

U.S. Attorney Marc Krickbaum of the Southern District of Iowa indicated that on January 14, the last defendants of the conspiracy were indicted. The 21 defendants received combined sentences totaling 218 years in federal prison. Of the 21 defendants, nine multi-pound methamphetamine suppliers are residents of Iowa, while nine California residents supplied the drugs to Iowa. Three co-conspirators are from Nevada.

“Make no mistake, Iowa is a target for drug cartels who are pumping hundreds of pounds of methamphetamine into our communities,” said Krickbaum. “We will find these drug traffickers and put them in federal prison. The United States Attorney’s Office is grateful to our partners in law enforcement for their tireless work to protect Iowans from these criminal organizations.”

In addition to the drugs, agents seized three assault rifles, multiple stolen handguns and a stolen U.S. Marine Corps firearm suppressor within Des Moines city limits.

The Des Moines Resident Office is part of DEA’s Omaha Division encompassing Iowa, Minnesota, Nebraska, North Dakota and South Dakota as well as parts of Illinois and Wisconsin.

COCAINE & FENTANYL SEIZURES RISE ACROSS THE US

OMAHA, Neb. – Drug Enforcement Administration (DEA) investigators took an estimated \$2.8 million worth of methamphetamine and marijuana off the streets of Iowa in 2020 and reported an increase in cocaine and fentanyl seizures.

Agents from DEA offices in Cedar Rapids, Des Moines, Sioux City and the Quad Cities removed a combined 9 kilograms of fentanyl from communities in Iowa last year. Fentanyl, which is 100 times more potent than morphine, has a small dosage unit at just under 2 milligrams, or the equivalent of a few grains of salt. DEA’s 9 kilograms of

fentanyl seized in Iowa last year carries enough lethal doses for four-and-a-half million users.



“Last year in Iowa, we seized more lethal doses of fentanyl than there are people within the state,” Omaha Division Special Agent in Charge Justin C. King said. “We’ve seen a jump in fentanyl and counterfeit pills across our five state Division and we want to make people aware of the fact that pills purchased off of the street should be considered incredibly dangerous and potentially lethal. The makers of counterfeit pills are not careful or precise in their

measurements. One pill may have 1 milligram of fentanyl, while another from the same batch may have 3 milligrams, or enough to kill a person. The only prescription medication people should be taking is one that comes directly from a pharmacy or licensed physician.”

In addition to fentanyl, cocaine seizures increased in Iowa with agents seizing 70 percent more than in 2019. Cocaine availability continues to increase across the nation as coca cultivation and production in Colombia, the primary source for cocaine seized in the United States, remains high. *The DEA Omaha Division is a five state territory that includes Iowa, Minnesota, Nebraska, North Dakota and South Dakota as well as counties along the western border of Illinois and Wisconsin.*



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Services provided by HHCS include:

- Emergency Shelter:** Harbor House Crisis Shelters (HHCS) provides thirty-day emergency shelter for women and families.
- Samaritan Fund:** The Samaritan Fund is sponsored by the Superior Area Ministerium. Funds may be used for rental and utility assistance, prescription co-pays, and transportation assistance.
- Case Management:** HHCS' case management approach is holistic. It incorporates coaching, life-goals setting, life-skill training, assessments, referrals, and community resources on a bi-weekly basis.
- Transitional Living Center:** Transitional Living Center (TLC) is for supportive housing assistance for homeless families and single women.
- Permanent Supportive Housing:** Permanent Supportive Housing (PSH)

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The US teen birth rate (births per 1,000 females aged 15 to 19 years) has been declining since 1991. Teen birth rates continued to decline from 17.4 per 1,000 females in 2018 to 16.7 per 1,000 females in 2019. This is another record low for US teens and a decrease of 4% from 2018. Birth rates fell 7% for females aged 15 to 17 years and 4% for females aged 18 to 19 years.

Although reasons for the declines are not totally clear, evidence suggests these declines are due to more teens abstaining from sexual activity, and more teens who are sexually active using birth control than in previous years.

Still, the US teen pregnancy rate is substantially higher than in other western industrialized nations, and racial/ethnic and geographic disparities in teen birth rates persist.

Disparities in Teen Birth Rates

Teen birth rates declined from 2018 to 2019 for several racial groups and for Hispanics. Among 15- to 19-year-olds, teen birth rates decreased:

- 5.2% for Hispanic females.
- 5.8% for non-Hispanic White females.
- 1.9% for non-Hispanic Black females.

Rates for non-Hispanic American Indian/Alaska Natives (AI/AN), non-Hispanic Asians, and non-Hispanic Native Hawaiian, and other Pacific Islander teenagers were unchanged.

In 2019, the birth rates for Hispanic teens (25.3) and non-Hispanic Black teens (25.8) were more than two times higher than the rate for non-Hispanic White teens (11.4). The birth rate of American Indian/Alaska Native teens (29.2) was highest among all race/ethnicities.

Birth Rates for Females Aged 15 to 19 Years, by Race and Hispanic Origin of Mother: United States, 2018 and 2019 (See graph on page 15)

Geographic differences in teen birth rates persist, both within and across states. Although among states with low overall teen birth rates, some counties have high teen birth rates.

Social determinants of health, such as low education and low-income levels of a teen's family, may contribute to high teen birth rates. Teens in certain settings are at higher risk of teen pregnancy and birth than other groups. For example, young women living in foster care are more than twice as likely to become pregnant than young

women not in foster care.

To improve the life opportunities of adolescents facing significant health disparities and to have the greatest effect on overall US teen birth rates, CDC uses data to inform and direct interventions and resources to areas with the greatest need.

The Importance of Prevention

Teen pregnancy and childbearing are associated with increased social and economic costs through immediate and long-term effects on teen parents and their children.

Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school.

The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.

On a positive note, between 1991 and

2015, the teen birth rate dropped 64%, which resulted in \$4.4 billion in public savings in 2015 alone.

Evidence-based teen pregnancy prevention programs have been identified by the US Department of Health and Human Services (HHS) Teen Pregnancy Prevention Evidence, which used a systematic process for reviewing evaluation studies against a rigorous standard. The Evidence Review covers a variety of diverse programs, including sexuality education programs, youth development programs, abstinence education programs, clinic-based programs, and programs specifically designed for diverse populations and settings.

In addition to evidence-based prevention programs, teens need access to youth-friendly reproductive health services and support from parents and other trusted adults, who can play an important role in helping teens make healthy choices about relationships, sex, and birth control. Efforts at the community level that address social and economic factors associated with teen pregnancy also play a critical role in addressing racial/ethnic and geographical disparities observed in teen births in the United States.

Source: <https://www.cdc.gov/teenpregnancy>



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5 THINGS YOUR TEEN NEEDS TO KNOW ABOUT SEX

As awkward as it may be, educating your daughter about sex can keep her healthy—and even save her life. About 90% of parents nationwide say they've spoken to their teens about sex. But something is getting lost in translation, because only half of their teens agree.

Here are six facts that every teen should know, along with specific ways to get your point across.

Talking point: Using a condom isn't as effective—or as easy—as you think.

1. **Fact:** Condoms are almost as effective for preventing pregnancy as the Pill when they are used correctly. Condoms also drastically reduce the chance you'll pick up a sexually transmitted infection.

Talking point: If you have unprotected sex or the condom breaks, emergency contraception is an option.

2. **Fact:** Plan B is a high-dose birth control pill that is available over-the-counter and can prevent pregnancy if taken within 72 hours, though it is most effective when taken right away. Additional advice: Many women's health organizations recommend purchasing it before you need it, so that it's readily available if you ever do.

Talking point: Teens and young adults can be at high risk for STDs.

3. **Fact:** Young people ages 15 to 24 represent 25% of the sexually active population but they account for almost 50% of new STD cases, according to the Centers for Disease Control and Prevention surveillance report. Additional advice: Depending upon your child's sexual behavior, testing might vary from frequent (once every few months) to occasional once every two years.

Talking point: Some STDs have few or no symptoms.

4. **Fact:** Women can have gonorrhea, chlamydia, hepatitis, HIV, and syphilis without having any obvious symptoms. Chlamydia is a sexually transmitted bacterial infection that usually starts out with no symptoms. Additional advice: If you have multiple partners, you may want to be screened more often. Since chlamydia can be detected with a simple urine test now, a full pelvic exam isn't necessary.

Talking point: There are 100 different types of the human papillomavirus (HPV) out there—more than 30 of which are sexually transmitted.

5. **Fact:** HPV is the number-one cause of cervical cancer and genital warts. Additional advice: To screen for possibly HPV-caused, potentially precancerous abnormalities in the cells of the cervix, all women should get annual Pap smears. Women under 26 should also consider getting the HPV vaccination.



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TEEN DRUG ABUSE

For many parents, the idea of teen drug abuse seems about as foreign and far off as Jupiter. That is, until the issue is sitting across the table from you thumbing through text messages while wearing an iPod and sporting a surly attitude. Then, it gets real- very real. But don't hit the panic button just yet. Adolescent drug abuse and addiction can seem terrifying to deal with, but there is help and hope for your teen.

SIGNS YOUR TEEN MAY BE ABUSING DRUGS

The problem with identifying drug abuse among teenagers is that the common symptoms of drug abuse that most people are aware of are the norm for teen behavior. Another problem is that this is something no parent really wants to see in their teen. Aside from the general moodiness and secretive nature of most teens, there are other symptoms you should keep a watchful eye out for in order to identify signs that your teen may, in fact, be abusing drugs.

Here are a few of the more common symptoms that are fairly easy to recognize no matter how hard teens try to hide them:

- Runny nose
- Sudden weight loss
- Loss of interest in favorite activities and/or pastimes
- Chronic coughing

- Inappropriate clothing (this is most common among teens attempting to hide needle marks with long sleeves)
- Sudden drop in grades
- Uncommon behavior problems at home and school
- Skipping school
- Skipping class
- Change in friends
- Stealing
- Excessive hunger
- Loss of appetite

None of these are a sure sign that your teen is abusing drugs. However, if you can see many of these changes in your teen, it could be a sign of trouble. We have a great deal of experience helping teens recovery and detox from drug use and abuse. Give us a call at (800) 943-0566 today to see what we can do to help your teen and your family through this critical time.



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Source: <https://www.health.com>

HOW SHOULD PARENTS RESPOND?

Don't panic. Now is not the time for that. It's time for taking action. The most important thing to remember once you discover that your teen is abusing drugs is that there is help available. There are support groups in many major cities to help parents cope with their teens, and they also educate parents on adolescent drug abuse and what you can do to help.

Get help. That's the first thing you should do. You know that teenage drug abuse isn't something that's just going to stop on its own. Consider turning to a drug addiction rehabilitation facility that offers specialized treatment programs for

youth drug abuse. The more experience they have dealing with teens, the better it will be for your teen.

Don't play the blame game. It's easy to point fingers and assign blame. It's even easier to accept the weight of the entire problem on your shoulders. Guilt can rip you and your family apart just as fast as drugs. Don't let that happen.

Talk to your teen and really listen to what your teen has to say about life, drugs and anything at all your teen wants to discuss. You need to do this even if what your teen is telling you is painful to hear. Not only does this let your teen know that you'll be there no matter what, but it also helps your teen feel a little less alone in the fight to overcome addiction.

Join support groups like Narcotics Anonymous. These groups exist to help individuals, teens and families struggling with addiction. Most communities have them and everyone in your family can benefit from attending.

ILLICIT DRUG USE & TODAY'S TEENS

Beginning in the 1990s, illicit drug use among American teens saw a sharp decline. In 2009 and 2010, however, that decline hit a huge bump in the road. In fact, according to DrugFacts: Nationwide Trends April 2011 edition, marijuana use among eighth, tenth and twelfth graders increased between 2009 and 2010. Ecstasy

use also increased at the same time for eighth and tenth graders. The bottom line is that teen drug abuse and use, despite the mountain of education available on the dangers of addiction and drug use seems to be on the rise once again. If your teen is abusing marijuana, ecstasy or any other illicit or prescription drugs, we can help your teen kick the habit and get back to a life that's free of addiction. Make the call today at (800) 943-0566 so we can help your teen begin the journey back to a brighter future right away.

PRESCRIPTION DRUG ABUSE AMONG TEENS

Many teens begin taking prescription drugs because they feel it's a safer choice than using illicit drugs. According to the National Survey on Drug Use and Health findings in 2009 and 2010, of the people over the age of 12 who admitted to using prescription drugs for non-medical purposes in recent months, 50 percent reported receiving prescription drugs from friends or family members free of charge. Many teens cite easy access to prescription medication as one of the reasons they prefer them over illicit drugs today. But one of the biggest considerations among teens may be the fact that the social stigma associated with prescription drug abuse is much lower than with illicit drugs.

IS TREATMENT NECESSARY?

The truth is that it's extremely difficult to kick the drug habit without going through a proper youth addiction treatment program. Addiction is a complicated issue that often goes much deeper than simple curiosity. That's why most drug treatment programs that deal with teen drug abuse also include individual therapy, group therapy and medical care and treatment as part of the program. Call us at (800) 943-0566, so we can help you find the right program for your teen.

Source: <http://drugabuse.com/library/teen-drug-abuse/>



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TEEN SUICIDE



Suicide is when someone dies on purpose. A young person dying because of overwhelming hopelessness or frustration is devastating to family, friends, and community. Parents, siblings, classmates, coaches, and neighbors might be left wondering if they could have done something to prevent that young person from turning to suicide.

If you're worried about your teen or another child, take it seriously and talk to them right away. You also can turn to these resources for 24/7 help:

- **National Suicide Prevention Lifeline: 1-800-273-8255 or text CONNECT to 741741.** You also can contact them through their website.
- **Trevor Lifeline for LGBTQ community: 1-866-488-7386 or text START to 678678.** You can also contact them through their website.

These toll-free lines are staffed by people who are trained to help. The calls are confidential. If necessary, call 911 for immediate help.

Note: In 2020, the FCC established 988 as the new, nationwide, 3-digit phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. All phone service providers must direct 988 calls to the National Suicide Prevention Lifeline by July 16, 2022.

Why Do Teens Consider Suicide?

Learning more about what might lead a teen to suicide may help prevent further tragedies. The reasons behind a teen's suicide or attempted suicide can be complex. Although suicide is relatively rare among children, the rate of suicides and suicide attempts increases greatly during adolescence.

- Suicide is the third-leading cause of death for 15- to 24-year-olds, according to the Centers for Disease Control and Prevention (CDC), after accidents and homicide.
- It's also thought that many more attempts are made for every completed teen suicide.
- The risk of suicide increases greatly when kids and teens have access to firearms at home, and nearly 60% of all suicides in the United States are committed with a gun. That's why any guns in your home should be unloaded, locked, and kept out of the reach of children and teens.
- Overdose using over the counter, prescription, and non-prescription medicine is also a very common risk for attempting and completing suicide. It's important to monitor carefully all medicines in your home. Know that teens will "trade" different prescription medicines at school and carry them (or store them) in their locker or backpack.
- Suicide rates differ between boys and girls. Girls think about and attempt

suicide about twice as often as boys and tend to attempt suicide by overdosing on drugs or cutting themselves. Yet boys die by suicide about four times as often girls, and experts think this is because they tend to use more lethal methods.

Which Teens Are at Risk for Suicide?

It can be hard to remember how it felt to be a teen, caught in that gray area between childhood and adulthood. Sure, it's a time of tremendous possibility, but it also can be a period of stress and worry. There's pressure to fit in socially, to perform academically, and to act responsibly.

Adolescence is also a time of sexual identity and relationships and a need for independence that often conflicts with the rules and expectations set by others. Young people with mental health problems — such as anxiety, depression, bipolar disorder, or insomnia — are at higher risk for suicidal thoughts. Teens going through major life changes (parents' divorce, moving, a parent leaving home due to military service or parental separation, financial changes) and those who are bullied are at greater risk of suicidal thoughts.

Things that increase the risk of suicide among teens include:

- a psychological disorder, especially depression, bipolar disorder, and alcohol and drug use (in fact, about 95% of people who die by suicide have a

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- psychological disorder at the time of death)
- feelings of distress, irritability, or agitation
 - feelings of hopelessness and worthlessness that often come with depression
 - a previous suicide attempt
 - a family history of depression or suicide
 - emotional, physical, or sexual abuse
 - lack of a support network, poor relationships with parents or peers, and feelings of social isolation
 - struggling with their gender identity and/or sexuality in an unsupportive family or community

What Are the Warning Signs of Suicide?

Suicide among teens often happens after a stressful life event, such as problems at school,

a breakup with a boyfriend or girlfriend, the death of a loved one, a divorce, or a major family conflict.

Teens who are thinking about suicide might:

- talk about suicide or death in general
- give hints that they might not be around anymore
- talk about feeling hopeless or feeling guilty
- pull away from friends or family
- write songs, poems, or letters about death, separation, and loss
- start giving away treasured possessions to siblings or friends
- lose the desire to take part in favorite things or activities
- have trouble concentrating or thinking clearly
- have changes in eating or sleeping habits
- engage in risk-taking behaviors
- lose interest in school or sports

What Can Parents Do?

Many teens who die by or attempt suicide have given some type of warning to loved ones ahead of time. So, it's important for parents to know the warning signs so teens who might be suicidal can get the help they need.

Even though it's not always preventable, it's always a good idea to be informed and take action to help a troubled teenager.

Some adults feel that kids who say they are going to hurt or kill themselves are "just doing it for attention." It's important to realize that if teens are ignored when seeking attention, it may increase the chance of them harming themselves.

Getting attention in the form of ER visits, doctor's appointments, and residential treatment generally is not something teens want — unless they're seriously depressed and thinking about suicide or at least wishing they were dead. It's important to see warning signs as serious, not as "attention-seeking" to be ignored.

Watch and Listen

Keep a close eye on a teen who is depressed and withdrawn. Understanding depression in teens is very important because it can look different from commonly held beliefs about depression. For example, it may take the form of problems with friends, grades, sleep, or being cranky and irritable rather than chronic sadness or crying.

Try to keep the lines of communication open and express your concern, support, and love. If your teen confides in you, show that you take those concerns seriously. A fight with a friend might not seem like a big deal to you, but for a teen it can feel immense and consuming. Don't minimize or ignore what your teen is going through, as this can increase their sense of hopelessness.

If your teen doesn't feel comfortable talking with you, suggest a more neutral person, such as another relative, a clergy member, a coach, a school counselor, or your child's doctor.

Ask Questions

Some parents are reluctant to ask teens if they have been thinking about suicide or hurting themselves. Some fear that by asking, they will plant the idea of suicide in their teen's head. It's always a good idea to ask, even though it can be hard. Sometimes it helps to explain why you're asking. For instance, you might say: "I've noticed that you've been talking a lot about wanting to be dead. Have you been having thoughts about trying to kill yourself?"

How Can We Get Help?

If you learn that your child is thinking about suicide, get help right away. Your doctor can refer you to a psychologist or psychiatrist, or your local hospital's department of psychiatry can give you a list of doctors in your area. Your local mental health association or county medical society can also provide references. In an emergency, call 1-800-273-8255.

If your teen is in a crisis situation, your local emergency room can do a psychiatric evaluation and refer you to the right resources. If you're unsure about whether you should bring your child to the emergency room, call your doctor.

If you've scheduled a visit with a mental health professional, keep the appointment, even if your teen says they're feeling better or won't go. Suicidal thoughts do tend to come

and go. But your teen needs help to develop the skills needed to keep suicidal thoughts and behaviors under control during a crisis. If your teen won't go to the visit, tell the mental health professional. By going to the session and working with the clinician yourself, you'll maintain access to the help your child needs. The clinician also can discuss ways that might help your teen agree to get help. Remember that conflicts between a parent and child can make things worse for teens who feel isolated, misunderstood, devalued, or suicidal. Get help for family problems and resolve them in a healthy way. Tell the mental health professional if your family has a history of depression, substance abuse, or domestic violence. Talk about any other stresses at home, such as an ongoing environment of criticism.

If You've Lost a Child to Suicide

For parents, the death of a child is the most painful loss imaginable. For parents who've lost a child to suicide, the pain and grief can be intensified. These feelings may never completely go away. But survivors of suicide can take steps to begin the healing process:

- Keep in contact with others. Suicide can be isolating for surviving family members because friends often don't know what to say or how to help. Find supportive people to talk with about your child and your feelings. If those around you seem uncomfortable about reaching out, start the conversation and ask for their help.
- Remember that your other family members are grieving too, and that everyone expresses grief in their own way. Your other children, in particular, may try to deal with their pain alone so as not to burden you. Be there for each other through the tears, anger, and silences — and, if necessary, get help and support together.
- Expect that anniversaries, birthdays, and

holidays may be hard. Important days and holidays often reawaken a sense of loss and anxiety. On those days, do what's best for your emotional needs, whether

that means surrounding yourself with family and friends or planning a quiet day of reflection.

• Understand that it's normal to feel guilty and to question how this could have happened. But it's also important to

realize that you might never get the answers you seek. The healing that takes place over time comes from reaching a point of forgiveness — for both your child and yourself.

- Counseling and support groups can play a huge role in helping you realize you are not alone. Sometimes, bereaved family members become part of the suicide prevention network that helps parents, teenagers, and schools learn how to help prevent future tragedies.

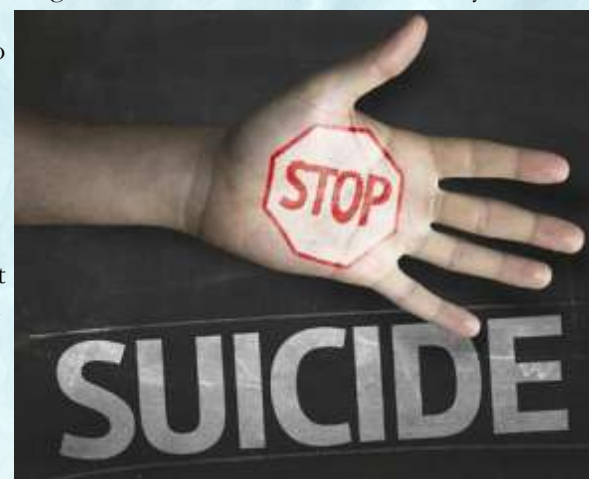
Helping Teens Cope With Loss

What should you do if someone your teen knows has attempted or died by suicide? First, acknowledge your child's many emotions. Some teens say they feel guilty — especially those who felt they could have interpreted their friend's actions and words better.

Others say they feel angry with the person who committed or attempted suicide for having done something selfish. Still others say they feel no strong emotions or don't know how to express how they feel. Reassure your child that there is no right or wrong way to feel, and that it's OK to talk about it when they're ready.

When someone attempts suicide and survives, people might be afraid of or uncomfortable talking with them about it. Tell your teen to resist this urge — this is a time when a person needs to feel connected to others. Many schools address a student's suicide by calling in special counselors to talk with the students and help them cope. If your teen is dealing with a friend or classmate's suicide, encourage them to use resources or to talk to you or another trusted adult.

Source: <https://kidshealth.org/>
Reviewed by: Christina M. Cammarata, PhD
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When it comes to teens and alcohol, consistency is the golden rule.

Jill, Anheuser-Busch employee, and daughter Tori

Setting rules—and sticking to them—can help prevent underage drinking.

Our high-schoolers have a lot of milestones ahead of them: prom, graduation and college. At times, it may be tempting to relax the rules and let them celebrate with alcohol. But according to experts, that's a big mistake. We've spent a lot of time teaching them to respect the rules, and if we start to make exceptions, we may send the signal that underage drinking is a "grey area." More than ever, this is the time to maintain consistency; special events don't call for special rules. To learn more, join us on Facebook and download our free Parent Guide.

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8 WAYS TO SAY "NO" TO UNDERAGE DRINKING

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photo source: <https://heartsforfamilies.org/>