



TODAY'S DRUG LANDSCAPE

What parents actually need to know.

Recognition. Connection. Response.

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You don't need to know every drug. You need to know your kid.

I'm not here today as a toxicologist. I'm here as an LMHC to talk about the part parents can actually influence: noticing change, staying connected, asking better questions, and knowing when to act.

- **Notice:** Look for meaningful patterns of change — not one isolated sign.
- **Connect:** Keep enough trust in the relationship that your teen can tell you the truth.
- **Act:** Know when to ask directly, when to get professional help, and when something is an emergency.
- **My lane as an LMHC:** behavior, risk and protective factors, communication, screening/referral, mental health and crisis response.

WHAT'S CHANGED

The drug supply is more deceptive than it used to be.

- **Counterfeit pills:** Illicit pills can resemble oxycodone, Xanax or Adderall. Appearance cannot tell you whether a pill is legitimate.
- **Fentanyl:** CDC reports that from 2020–2024, fentanyl was involved in 75% of overdose deaths among youth ages 10–19.
- **Emerging mixtures:** DEA has warned about fentanyl appearing alongside substances such as nitazenes, xylazine and medetomidine, making effects less predictable.

A pill from a friend, social media, or anywhere other than a licensed pharmacy is not a medication you can verify.

Source: CDC National Fentanyl Awareness Day Toolkit (2026); DEA One Pill Can Kill and 2026 public-safety advisories.

WORTH KNOWING

The smoke-shop / gas-station category deserves attention.

Kratom + concentrated 7-OH

Kratom-derived products vary. FDA's strongest current concern is concentrated 7-hydroxymitragynine (7-OH), sold in forms such as tablets, gummies, shots and drink mixes. Concentrated 7-OH has potent opioid effects and carries dependence and overdose concerns.

Tianeptine

Sometimes marketed in convenience-store or online products and sometimes called “gas station heroin.” It is not FDA-approved for medical use in the U.S. Misuse has been associated with dependence, withdrawal, loss of consciousness and seizures.

Important: ordinary kratom leaf and concentrated 7-OH should not be presented as identical products. The FDA distinguishes concentrated/enhanced 7-OH while warning about risks associated with kratom products more broadly.

Source: FDA: 7-OH safety information and Tianeptine safety warnings, current through 2026.

The newest drug isn't always the most relevant one.

- **Nicotine vapes and pouches:** easy to conceal and still common among adolescents.
- **Cannabis / THC vapes and concentrates:** frequent adolescent use can affect attention, memory and learning; earlier and heavier use carries greater concern.
- **Alcohol:** normalized enough that families can underestimate impairment, binge drinking, driving/riding risk and mixing substances.
- **Prescription medication misuse:** stimulants, benzodiazepines and opioids prescribed to someone else are not safer because they look pharmaceutical.

Source: CDC 2024 National Youth Tobacco Survey; CDC Cannabis and Teens; CDC youth substance-use resources.

Look for a pattern — not a single 'tell.'

- **Functioning:** sudden academic decline, missed school, giving up activities, repeated lateness or obligations falling apart.
- **Mood / body:** unusual sedation or agitation, major sleep/appetite changes, memory or coordination problems, episodes that look like intoxication or withdrawal.
- **Relationships:** abrupt peer changes plus secrecy, increasing isolation, new persistent conflict or defensiveness around whereabouts.
- **Access:** unexplained pills, powders, vapes, small containers, packages, cash transfers, missing medications or repeated mystery products.

Concern rises when changes are new + clustered + persistent + impairing.

And remember: depression, anxiety, trauma, ADHD, sleep problems and family stress can create some of the same signs. Investigate. Don't diagnose your teenager at the kitchen table.

What job is the substance doing for this teen?

The behavior makes more sense when we understand its function.

- **Coping:** anxiety, depression, trauma, sleep, emotional numbing.
- **Belonging:** peer acceptance, identity, social anxiety, fear of exclusion.
- **Performance:** studying, staying awake, athletics, weight or image pressures.
- **Curiosity:** novelty, experimentation, sensation-seeking, social-media exposure.
- Understanding the function is **not** approving the behavior. It tells us what may need treatment, replacement or support.

Don't lose the conversation trying to win the interrogation.

- **Start with what you see:** “I've noticed you're sleeping all afternoon, missing practice, and you seem different when you come home.”
- **Ask directly:** “Have you been using anything — vaping, THC, pills, kratom/7-OH, alcohol, or something else?”
- **Stay curious:** What? How often? With whom? Where did it come from? What do you like about it? Anything scary happen?
- **Make the safety boundary clear:** pills not prescribed to you and dispensed by a licensed pharmacy are unsafe.
- **Give them an exit ramp:** “If you're in trouble, call me. We can deal with consequences later. First I want you alive and safe.”

Source: SAMHSA, Talk. They Hear You — parent/caregiver communication resources.

Not every concern requires the same response.

- **Suspicion / experimentation:** talk directly, increase supervision, secure medications, clarify expectations and involve pediatric/school support if concerns persist.
- **Repeated use or impairment:** seek professional assessment and screen for anxiety, depression, trauma, ADHD, sleep problems and family stress.
- **Dependence / withdrawal / escalating consequences:** punishment alone is not treatment. Coordinate medical and behavioral-health evaluation.
- **Possible overdose or poisoning:** treat it as an emergency — naloxone if opioid overdose is possible, call 911, support breathing as instructed and stay with the person.

KNOW THIS PART

Recognize an opioid overdose.

- The person cannot be awakened.
- Breathing is slow, shallow, irregular or stopped.
- There are choking, gurgling or unusual snoring sounds and the person cannot be awakened.
- Lips, nails or skin may become discolored.
- Pupils may be very small and constricted.

Naloxone. 911. Stay with them.

Naloxone is safe to give even when you're unsure opioids are involved. If another sedative is present, naloxone may not reverse that substance — but it can still reverse an opioid component, so emergency care remains essential.

Source: CDC Naloxone and Overdose Response; DEA synthetic-drug public-safety information.

Connection is not soft. It's a safety tool.

- **Connection:** have conversations when nothing is wrong. Know friends, routines and what matters to your kid.
- **Boundaries:** warmth and clear expectations can coexist.
- **Reduce access:** secure prescriptions and dispose of unused medication.
- **Talk about the digital pathway:** substances can be offered through social media, messaging apps and acquaintances.
- **Treat mental health early:** anxiety, depression, trauma, sleep and attention problems can become pathways to self-medication.
- **Be ready:** consider keeping naloxone at home and knowing how to use it.

This is enough to take home today.

- **You do not need to know every drug name.** Know your kid and notice meaningful change.
- **Counterfeit pills change the risk equation.** A pill outside a legitimate prescription/pharmacy cannot be verified by appearance.
- **Kratom isn't one uniform product.** Concentrated 7-OH is an emerging opioid concern worth knowing by name.
- **Connection gives your teenager an exit ramp.** Make it possible for them to call you when something goes wrong.
- **Know overdose response.** Naloxone + 911 + staying with the person can save a life.