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  Our Mission, Our Vision, Our Goals
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What’s on your kid’s mind?

Effective Identification of Substance Abuse and Strategies for Creating a Family Drug Prevention Plan
SIGNS OF DRUG USE

• A drop in grades
• Isolates from family
• Poor achievement
• Moods are up and down
• Dishonesty
• Tobacco use
• Change in peer groups
• Draws pot leaves, drugs, or drug symbols
• Parental defiance
• Slurred speech
• Extremely dilated or constricted pupils

• Red, watery, or glassy eyes
• Uses eye drops to hide red eyes
• Late or unexplained hours
• Rejection of parental values
• Have found unexplained paraphernalia
• Disappearance of money or possessions
• Defiance about drug use
• Antisocial behavior
• Loss of interest in previous hobbies and activities

“A child who reaches age 21 without smoking, abusing alcohol, or using drugs is virtually certain never to do so.”

-Joseph A Califano
former United States Secretary of Health, Education, and Welfare and the founder and former chairman of The National Center on Addiction and Substance Abuse at Columbia University
TALKING TO TEENS ABOUT DRUGS

Here is a list of questions that you can ask your child as an easy way to start a conversation about drugs. They are non-accusatory and open-ended, so you are more likely to start a two-way conversation.

HERE ARE SOME SIMPLE TIPS ON TALKING TO YOUR KIDS ABOUT DRUGS:

1. **Seize the moment.** Take advantage of any opportunity to talk to your kids. Maybe your child will share the story of a ninth grader who was caught with marijuana at school. Use these moments to talk honestly and openly with your kids about these topics. Ask them open-ended questions to foster further conversation, such as “What do you think of what your friend is doing?,” or “What do you think might happen to the ninth grader?” Kids are curious by nature. Allow the conversation to flow freely between you and your child.

2. **Listen more than speaking.** Encourage your kids to talk to you by listening to them without overreacting when they open up; it will help them feel more comfortable talking to you. You may be surprised to find out how much your child already knows about drugs, alcohol, and sex when you really listen to them. Be aware of your tone and the length of your responses, as your child may perceive a long response as a lecture and not feel comfortable opening up again.

3. **Ask your child what he or she knows.** Ask questions such as “What have you heard about drugs from your friends and teachers?” or “I received this drug test kit at the presentation tonight, what do you think?” Let your child answer the question without interrupting and then acknowledge them for their openness. Take opportunities such as these to start a two-way conversation. Be sure to educate yourself prior to this conversation so you can answer all of your child's questions accurately. If you don't know an answer, don't guess. Be honest and tell your child you will research the answer or you risk losing their confidence.
4. **Use current events**, such as shows and news headlines as conversation starters. Share a news story or local incident with your child – such as an automobile accident resulting from someone under the influence or a drug arrest – to start a conversation. Ask your child how they would feel if they caused an accident or were arrested because they were under the influence or in possession of drugs or alcohol. How would this affect their future? You may want to discuss the risks and possible catastrophic consequences from poor decisions made while using drugs and/or alcohol. Be sure to focus on consequences that will resonate with your child.

5. **Give your child words to use** with their friends if asked to use drugs. It will be easier for your child to respond if they have a few planned phrases and a strategy for leaving the situation. One possible response is, “I can’t. My parents have a drug test kit and they will find out about my drug use.” Talking through different situations will strengthen their refusal skills.

**CONVERSATION STARTERS**

**REMEMBER:**

- These questions are to be used as conversation starters only. Do not overreact to your child’s answer.
- Family dinners offer a neutral and safe place for conversation.
- Use “I” statements in both your questions and your answers.
- Before you begin talking, make sure you are prepared for the question, “Have you ever used drugs?”
BEGIN THE CONVERSATION BY:

1. Talking to your kids about what the drug trends were when you were in high school. Make it personal. Talk about friends or family members who used drugs. Tell your kids about a family member or friend you knew growing up (one who should have been successful and should be in the room with you today) and how their lives were changed or negatively affected because of drugs and alcohol. The focus is not a discussion about whether or not you have used in the past. Make it clear to your kids that this is about them remaining drug free in the future.

2. Ask your kids to tell you about a friend or someone they know who has experimented with drugs and the consequences they faced. If it applies, ask your child their opinion about recent drug-related incidents in their community or school.

3. Tell your kid what your family’s position is on alcohol and drugs. Talk to your spouse, agree on your family’s position, and share with your child. Make your position very clear. These conversations need to happen on a regular basis.

4. Ask your child what they think is the biggest issue facing teens today. Ask how you can help them better face this issue.

5. Place the drug test kit on the table. Tell them the drug testing kit is in your home because you love them and want to give them support. When talking about the issue of trust, make it clear to your child that you DO trust them, and you are continuing to build trust with them. Just like verifying curfew is met by waiting up, and verifying they are getting good grades is done by looking at their report card, you will verify no drug use by using the test. The drug testing kit is in your home to give your kids an “out” from negative peer pressure. Tell your child it’s a way to say “no.” Set up a reward system for every time your child tests clean. Let them know you understand how hard it is to say no and resist peer pressure. Reward them with extended opportunities, privileges, or even an item they want.

“TEENS WHO HAVE INFREQUENT FAMILY DINNERS ARE LIKELIER TO USE DRUGS IN THE FUTURE.”

“MORE THAN 70% OF TEENS THINK THAT EATING FREQUENT FAMILY DINNERS IS IMPORTANT.”

- The National Center on Addiction and Substance Abuse at Columbia University

CONVERSATION STARTERS
1. **At what age should I start drug testing my child?** notMYkid recommends implementing in-home drug testing no later than age 12 (remember, 13 is the average age at which kids begin experimentation).

2. **How often should I test my child?** The amount of time between tests varies, but as a general practice you should test approximately once a month. However, you need to follow your instincts and if you have any concern at all, then test (remember, the average kid uses for two years before being discovered by a responsible adult).

3. **Are there kits that just test for marijuana?** Yes, and those are less expensive and can be found at the same places that the 12-panel tests are sold.

4. **If I have more than one child, can I have them all supply urine for a single test?** It is not recommended to mix urine; therefore, you should only test one child per kit.

5. **Will my child feel less trusted if I implement this strategy?** Trust is earned over time by setting boundaries and making sure they are met. The priority of parents is to protect their child.

6. **Are there ways to ‘beat’ or ‘pass’ a drug test even if my kid has been using?** Yes. There are several ways to ‘defeat’ a drug test, including the use of synthetic urine and other diluting agents, the use of someone else’s urine, and the fact that different drugs stay in the system for different amounts of time. This illustrates the importance of testing proactively, while your child is still of the mindset that drug use is a bad decision, rather than waiting until they are indoctrinated into the drug culture. Test regularly and randomly.

7. **When should I start talking to my kid(s) about drug use?** We recommend having conversations with your child at an early age, using age-appropriate language when speaking with younger children. We recommend introducing the concept of proactive drug testing by age 10 by using daily events as conversation starters.

8. **What if the test comes up positive (or ‘dirty’) for drugs and my child says s/he DID NOT use?** These tests are over 99% accurate. They do not produce false positive results. You can retest or go to a local testing facility. Speak with your child’s doctor to verify if any of their prescribed medications could cause a positive test.
9. **What if the test comes up positive (or ‘dirty’) for drugs and my child says s/he “...only used once...?”** If the test is positive, we recommend a more stringent regimen of random testing in addition to having the child speak with a professional, licensed counselor.

10. **If the test is positive, what steps should we take?** A positive test can be indicative of many things; primarily, it is indicative that your child has an illegal drug or prescription medication in his/her system. It does not indicate where, why or how often they are using drugs, and those are very important issues. A positive test moves you from the ‘preventative testing’ stage to the ‘intervention’ stage, and there are numerous places and organizations willing to help you. Our website is a great place to start your search for assistance with the intervention process.

11. **What if my child simply refuses to take the test?** If you have approached it in the recommended manner, as a partnership to help him/her steer clear of drugs but they refuse, we recommend treating that as a positive test.

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Parents often say, “We’re not there yet. We have years until we navigate the teen years.” This is our opportunity to remind them drug prevention starts during the preschool years. From safely taking over the counter medicine for a cold, to the life threatening risks associated with illicit drug use, there is a lot to teach our youth to help them safely navigate drug choices.
# COMMON DRUGS OF ABUSE

## Opiates
<table>
<thead>
<tr>
<th>Drug</th>
<th>Misc Names</th>
<th>What to Look For</th>
<th>Detection</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine</td>
<td></td>
<td>Constricted pupils, drowsiness, sedation, weakness, dizziness, nausea, vomiting, impaired coordination, confusion, dry mouth, itching, sweating, clammy skin, constipation</td>
<td>2 - 4 days</td>
<td>Oral, injected</td>
</tr>
<tr>
<td>Codeine</td>
<td>Tylenil w/ Codeine, Carisoprodol (Soma Compound)</td>
<td></td>
<td>2 - 4 days</td>
<td>Oral, injected</td>
</tr>
<tr>
<td>Hydro-morphine</td>
<td>Dilaudid, Dust, Juice, Snack</td>
<td></td>
<td>2 - 4 days</td>
<td>Oral, injected</td>
</tr>
<tr>
<td>Methadone</td>
<td>Demerol, Mepergan, Methadone, Methocaine</td>
<td></td>
<td>2 - 4 days</td>
<td>Oral, injected</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>Vicodin, Lorcan, LoraRx</td>
<td></td>
<td>1 - 6 days</td>
<td>Oral, injected</td>
</tr>
<tr>
<td>Oxycodeone</td>
<td>Percodan, Percocet, Tylox, Oxycotin</td>
<td></td>
<td>3 - 5 days</td>
<td>Oral, snuffed, injected</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Sublimus, Duragesic, Actig</td>
<td></td>
<td>8 - 24 hours</td>
<td>Sniffed, smoked, injected</td>
</tr>
</tbody>
</table>

## Depressants
<table>
<thead>
<tr>
<th>Drug</th>
<th>Misc Names</th>
<th>What to Look For</th>
<th>Detection</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbiturates</td>
<td>Amytal, Firoman, Nembutal, Sconal, Phenobarbital</td>
<td>Dilated pupils, slurred speech, relaxed muscles, intoxication, loss of motor coordination, poor concentration, confusion, dizziness, fatigue</td>
<td>2 - 10 days</td>
<td>Oral, injected</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Xanax, Valium, Ativan, Diazepam, Klonopin, Librium, Downers</td>
<td>1 - 6 weeks</td>
<td>Oral, injected</td>
<td></td>
</tr>
<tr>
<td>Methaqualone</td>
<td>Quaaludes</td>
<td>2 weeks</td>
<td>Oral, injected</td>
<td></td>
</tr>
<tr>
<td>Glutethimide</td>
<td>Duriden</td>
<td>2 - 10 days</td>
<td>Oral, injected</td>
<td></td>
</tr>
</tbody>
</table>

## Stimulants
<table>
<thead>
<tr>
<th>Drug</th>
<th>Misc Names</th>
<th>What to Look For</th>
<th>Detection</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>Adderal, Biphetamine, Dexedrine, Speed, Uppers</td>
<td>Rapid breathing, dilated pupils, irritability, anxiety, insomnia, seizures, reduced appetite, weight loss</td>
<td>1 - 2 days</td>
<td>Oral, snuffed, injected</td>
</tr>
<tr>
<td>Methyphenidate</td>
<td>Ritalin, Concerta</td>
<td>1 - 2 days</td>
<td>Oral, snuffed, injected</td>
<td></td>
</tr>
</tbody>
</table>

## Illicit & Narcotic
<table>
<thead>
<tr>
<th>Drug</th>
<th>Misc Names</th>
<th>What to Look For</th>
<th>Detection</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opium</td>
<td>Dover's Powder, Paregoria</td>
<td>Pinpoint pupils, lethargy, drowsiness, slurred speech, sweating, vomiting</td>
<td>2 - 4 days</td>
<td>Oral, smoked</td>
</tr>
<tr>
<td>Heroin</td>
<td>Dicetymorphone, Smack,</td>
<td>2 - 4 days</td>
<td>Sniffed, smoked, injected</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>Coke, Flake, Snow, Crack</td>
<td>Dilated pupils, dry mouth, rapid speech, irritability, depression, insomnia, weight loss, violent, paranoia</td>
<td>2 - 5 days</td>
<td>Oral, snuffed, injected</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>Meth, Crank, Crystal, Ice, Glass</td>
<td>2 - 5 days</td>
<td>Oral, snuffed, injected</td>
<td></td>
</tr>
<tr>
<td>Ecstasy</td>
<td>MDMA, E, X, Rolls</td>
<td>Dilated pupils, intense euphoria, acceptance, energy, increased senses, sociability</td>
<td>2 - 5 days</td>
<td>Oral, injected</td>
</tr>
<tr>
<td>Pcp</td>
<td>Angel Dust, Heg, Phencyclidine</td>
<td>Eye fluttering, drooling, numbness, hallucinations, confusion, agitation, unresponsiveness</td>
<td>2 - 4 days</td>
<td>Oral, snuffed, injected</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>LSD, DMT, DET, Bufotenine, Ibogaine, Psilocybin, Psilocin, PCE, PCP, TCP</td>
<td>Dilated pupils, sweating, dry mouth, abnormal laughter, distracted persona, rapid reflexes</td>
<td>2 - 5 days</td>
<td>Oral, snuffed, smoked, injected</td>
</tr>
</tbody>
</table>

## Cannabinoids
<table>
<thead>
<tr>
<th>Drug</th>
<th>Misc Names</th>
<th>What to Look For</th>
<th>Detection</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>Pot, Weed, Refer, Mary Jane</td>
<td>Dilated pupils, blood shot eyes, sleepiness, hallucinations, loss of coordination</td>
<td>2 days - 11 weeks</td>
<td>Oral, smoked</td>
</tr>
<tr>
<td>Tetrahydro-cannabinol</td>
<td>THC, Marinol</td>
<td>2 days - 11 weeks</td>
<td>Oral, smoked</td>
<td></td>
</tr>
<tr>
<td>Hash</td>
<td>Hashish, Hashish Oil</td>
<td>2 days - 11 weeks</td>
<td>Oral, smoked</td>
<td></td>
</tr>
</tbody>
</table>

## Designer Drugs
<table>
<thead>
<tr>
<th>Drug</th>
<th>Misc Names</th>
<th>What to Look For</th>
<th>Detection</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salvia</td>
<td>Maria Pastora, Sally-D</td>
<td>Rapid heart rate, hallucinations, vomiting, seizures, paranoia</td>
<td>2 days - 11 weeks</td>
<td>Oral, smoked</td>
</tr>
<tr>
<td>Spice</td>
<td>K2, Fake Pot, Skunk</td>
<td>2 days - 11 weeks</td>
<td>Oral, smoked</td>
<td></td>
</tr>
<tr>
<td>Bath Salts</td>
<td>Ivory wave, Purple Wave, Red Dove, Vanilla Sky</td>
<td>Unknown</td>
<td>Oral, snuffed, injected</td>
<td></td>
</tr>
</tbody>
</table>


*Drug slang changes depending on location, generation, and culture.
COMMUNICATE:
- Discuss boundaries with spouse/partner in regard to drug and alcohol use and come to an agreement.
- Make sure that both parents/partners are sharing the same message on drug and alcohol use.
- Create consistent boundaries and consequences around drugs, alcohol and peer groups. Trust is built by setting boundaries and verifying they are met. Extend privileges as they are earned over time.
- Model behaviors that you want to see in your child.
- Engage in positive activities such as exercise, athletics, faith, and constructive hobbies.

CREATE OPPORTUNITIES FOR TWO-WAY CONVERSATIONS AROUND DRUG AND ALCOHOL USE.
- Share real life examples of drug and alcohol use and their consequences.
- Listen more than you speak.
- Role play situations and give your child words to say “no” and remove themselves from peer pressure.
- Teach your child strategies to handle stress in a positive manner.
- Eat a meal as a family consistently five days per week.
- Communicate regularly. This is not a one time conversation.

EDUCATE YOURSELF:
- Learn to identify current drugs and paraphernalia associated with drug use.
- Be able to recognize the signs and symptoms of drug/alcohol use.
- Know the effects of drug use and what your child is likely to look like on drugs.
- Learn terminology/slang used for drugs in your area.
- Become a knowledgeable and credible resource to your child through education.

BE HONEST:
- Answer your child’s questions with honesty and at an age appropriate level.
- Share personal/family use with honesty, but without reliving or glamorizing past drug/alcohol use.
- Share family genetics around drug and alcohol addiction as another reason not to use.
- Use local news, friends, and family events as opportunities to discuss choices and consequences.
DETER:
- Properly dispose of unused prescription pills.
- Lock and monitor home alcohol and prescription drugs.
- Be aware of household items that could be used to get high. Restrict access to those items.
- Create a home atmosphere where kids feel comfortable, but not a place to drink or get high.

MONITOR:
- Know your child's friend's siblings and families, and particularly know if there are older children at home.
- Be aware of internet use and what kids are posting and sharing online.
- Check your child's room and car on a regular basis.
- Discuss boundaries around drugs/alcohol with parents your teens interact with.

EDUCATE YOUR COMMUNITY:
- Educate friends and family members of the dangers of teen substance and alcohol abuse.
- Elicit the support of family, friends, coaches, etc; to help support and uphold family values.
- Encourage members of your community to create a drug and alcohol prevention plan too.

VERIFY:
- Utilize home drug test kits as a way to prevent, and if need be, intervene in a child's substance abuse.
- Make sure that your child adheres to curfew, grades, and other household rules/boundaries.
OUR FAMILY DRUG PREVENTION PLAN
Add any additional strategies that will work for your family.
Agree, share, and post your prevention plan for all to see.

BE CONSISTENT:

____________________________________________________________________

COMMUNICATE:

____________________________________________________________________

EDUCATE YOURSELF:

____________________________________________________________________

BE HONEST:

____________________________________________________________________

DETER:

____________________________________________________________________

MONITOR:

____________________________________________________________________

EDUCATE YOUR COMMUNITY:

____________________________________________________________________

VERIFY:

____________________________________________________________________
Youth Citation Information
Juvenile Encounters with the Law
WHAT THE DATA SHOWS
Meridian Police Department (MPD)
& West Ada School District (WASD) 2019-2021

16% Controlled Substance Possession of Marijuana
15% Drug Paraphernalia Possession
15% Possession of Marijuana
12% Theft-Petit
8% Runaway
7% Battery
7% Inattentive or Careless Driving
7% Malicious Injury to Property
6% Frequenting Place Where Used
7% Vehicle Burglary

TEN MOST COMMON JUVENILE ARRESTS & CITATIONS (MPD)

26% Sixteen YOA
24% Fifteen YOA
23% Seventeen YOA
14% Fourteen YOA
6% Thirteen YOA

JUVENILE ARRESTS & CITATIONS BY YEARS OF AGE (YOA) (MPD)

36% Use/Possession: Drug Alcohol
60% Use/Possession: Tobacco Nicotine E-cigarette (Vape)

MOST COMMON JUVENILE VIOLATIONS (WASD)

33% Marijuana
32% Alcohol
17.5% E-Cigarettes (Vape) THC
17.5% Other

60% E-Cigarettes
4% Cigarettes
1% Smokeless Tobacco (Chew)
Violation of WASD Policy 502.5 may result in some or all of the following:

1. Suspension

2. Student will be ineligible to participate in all school activities for 21 calendar days (high school) or 14 calendar days (middle school), 7 days of which will be without practice.

3. Mandatory Substance Abuse Training (student and parent/guardian may be required to attend)
   A. Tobacco Education Classes
   B. INDEPTH Classes
   C. Parent Information Classes

4. Drug/Alcohol Assessment

5. Insight Sessions with Counselor - Refer to your Student-Parent Handbook Appendix (Policy Violation Forms)
**Consensual Contact:** Officers may want to talk with a juvenile to see how things are going or to see if they saw or know anything about a particular crime. This is usually a friendly talk and the juvenile has no obligation to speak with the officer and can leave at any time.

**Reasonable Suspicion:** An officer may not have enough to arrest a juvenile, but he/she could have enough suspicion to believe the juvenile may have had something to do with a crime and wants to talk with the juvenile about the crime. This is usually to gather more information in order to eliminate the juvenile as a suspect or detain further.

**Probable Cause:** For example, an officer finds a juvenile hiding near the area of a crime, i.e. burglary, he/she now has probable cause to detain the juvenile and question him/her about the crime. The juvenile is not free to leave at that time.

**Reports:** The officer receives a report or complaint involving the juvenile.
WHAT HAPPENS TO A JUVENILE WHO COMMITS AN OFFENSE?

- **INFRACTION:** Juvenile issued a ticket.
- **SUMMONS OR PETITION:** Officer sends report to Juvenile Prosecutors.
- **DETENTION:** Result of felony, violent or repeated crimes.

THIS ALL DEPENDS ON THE TYPE OF OFFENSE COMMITTED.

WHAT HAPPENS TO THE JUVENILE AT THE END OF THE CONTACT?

- Released without any further interaction.
- Released to parent/guardian or school administrators.
- Released to Juvenile Detention.

DEPENDING ON THE REASON FOR THE CONTACT AND THE TYPE OF CRIME INVOLVED, A JUVENILE MAY BE:
A JUVENILE THAT IS FOUND GUILTY CAN HAVE THE FOLLOWING PENALTIES IMPOSED ON THEM:

**Traffic court:** Pay the fine. Parents/guardians may be instructed that it is entirely the juvenile's responsibility and they cannot help pay the fine.

**JUVENILE COURT OUTCOMES IF FOUND GUILTY:**

**Fined:** Again parents/guardians may be instructed that it is entirely the juvenile’s responsibility and they cannot help pay the fine.

**Petition:** Juvenile is placed under the control of Juvenile Probation with requirements that must be finished in a certain time frame. If satisfactorily completed, the charge is expunged.

**Probation:** Juvenile is placed under the control of Juvenile Probation for a designated time frame, any criminal activity during that period or any violation of probation rules will result in detention time.

**Detention:** The juvenile is confined for a set period of time. School work is provided to them during this time.

[Image]

https://adacounty.id.gov/juvenil court/
18 in Idaho, What a Difference a Day Makes

Drugs, Alcohol & The Law
In Idaho, it’s against the law for anyone under the age of 21 to buy any alcoholic beverages and you cannot possess alcohol, even if it’s in a sealed container. You are not allowed to enter a bar without a lawful business purpose.

A first-time offense for possession or consumption of alcohol by a minor is an infraction, punishable by a fine of $300. A second offense is a misdemeanor, punishable by a fine up to $2,000, up to 30 days in jail, or both. Third and subsequent convictions are punishable by a fine up to $3,000, up to 60 days in jail, or both. A first misdemeanor conviction also carries a suspension of driving privileges for up to a year. Subsequent misdemeanor convictions can have a driver’s license suspension of up to two years.

**SELLING ALCOHOL**

It is illegal for anyone to sell or give alcohol to anyone under 21, or to allow anyone under 21 to buy or drink alcohol in a bar, restaurant, or store. This is a misdemeanor that carries a fine of up to $1,000 and jail time of up to a year. If it is a business that is selling alcohol to minors, there is a possibility the establishment can lose their liquor license, and a fine for the employee responsible.

Even if you are over 21, if you cannot provide identification to prove your age, a clerk or bartender cannot sell you alcohol. However, if you are over 19, you may serve or dispense alcoholic beverages at your place of employment if they have a license to sell liquor.

The police will charge anyone over the age of 18 with providing alcohol to a minor if there are minors present consuming of alcohol at a “house party”.

**BEING DRUNK OR HIGH IN PUBLIC**

It is illegal to drink alcohol while driving or to drive under the influence of alcohol or other drugs, even if the drugs are legal. Walking home drunk or under the influence of alcohol or drugs can be illegal if you pose a hazard to yourself, others, or step off a sidewalk onto a road.
If you are under 21, you cannot drive with 0.02% (blood alcohol level); if you are over 21, you cannot drive with 0.08% (alcohol in your blood). If you refuse to take a test for blood alcohol or drug levels, you may still be prosecuted for driving under the influence and can receive a fine of $250 and a one-year suspension of your driver's license. There are also additional consequences for failure to comply with the test. If you are convicted of a DUI, you can receive an additional fine of $1,000, and may receive probation and be asked to attend a drug and alcohol awareness program.

**USING FAKE IDENTIFICATION**

If you are using a driver's license that doesn't belong to you or alter your own driver's license to make it look like you are 21, you are breaking the law. The person who gave you their identification is guilty of a crime as well. You cannot lend, borrow or alter a driver's license or other form of identification in any way. In addition to any penalties that may be imposed, driving privileges may be suspended for a period of 90 days.

**STEROIDS**

All non-medical use of anabolic steroids is illegal and can cause serious physical and mental health problems. After many scandals involving professional athletes and steroid use, the federal government passed legislation with more severe penalties for using, possessing, or distributing steroids. If you are convicted of distribution, you could face up to 5 years in prison and a fine of up to $15,000 under state law and up to 10 years in prison and a fine of up to $500,000 under federal law.

**DRUGS**

If you are present where drugs are being made, held for delivery, or used, it is a misdemeanor. In addition, your license can be suspended for one year if you are convicted of drug-related offenses.

**MARIJUANA**

Over the last several years, many of the states surrounding Idaho have changed their laws regarding the recreational or medicinal use of marijuana. Idaho has NOT changed their
laws. It is illegal to possess or use marijuana in Idaho for either recreational or medicinal purposes. Possession of more than three ounces of marijuana is a felony with a punishment of imprisonment for up to five years and a fine of up to $10,000. Punishment for possession of less than three ounces of marijuana is less severe, but you can be sentenced to up to a year in jail and a fine of up to $1,000.

It is illegal to bring marijuana into Idaho from another state, even if marijuana is legal in the other state. Bringing marijuana across state lines into Idaho can be punishable by up to 15 years in prison and fines of up to $50,000.

If you are over 18 and get caught selling or distributing drugs to anyone under 18 on school grounds or within 1,000 feet of school grounds, you could receive a prison sentence of 10 years up to life in prison and a fine up to $25,000.

POSSESSION

More than 135 controlled substances carry felony charges. Drugs including marijuana, heroin, cocaine, LSD, amphetamines, barbiturates, and others. Conviction for felony drug possession can carry a punishment of up to life in prison and a fine of up to $25,000.

DISTRIBUTION

If you are arrested with more drugs than someone could reasonably possess for personal use, you could face the more serious charge for possession with intent to sell. This is a felony, even if possession of an amount for personal use of the same drug would not be a felony.

If you are in possession of large quantities of methamphetamine, amphetamines, heroin, cocaine, or marijuana, the court may be required to sentence you to a mandatory prison term ranging from one year, up to life imprisonment, and a fine of up to $100,000 depending on the type and quantities of the drug. Possession is a felony charge, with punishment of at least 10 years in prison and a fine of at least $25,000.
If you are over 18 and get caught selling or distributing drugs to anyone under 18 on school grounds or within 1,000 feet of school grounds, you could receive a prison sentence of 10 years up to life in prison and a fine up to $25,000.

PARAPHERNALIA

Drug paraphernalia is any equipment designed to grow, make, or use a controlled substance. Some examples include a bong, pipe, grinder, and even cigarette rolling papers. Using or possessing drug paraphernalia is illegal and can be punished by up to a year in jail and a fine of up to $1,000.

Also, giving or selling paraphernalia to someone else when you have reason to know it is going to be used to grow, make, or use a controlled substance - even passing a roach clip back to your friend - could be charged as delivery of paraphernalia, a felony carrying up to 9 years in prison.

PRESCRIPTION DRUGS

Using someone else’s prescription is a felony. The penalty could include a sentence up to four years in prison and a fine of up to $30,000.

COMMONLY ABUSED DRUGS

In addition to legal consequences, drug use can lead to addiction and other long term health issues, alter your thinking and judgement, and increase your risk of injury or death. The National Institute on Drug Abuse website has detailed information about different types of drugs and their possible health effects.

Additionally, in 2010-2011, Idaho was one of the top ten states for rates of drug-use in several categories, including: past year non-medical use of pain relievers among persons age 12 or older; and past year non-medical use of pain reliever use among persons age 12-17. Approximately 9.36 percent of Idaho residents reported past-month use of illicit drugs; where the national average was 8.82 percent. In 2012, drug treatment admissions for non-heroine opiates increased to 12 percent. Drug treatment admissions for stimulants including methamphetamine were 39 percent.
1. **Meridian Anti-Drug Coalition, Resources** [https://meridiancity.org/madc/resources](https://meridiancity.org/madc/resources)
   A comprehensive set of highly recommended resources, including videos, books and websites to help expand your family's knowledge.

2. **West Ada School District** [https://www.westada.org](https://www.westada.org)
   Need resources? Contact your student's school counselor or School Resource Officer.

3. **Find Help Idaho** [https://findhelpidaho.org](https://findhelpidaho.org)
   Search and connect to support.

4. **Idaho Crisis & Suicide Hotline** [https://idahocrisis.org](https://idahocrisis.org)
   24/7 free and confidential behavioral health crisis support. Call or text 988.

5. **18 in Idaho** [https://18inidaho.org](https://18inidaho.org)
   How laws change when you turn 18 in Idaho.

6. **Meridian Police Department, 208-846-7300**
   MPD Tip Line, 208-895-3362
   MPD Non-Emergency Dispatch, 208-377-6790

   Submit an anonymous tip online or use the P3Tips App.

8. **notMYkid** [https://notmykid.org](https://notmykid.org)
   Prevention education and early intervention programs.

9. **FIRST CHECK** [https://www.firstcheckfamily.com](https://www.firstcheckfamily.com) or Wienhoff Drug Testing [https://wienhoffdrug.com](https://wienhoffdrug.com)
   Information on drug tests and a local testing facility.

10. **National Institute on Drug Abuse (NIDA)**
    [https://nida.nih.gov/research-topics/parents-educators](https://nida.nih.gov/research-topics/parents-educators)
    Science-based information about drug use, health, and the developing brain.

11. **Partnership to End Addiction** [https://drugfree.org](https://drugfree.org)
    From prevention to recovery, we have the resources you need.

12. **Substance Abuse & Mental Health Services Administration (SAMHSA)**
    [https://findtreatment.samhsa.gov](https://findtreatment.samhsa.gov)
Our Mission
To strengthen our community through substance abuse prevention.

Our Vision
To build Meridian into a drug-free community where people can safely live, work, and raise a family.

Our Goals
To educate youth and adults about the harmful and costly (direct and indirect) effects of drug use.

To achieve awareness by targeting media messaging, social norms and attitudes, as well as accessibility of alcohol and other drugs.

To consistently monitor and evaluate interventions to determine their effectiveness, thereby allowing the MADC to sustain successful strategies and improve or replace those deemed less effective.

Be a part of the solution!
Join us at our monthly meetings, visit our website, and follow us on Facebook.

WHEN - 3rd Thursday of each month at 4:00pm (unless otherwise posted on the MADC site)
WHERE - Meridian Police Department, 1401 E. Watertower St., Meridian Idaho 83642
STAY INFORMED - Want the latest information but can’t attend the meetings? Join our email distribution list to receive the most current updates.

www.meridianmadc.org  madc@meridiancity.org  @MeridianMADC

The Meridian Anti-Drug Coalition (MADC) was initiated by the executive order of Mayor Tammy de Weerd in January 2004. Unwavering community support has enabled the coalition to flourish, expand and build strong partnerships with likeminded organizations and individuals. The coalition has followed the Mayor's lead and works relentlessly to strengthen our community through substance abuse prevention.
“I just wanted to say thank you for your dedication and hard work. The value MADC has to our community is immense. Your organization is a small fierce force that is standing against a giant. I am so thankful you all power through to reach our students and families with encouragement and a voice that speaks out for the value of healthy living, and strong, drug free communities.”

-West Ada School District, High School Counselor