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The TeenSavers[®] Home Drug Test Kit Parental Support Guide

This is Your Instructional and Emotional Support Guide from
Tim Chapman, Msc.D, CDAAC | “America’s Parenting Coach”

Call us Toll Free 24/7
1-866-728-7833



Dear Concerned Parent,

Thank you for purchasing the Teensavers® Home Drug Test Kit. Although we're glad you purchased *our* kit, we're also sorry you had to do so. You have however, taken the first critical step in preventing or stopping your child's potential for addiction and life long consequences.

Many parents will go so far as to purchase a home drug testing kit, only to use it as a scare tactic in hopes of deterring their kids from drug abuse. I must tell you, as a professional drug abuse counselor for 30+ years, threats don't work! You have gone this far, which likely means you already know your child is using some sort of mood or mind-altering chemical. You must follow through.

The good news is you are not alone with our drug-testing system. When you purchased the Teensavers® Home Drug Test Kit, you acquired the best device on the market today. It is as accurate, if not more so, than many professional laboratory screens. Also, you acquired an entire team of addiction experts to educate you and walk you through the entire process; everything from how to approach your child and administer the test, to obtaining professional treatment if necessary. You can also log onto our website at www.myteensavers.com and learn about the intervention and treatment of drug abuse, behavioral

and psychological problems. Additionally, you are encouraged to speak to our professional counselors. We are on-call for you 24-hours per day, 7 days per week; 365 days per year to answer your questions or provide you with emotional support and guidance. Simply call us anytime Toll Free at **1-866-728-7833**.

As your personal drug abuse specialist, I am going to walk you through the testing process step by step. If at anytime you feel you need support other than my written directions, call us Toll Free at **1-866-728-7833**.

Step 1 – How to Approach your Child to Administer the Test

Step 2 – Administer and Monitor the Test

Step 3 – Reading the Results

Step 4 – Handling the Results

Step 1 - How to Approach your Child to Administer the Test:

First and foremost, you have to answer the questions in your own mind regarding drug testing your child. To do so is to become comfortable that you are “doing the right thing.”

Here are a few common fears of a parent contemplating drug testing their child:

Q) Am I invading my child's privacy?

A) Maybe, but what's the consequence for not testing your child?

Q) Did I go out and buy a drug testing kit because I thought I didn't need one?

A) NO, of course not. Your gut, a friend, a friend of your child's, or another concerned person tipped you off. That's why you are testing your child.

Q) If my child is angry and resistant about taking the drug test, could that be a sign that I have overstepped my boundaries?

A) Possibly. But remember, you probably didn't just wake up this morning and tell yourself, "I think I will drug test my kid today" for no reason at all. Chances are you have several pieces of data or "evidence" in your mind as to why you think you should drug test your child. Below, I will teach you a sure-fire way to approach your child with a drug test.

Q) Does this mean I don't trust my child? And worse yet, will my child ever trust me again?

A) This means you are seriously concerned for your child's well-being and your parental instincts are telling you to do what's

necessary. Secondly, if your child's test results are "Negative" (no drugs in his/her system) he or she may distrust you, but only for a while. If your child knows you love him or her, and that your intent here is not to "catch" him or her, but to step in where you feel parental influence is necessary, your relationship will heal and trust will be regained. Your child will not stop loving you for this. If you are right and your child tests POSITIVE for drug(s), you can rest assured, you did the right thing and you should seek help NOW, not a week from now. If your child tests NEGATIVE for drug(s), you will be justified in your actions by following the instructions below.

Use evidence to approach your child with a drug test

To help you through this difficult part of the testing procedure, I need you to write down 3-5 *specific* reasons why you are drug testing your child today. You can also collect your spouse's information, information from your other children, your child's friend's information (if they volunteered it), concerns or complaints you have received from teachers, neighbors, your child's friends' parents, as well as your own observations of your child's behavior.

Now, look at all of the information you have collected. Determine if their might be a pattern of "suspicious" behavior. This will help you to confront your child. It will also help your child to understand why

you are requesting a drug test. If your child is using drugs, don't expect a rational, cooperative response to your request to test. Nevertheless, follow through with the test. Don't be deterred by his/her reaction. You might be saving your child's life.

Presenting the evidence / data to your child

Lack of supporting "evidence" is the number one reason kids fight with their parents over taking a drug test. It's also the number one reason parents give into guilt and retreat, only to enable their child to continue abusing drugs.

If you follow the directions in this format, you will minimize arguments such as; "you're crazy," "you have no right to do this," "I don't use drugs," "you don't trust me," "I will never speak to you again," (the list goes on and on), particularly if your child is actually using mood or mind-altering substances.

Here is a sample list of "evidence" that was presented to a boy by his parents in order to support the need for a drug test:

1. "Brad, your grades have dropped from B's to D's in one month"
2. "Brad, Ginny told us you have been smoking pot for 3 months"
3. "Brad, your best friend just entered rehab and you have lied for him"
4. "Brad, Cindy's mom expressed concern that you are depressed"
5. "Brad, I found a glass pipe in your room"

Can you see how powerful and convincing this “evidence” / data could be to support your decision to drug test your child? This is Key! Present a simple, honest list (as above) to your child and DO NOT ASK YOUR CHILD TO TAKE THE TEST, BUT RATHER, INSIST THAT YOUR CHILD TAKE THE TEST.

Follow the example outlined above and write down your reasons/ data/evidence as to why you must drug test your child:

1. _____
2. _____
3. _____
4. _____
5. _____

You must approach your child and say: “based on my concerns, as well as the information I have collected, I must test you at this time.”

Someone needs to take control of the situation and that someone needs to be you (mom or dad). A “take charge” attitude is far more effective than simply asking for your child’s cooperation. This is your opportunity to be the parent and give your child support and direction.

STEP 2 - ADMINISTER AND MONITOR THE TEST

ADMINISTER

Administer the test according to the directions as enclosed with the TeenSavers® Home Drug Test Kit. If you have any questions regarding this procedure, feel free to contact us anytime day or night at **1-866-728-7833**.

MONITOR

While administering the test, remain in the room with your child. Although this may feel awkward or uncomfortable, it is important to do so in order to discourage any attempts at diluting the test that might impede the results.

STEP 3 – READING THE RESULTS

The test results should be evident within 3-5 minutes. Be sure your child remains in the room with you during the test and while reading the results. This is important because both you and your child need to witness the results with your own eyes. That way there is no question about the results, positive or negative.

STEP 4 – HANDLING THE RESULTS

This can be the most difficult process for parents. Don't be alarmed, remember, you have our counselors available 24/7 for emotional support. Simply call us Toll Free at **1-866-728-7833**. We can help to answer questions, or even speak with your child on the phone if necessary. We can help to de-escalate your child's reaction to the situation. ***YOU ARE NOT ALONE!***

What to do when your child's test result is POSITIVE

First and foremost, avoid over-reacting to the Positive test result. Take a deep breath and remain calm. Leave the room momentarily if it will help you to calm down. Be honest and open with your child as to how you feel (Mad, Sad, Afraid, Hurt). Don't argue, complain, become hysterical or make threats of consequences towards your child; be quiet (for a moment). Then tell your child that "it wouldn't be productive to talk about the results right now, but let's think about it, and then get together in an hour or so." Each of you should leave the room, but not the house. Agree to come back together within an hour to discuss the results and the next step. Your child will have more respect for you if you hold off your discussion, and it will avoid a shameful confrontation.

During your break, call our counselors Toll Free at **1-866-728-7833** and tell them you just tested your child and give the counselor the results. The counselor will discuss your feelings and the next logical step with your child.

Talking with our professional counselor will give you confidence and will guide you towards the best solutions. Follow the advice of our counselor. We have a nationwide network of services and referrals. We will make the appropriate recommendations for you and your child.

What to do when your child's test result is NEGATIVE

Thank your child for being cooperative. If you want to apologize, be careful how you do it. Don't apologize just to apologize. Don't be sorry for attempting to protect your child. Tell your child, "I'm sorry I had to test you, but I hope you can understand my concern with the information I had." "Besides, I know you are not safe from drugs in today's world, and as your (mother/father) it is my responsibility to see to it that I do everything I can to protect you." "Please believe me that my intent here is to support and help protect you."

Keep in mind that drug testing is simply another tool in the arsenal against drug addiction. Although the test you just administered was negative, the "evidence" you collected was probably credible. Your child is always vulnerable to people, places and things that can put

him/her at risk of using drugs. Let your child know that you care enough about him/her to risk an argument or to being uncomfortable in order to keep him/her safe.

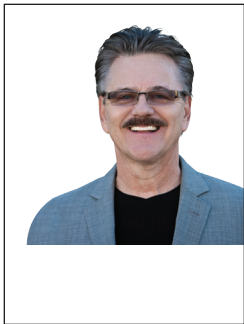
Remember, you had “evidence” that led you to testing your child. The test simply verified that your child didn’t have mood or mind-altering substances in his/her system at this time. We hope the test result is permanent.

We thank you for having the confidence in our home drug test and our counseling team. We are here to help you anytime day or night. Simply call us Toll Free at **1-866-728-7833**.

Sincerely,

Tim Chapman

Tim Chapman, Msc.D., CDAAC
America’s Parenting Coach



Handbook - Frequently Asked Questions

Which drugs are tested?

The urine will be tested for:

Marijuana (THC)

Cocaine “Crack”

PCP “Angel Dust”

Opiates (Codeine, Morphine, Hydrocodone, Hydromorphone, Oxycodone, and Methadone)

Amphetamines (Amphetamine, Methamphetamine, and Ecstasy (MDMA))

Benzodiazepines (Anti-anxiety drugs)

Barbiturates

Tricyclic Antidepressants (Prescription drug with low abuse potential)

Why test at home?

- Gets parents and loved ones talking about drug use
- Deterrent - The TeenSavers® Home Drug Cup in the house will help with peer pressure and the temptation to experiment with drugs
- Confidential - An anonymous unique ID number is used
- Easy to use – Complete, easy to use and simple instructions are provided
- If a Preliminary Positive – Use Preaddressed shipping box and affix postage. Drop in any mailbox, call our toll free number (866-728-7833) for results

- Affordable- No medical or other collection charges.
- Interpretation of Results- Our Customer Service Group answers your questions

What does a negative test result mean?

A negative result does not guarantee the absence of drugs. It means that the drugs tested were either not present or may be below our ability to detect the drugs. If you suspect that drug abuse is present, we recommend an evaluation by a counselor. A repeat urine test with TeenSavers® Home Drug Kit may also be indicated.

What if this preliminary test is positive?

The test must be sent to the lab for confirmation. This initial test provides only a preliminary screen. See steps above to confirm a result.

What if it is still positive after confirmation?

TeenSavers® wants to give you all the tools necessary to deal with a positive test result. Depending on the drug, a positive result may be due to a prescription drug. It is best to call our toll free customer service number 866-728-7833 to see if your result may be due to a prescription.

How long are drugs detected on a urine drug test?

DRUG	RETENTION TIME
Amphetamine	2-3 days
Methamphetamine	
Ecstasy (MDMA)	
Cocaine	2-3 days
(Crack)	
Marijuana (THC)	
(times are only approximations)	
Infrequent smoker	Days-1 week
Moderate smoker	Days-Weeks
Chronic smoker	Several Weeks
Opiates	2-3 days
(Codeine, Morphine, Hydrocodone, Hydromorphone, Oxycodone, Heroin)	
Phencyclidine	1-7 days
(PCP, Angel Dust)	
(Chronic use may be up to 30 days)	

Benzodiazepines Up to 2 weeks
(Such as Diazepam, Oxazepam,
Chlordiazepoxide, Alprazolam, Chlorazepate and others)

Barbiturates

Short Acting (such as pentobarbital)	1 day
Intermediate Acting (such as butalbital)	2-3 days
Long Acting (such as phenobarbital)	Several Weeks

Methadone	1 week
Tricyclic Antidepressants (TCAs) (Amitriptyline, Nortriptyline, Imipramine, Desipramine)	2 weeks

Times presented are only a general guideline.

What are the effects of drugs on the body?

Drugs of abuse affect the brain and either:

- slow down actions and reactions (depress)
- speed up actions and reactions (stimulate)

Drugs such as marijuana (active ingredient THC), opiates (such as codeine, morphine, heroin and alcohol are depressants while amphetamines and cocaine are stimulants.

Marijuana

What some signs of marijuana use?

- rapid loud talking and bursts of laughter
- sleepiness in later stages
- forgetfulness
- reduced concentration and coordination
- inflammation in whites of eyes
- pupils likely to be dilated
- hunger
- odor similar to burnt rope on clothing or breath
- tendency to drive cars slowly, below speed limit
- distorted sense of time passage
- use or possession of paraphernalia (rolling papers, pipes, dried plant material, roach clips)

Marijuana affects skills needed for safe driving. Thinking and reflexes are slowed, making it hard to respond to sudden events. A driver's ability to "track" through curves, brake quickly, maintain proper speed and distance between vehicles, is affected. Research shows that these skills are impaired for at least four to six hours after smoking a single marijuana cigarette.

How many people smoke marijuana? At what age do children generally start?

A recent government survey tells us:

Over 70 million Americans over the age of 12 have tried marijuana at least once. About 10 million had used the drug in the month before the survey. More than 5 million Americans smoke marijuana at least once a week. Among teens aged 12 to 17, the average age of first trying marijuana was 13.5 years old. A yearly survey of students in grades 8 through 12 shows that by 10th grade, nearly 16 percent are “current” users (that is, used within the past month). Among 12th-graders, nearly 40 percent have tried marijuana at least once, and 19 percent were current users. The use of marijuana and other drugs usually peaks in the late teens and early twenties, then goes down in later years.

How can I tell if my child has been using marijuana?

There are some signs you might be able to see. He or she might seem dizzy and have trouble walking, seem silly and giggly for no reason, have very red, bloodshot eyes; and have a hard time remembering things that just happened. When the early effects fade, over a few hours, the user can become very sleepy.

Parents should be aware of changes in their child’s behavior. Parents should look for withdrawal, depression, fatigue, carelessness with grooming, hostility, and deteriorating relationships with family

members and friends. Changes in school performance, increased absenteeism, lost interest in sports or other favorite activities. Changes in eating or sleeping habits could be related to drug use. However, these signs may also indicate problems other than use of drugs.

In addition, parents should be aware of signs of drugs and drug paraphernalia, including pipes and rolling papers, odor on clothes and in the bedroom, use of incense and other deodorizers, use of eye drops, and clothing, posters, jewelry, etc., promoting drug use.

Can a donor test positive through second hand smoke because he was in the same room with someone smoking marijuana?

It has been shown that it is possible to have detectable levels of THC from passive inhalation however not likely with the 50 ng/mL cutoff. It is possible under extreme conditions (like being in a tiny room with no ventilation for an extended period of time with many people smoking). It is not going to happen with exposure to smoke at a party or a concert.

How long is marijuana detectable on a urine test?

Marijuana is a fat soluble drug. If a person is a first time user, it will probably all be out of the system in about 5 days. For chronic users (several times a week for a long period of time) marijuana is stored in the fat and slowly released over time. In this case, marijuana can be detected for weeks after they have stopped using marijuana.

Cocaine “Crack”

What is the difference between “Crack” and Cocaine?

Cocaine is an anesthetic which stimulates the brain. It is snorted (inhaled through the nose), injected, or, smoked by inhaling its vapors. It is sometimes called coke, toot, and nose candy. In its free-base form it is sometimes called rock, crack, or base. The effects of the drug begin within minutes after entering the system and start with a brief intense feeling of well-being, which peaks within 15 to 20 minutes and is followed by depression.

What are the signs of cocaine or “crack” use?

- dilated pupils.
- dry mouth and nose.
- frequent lip licking.
- excessive restless activity.
- difficulty sitting still.
- lack of interest in food or sleep.
- irritable, argumentative, nervous.
- talkative (conversation often lacks continuity).
- subjects change rapidly.
- runny nose.
- chronic cold or sinus/nasal problems.
- nosebleeds and use or possession of paraphernalia (glass vials, glass pipe, white.

- crystalline powder, razor blades, syringes, needle marks)
- experience severe shifts in mood.
- extremely sensitive to loud noises. This sensitivity can create paranoia which leads to an inability to concentrate on tasks.

What are some of the health risks of using “crack” or cocaine?

Cocaine over stimulates the circulatory, respiratory, and brain. Cocaine interferes with the natural chemical in the brain that stimulates and regulates the firing of nerve cells. Muscle spasms in various parts of the body can occur. Over stimulation of the nervous system can cause convulsions which can lead to respiratory collapse and death. Long term crack (rock-like bits of cocaine that can be smoked) users have also suffered permanent damage to the cortex, the part of the brain that is used to think.

Opiates (Narcotics)

What are opiate narcotics?

The opiate class of narcotics include morphine, codeine, and heroin. Synthetic opiates are hydrocodone, hydromorphone, oxycodone, meperidine and others. These drugs are used medically to relieve pain, but also have a high potential for abuse. Opiates tend to relax the user. A user will feel an immediate rush when the opiates are injected

or smoked (heroin), but may soon experience other unpleasant side effects including restlessness, nausea, and vomiting.

What are the signs of opiates use?

- mental dullness.
- lethargy and drowsiness.
- cold or moist skin
- scratches frequently.
- slurred speech.
- constricted pupils that fail to respond to light.
- if injected, needle tracks or scars.
- paraphernalia (syringes, spoons, medical droppers, bent spoons, metal bottle caps, small glassine bags or foil packets).

What are some of the health risks of using opiates (narcotics)?

These drugs, including codeine, morphine, and common painkillers are all legally manufactured from opium, which is a by-product of the poppy plant. Heroin, an illegally manufactured product, as well as those legal narcotics, all find their way into the drug marketplace. When taken outside a doctor's care, the user risks mental and physical dependence with lethargy, apathy, slurring of speech, and loss of judgment and self-control. All of these may result in convulsions, coma, nausea, diarrhea, vomiting, and malnutrition as the use of the drug replaces a balanced diet.

Amphetamine and Methamphetamine and Ecstasy

What are amphetamines?

Amphetamines are central nervous system stimulants which may be taken orally, smoked or injected. Included in this group are amphetamine, methamphetamine, and ecstasy (MDMA). Amphetamines tend to increase alertness and physical activity. Amphetamines are used to counteract drowsiness, whether caused by lack of sleep, sleeping pills, other “downers”, or alcohol.

What are some of the signs of amphetamine use?

- dilated pupils.
- dry mouth and nose.
- frequent lip licking.
- excessive restless activity.
- difficulty sitting still.
- lack of interest in food or sleep.
- risk taking behavior.
- irritable, argumentative, nervous.
- talkative (conversation often lacks continuity).
- subjects change rapidly.
- alertness, wakefulness, mood elevation.
- loss of appetite, exhaustion.
- sense of power and a false sense of security.

- Increased body temperature with Ecstasy

What are the health risks of using amphetamines?

Amphetamines are stimulants which tend to throw off the body's rest and repair system. Hyperactivity and mental anxiety are common. Repeated high dosage results in lethargy, exhaustion, mental confusion, and paranoia. Use can lead to hallucinations. Abuse can lead to physical problems such as blood pressure problems, heart attacks and strokes.

PCP “Angel Dust”

What is “angel dust” or PCP?

Phencyclidine (PCP), also commonly known as “angel dust”, is an outlawed animal tranquilizer which may be smoked, snorted, injected, or taken orally. PCP is known for its long term potential to create psychotic behavior, violent acts, and psychosis. For many users, PCP changes how they see their own bodies and almost everything around them.

What are some of the signs of PCP use?

- unpredictable behavior with mood swings from passiveness to violence for no apparent reason, possibly including self-destructive behavior.

- symptoms of intoxication.
- disorientation with agitation and violence if exposed to excessive sensory stimulation.
- fear, terror, rigid muscles, strange gait.
- deadened sensory perception, possibly unaware of severe injuries.
- pupils may appear dilated.
- mask-like facial appearance.
- seeing sounds, smelling colors.
- comatose if large amount consumed.
- inability to concentrate.
- users are a potential safety risk.

What are the health risks of using PCP?

PCP or “angel dust” was originally made as a human, then animal, tranquilizer. It causes violent and self destructive behavior. “Dust” affects brain functions. It takes the user out of reality and into a dangerous mind set. Users often place themselves in situations that may cause serious injury. They may become irrational and think they are indestructible. Use may also result in blurred vision, diminished sensations, incoordination, and muscle spasms, hallucinations, which may lead to other aggressive or bizarre behavior. High use may lead to convulsions, coma, fever, respiratory depression and death.

Barbiturates

What are barbiturates?

Barbiturates are prescription sedative hypnotic drugs used to treat anxiety, stomach (gastrointestinal) discomfort, pain, and sleep disorders, and longer acting barbiturates such as phenobarbital used to treat epilepsy. Some are short acting such as pentobarbital (Nembutal[®]), secobarbital (Seconal[®]); intermediate acting such as amobarbital (Amytal[®]), butalbital (Fiorinal[®], Fioricet[®], Esgic[®] and others); and long acting Phenobarbital (Donnatal[®] and many others).

What are the signs of barbiturate use?

- central nervous system depressant
- mild intoxication (similar to alcohol)
- slurred speech
- lack of coordination
- lethargy
- headaches
- sensations of numbness or tingling
- dizziness
- confusion
- drowsiness

What are some of the health risks of using barbiturates?

As with other sedative hypnotics, barbiturates can produce physical dependence and withdrawal. Barbiturates were first introduced in the early 1900's and in the 1970's barbiturate overdose was a leading cause of death. Due to the abuse and overdose potential, barbiturates can be very dangerous if taken in greater than prescribed dosages. These drugs are very dangerous when used in combination with other central nervous system depressant drugs such as alcohol. Overdose can result in depression of the central nervous system and cardiovascular system and respiratory depression which can lead to death. Other dangerous effects of overdose are: shock with cool and clammy skin, decreased blood pressure, decreased oxygen carrying capacity of the blood, and coma.

Benzodiazepines

What are benzodiazepines?

Benzodiazepines are one of the most commonly prescribed drugs in the United States. They are sedative hypnotic drugs which relieve anxiety with less harmful side effects than the barbiturates. The benzodiazepine class of drugs include: Diazepam

(ValiumR), Oxazepam(SeraxR), Chlordiazepoxide(LibriumR), Chlorazepate(TranxeneR), Temazepam(RestorilR), Alprazolam (XanaxR), Triazolam (HalcionR), Lorazepam(AtivanR) and Prazepam (CentraxR).

What are the signs of benzodiazepine use?

- lethargy
- sedation
- motor incoordination
- intellectual impairment
- sleepiness
- impaired speech
- decreased anxiety
- muscle relaxation
- light headedness
- confusion
- disorganization of thought

What are some of the health risks of using benzodiazepines?

They are relatively safe even at high doses which is why they are replacing the barbiturates as sedative hypnotics. Sedation and respiratory depression at high doses are enhanced with alcohol and other central nervous system depressants. These drugs have an abuse potential.

Tricyclic Antidepressants (TCAs)

These anti-depressant drugs are prescription drugs with low abuse potential and are not considered addictive. Tricyclic antidepressants were developed in the 1950s and are still widely used. Examples are Amitriptyline, Nortriptyline, Imipramine and Desipramine. They are used in numerous applications mainly indicated for the treatment of **clinical depression** and some other disorders but their use has decreased in recent years because of newer drugs with fewer side effects. TCAs have been shown to be effective in treating **attention-deficit hyperactivity disorder** (ADHD) and also for bed wetting. Some signs and symptoms are:

- Dry mouth
- Blurred vision
- Decreased intestinal motility which may lead to constipation
- Urinary retention or difficulty with urination
- Drowsiness,
- **Anxiety**
- Restlessness
- Confusion, dizziness and **memory** difficulties,
- Weakness, nausea and vomiting,
- Increased heart rate and irregular heart rhythms

TCA's may enhance the response to alcohol and the effects of barbiturates and other CNS depressants. Tricyclic antidepressants overdose is a significant cause of fatal drug overdose.

Where can I get some help?

The following organizations provide a variety of information services and, in some cases, published materials. Most of these groups are either non-profit organizations or federal government agencies.

Adult Children of Alcoholics	213/534-1815
Al-Anon Family Group Headquarters	212/683-1771
Alateen	212/683-1771
Alcoholics Anonymous	212/870-3400
Alcohol Hotline	800-ALCOHOL
American Council on Alcoholism Helpline	800/527-5344
American Council for Drug Education	800/488-3784
Center on Addiction and Substance Abuse	212/841-5200
Center for Substance Abuse Prevention	800/967-5752
Center for Substance Abuse Treatment	800/662-HELP
Cocaine Anonymous	800/347-8998

Cocaine Hotline	800-COCAINE
Community Anti-Drug Coalitions of America	703/706-0560
Just Say No Foundation	800/258-2766
Marijuana Anonymous	800/766-6779
Mothers Against Drug Driving	214/744-6233
Naranon Family Groups	213/547-5800
Narcotics Anonymous	818/773-9999
National Clearinghouse for Alcohol & Drug Information	800/729-6686
National Council on Alcoholism and Drug Dependence	800-NCA-CALL
National Drug & Alcohol Treatment Routing Service	800/662-HELP
National Families in Action	404/934-6364
National Federation of Parents for Drug-Free Youth	800/554-KIDS
National Helpline	800-COCAINE
National Helpline Spanish	800/662-9832
National Institute on Drug Abuse	800/622-HELP
National Parents Resource Institute	

for Drug Education	800/241-7946
Office of National Drug Control Policy	800/666-3332
Partnership for a Drug-Free America	212/922-1560
Substance Abuse & Mental Health Services Admin.	301/443-8956

Do not hesitate to call us toll-free at 866-728-7833 for any additional treatment referrals.



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