

AN INFORMATIVE GUIDE TO KEEPING KIDS SAFE
PROTECTING OUR CHILDREN



DRUGS • SOCIAL MEDIA • BULLYING • VAPING • & MORE INSIDE!

BROUGHT TO YOU BY THE NASHVILLE GRAPHIC 2024

DANGERS OF DRUGS: How it begins

BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER

"It's one of those things you hear about in big cities," says Lt. Caleb Shockley of the Nashville Police Department, of the prevalence and numbers of victims.

But Fentanyl use isn't just in the big cities. It's in North Carolina, in Nash County, and in Nashville: basically everywhere.

"Heroin is very, very prevalent, but Fentanyl is more potent," Shockley says.

Statistics provided to The Graphic by 9-1-1 Director Brent Fisher show 327 overdose calls in Nash County in 2023. As of February 13, there have been 45 in 2024.

The purpose of this article is to let parents and caregivers know what drugs are accessible to our children, how to recognize them, and to share some potentially life-saving tips on prevention.

HOW IT STARTS

Shockley, who with other members of the NPD Special Investigative Division, partners with federal authorities on a day-to-day basis in the fight against opioids, relates that he sees most drug use begin, believe it or not,

with vaping.

"It's a social thing," Shockley says of vaping, much like the use of tobacco cigarettes, with both able to contain nicotine.

As is also pointed out in the article on vaping in this special edition, vape cigarettes can contain not only nicotine, but other drugs, including THC liquid, which Shockley says can be shipped from states like CA and DC where its use is legal. The flavored liquid of vape devices can disguise signature smells.

"It often goes unrecognized," Shockley says of THC, or tetrahydrocannabinol, the potent psychoactive ingredient in cannabis, or marijuana. It is sold for medicinal uses to manage and treat chemotherapy-induced nausea and vomiting, according to the National Institutes of Health.

Unlike the marijuana available in the 1970s, for example, which had a THC percentage of 15-20%, today's marijuana has a THC purity factor of 95-100%, Shockley says, producing a much stronger "high."

Young people who enjoy marijuana's high, Shockley said, are then sometimes prone to seek other highs. Pills are usually next.

PRESCRIPTION DRUGS

Prescription drugs such as Adderall and Ritalin, both of which are used to treat attention deficit hyperactivity disorder (ADHD), Shockley said, are accessible to children who may have them legally and then shared with friends or associates.

Adderall is a stimulant that is used to increase a user's ability to "pay attention, stay focused on activities, and control behavior problems," according to the website webmd.com. It is also used to treat the sleeping disorder, narcolepsy. However, it contains amphetamine, a potent stimulant that can be habit-forming and cause serious and possibly fatal heart and blood pressure issues.

"Due to its addiction potential, a person can rapidly move from Adderall recreational use to misuse to addiction," according to American Addiction Centers.

Ritalin is a central nervous system stimulant that affects brain chemicals and nerves that contribute to hyperactivity and impulse control, according to the website drugs.com. Its misuse can cause addiction, overdose or death.

"Ritalin comes with high abuse potential, and is especially dangerous as a recreational

drug both because recreational users typically take much larger doses than what would be prescribed and because recreational users typically crush the pills and either snort or inject them, delivering the medication to the body much more quickly," states the website Addiction Center.

FENTANYL

The most dangerous of prescribed drugs, Shockley says, is fentanyl, a potent synthetic opioid drug approved by the FDA for use as an anesthetic and for pain release. "It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic, or pain-relieving medicine," states the United States Drug Enforcement Administration.

Fentanyl, Shockley said, is often masked by street manufacturers who make it look like Percocet, itself a prescription pain-reliever that contains a combination of Oxycodone, an opioid pain reliever, and the non-opioid pain reliever, acetaminophen.

The fentanyl is pressed into pills with the imprint M30, such as Percocet 30-milligram pills display, and colored to mimic Percocet's

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signature light blue color. It sells locally on the street for \$15-\$18 a pill.

“Addiction is rampant,” Shockley says of fentanyl, which also comes in a powder form.

LOCAL EXPERIENCE

The Lieutenant’s story of the first time he saw it is infused with so much tragedy and sadness that it was hard to hear. Experiencing it must have been so much worse.

“I didn’t know what it was,” Shockley said of the drug, which he saw while included on a local EMS call regarding a one-year-old child having cardiac arrest.

“While we were there, the child’s four-year-old brother starting having breathing issues,” Shockley said.

Despite the absolute best efforts of first responders, the baby later died. His brother, after a long stay in the hospital, lived.

The four-year-old had found a bag of fentanyl pills, and thinking they were candy, had been feeding them to his baby brother.

The mother’s boyfriend, Shockley said, had been a “source supply,” (dealer) from Wilson, who had left his bag of pills undented.

The children’s father, who did not live at the home, Shockley said, truly cared about his little ones. He was likely devastated. The children’s mother and her boyfriend were arrested.

Shockley, who had children of his own at home the exact same ages, was deeply affected. He and his officers attended the baby’s funeral.

“We are the silent professionals,” Shockley said. “We work for the victims. At the end of the day, we are their support system.”

LOCAL LAW ENFORCEMENT FENTANYL INITIATIVE

Local law enforcement is on a fentanyl initiative, which means fentanyl traffickers are being prioritized because they pose the biggest danger to our community, Shockley says, and that more deaths are being seen directly related to fentanyl. In the past months, Nashville police officers made a bulk fentanyl seizure composed of tens of thousands of pills with a street value of \$1.2 million.

“It was enough to kill everyone in Nashville,” Shockley said.

SIGNS TO LOOK OUT FOR

Shockley says parents should keep an ear out or watch text references with the phrase “M30,” which he says refers to fentanyl. If kids have phones, he says, they have the means

to get the drug.

Physically, Shockley says the drug is an opioid, which makes users sleepy or seem “out of it.”

The high from fentanyl is so intense, Shockley says, that heroin addicts will transition to using fentanyl.

HEROIN

Heroin is an opioid drug made from morphine, a natural substance taken from the seed pod of various poppy plants, according to the National Institute on Drug Abuse. It can be a white or brown powder, or a black sticky substance known as black tar heroin.

Shockley says he sees heroin locally in bindle form, often with stamps on it with symbols for Mercedes, Playboy, or Hogwild. A bindle, which resembles a BC powder packet folded into a square, is one dose, but heroin can also come in a “bundle” (10 doses) or a “brick” (50 doses). It is inexpensive, with a bindle costing \$10.

Heroin can be snorted or injected, Shockley said. Injecting leaves “track marks” on arms, leaving the users sleepy or nodding off.

“If you suspect something, check the trash,” Shockley advises, “or any good hiding spots, including in cars.”

Shockley says the unexpected presence of a large number of very tiny rubber bands, used to hold bundles together, can also be a clue to heroin use.

COCAINE

Cocaine, a powerfully addictive stimulant, is a Schedule II drug that “can be administered by a doctor for legitimate medical uses, such as local anesthesia for eye, ear and throat surgeries,” according to the National Institute on Drug Abuse.

It can be bought on the street by the gram or by the ounce, Shockley said, adding that it is not as prevalent because it is too expensive for most users.

A gram costs \$60.

Appearing in the form of white powder, often in clear plastic bags, cocaine can be sniffed or, in the case of “crack” cocaine, can be smoked in special crack pipes.

The presence of white powder residue on picture frames or on mirrors, often with a card nearby to “cut” it, or of white powder on a dollar bill rolled into the form of a straw for snorting, are tell-tale signs.

It produces a “hyper” effect in users, Shockley says, whose pupils will be of abnormal size (either smaller or larger). There may also be abnormal sinus issues.

METH

Meth, or methamphetamine, is a stimulant available in prescription form as Desoxyn, used to treat obesity and ADHD, according to the USDEA. Crystal meth resembles glass fragments and is an illegally altered version of the prescription drug that has been “cooked” in meth labs.

“It looks like rock candy,” Shockley says, but is white to clear in color. The clearer the color, Shockley says, the more potent the strength. It can be smoked, or chewed.

In order to be smoked, crystal meth has to be melted, which Shockley says is done using small butane blowtorches.

Behavior changes in meth users can appear as not sleeping much, having diminished appetite and weight loss, and significant “priority changes,” Shockley says, meaning that activities formerly considered important may be discarded without apparent reason. Another warning sign may be that the user may be “hanging with different crowds.”

OPIOID OVERVIEW

“We respond to more opioid overdoses than anything else,” Shockley says of first responders, adding that Nash County District Attorney Jeffrey A. Marsigli has been involved with law enforcement’s fight on opioids and resulting violence.

“Opioids prey on every aspect of life,” Shockley says, reporting that users come in every age, every race, and in every profession. Oxycontin, Percocet and Tramadol also fall into the opioid category. Leftover medication, Shockley says, should never be kept, but taken to an authorized pill drop off location such as the Nash County Sheriff’s Office.

“Its addiction ends up killing you, because of the potency,” Shockley said.

ADVICE TO PARENTS

Shockley also says parents need to stay informed about their children’s money use and to be aware of unusual activity, such as frequent withdrawals from ATMs or payments through Zelle and Cash App, both of which are used by drug dealers.

“You’re not their friend, you’re the parent,” Shockley says, adding that sometimes the parent is not the best person to follow up on a child.

Ultimately, Shockley says the best advice is to get to know not only your child’s friends, but also the parents of those friends.

“Stay involved in your child’s life. Be aware of what he or she is doing,” Shockley says.

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DANGERS OF VAPING: Talk to your teen

**BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER**

"It's just water vapor. There's no nicotine in it." Parents might hear this from teens, or even younger, about vaping.

First off, there is never "just water vapor" in a vape pen. Aside from nicotine, which has been found in vapes not marked as containing it, there are various unhealthy contents in the liquid. Vape pens can also contain THC and other drugs.

About two-thirds of users aged 15-24 don't know that JUUL, a popular vape company, always contains nicotine, according to the Centers for Disease Control and Prevention.

In this case, what kids don't know can hurt them.

"They think it's okay," said Nash County Deputy Health Director Liz Lord. "But what will their lungs look like in fifty years?"

What is in vape pens, or cigarettes? What are the potential effects? How easy are they for kids to get? Once hooked, how can kids stop? And what is a parent to say, or do?

STATISTICS ON USAGE

Vaping products, which go by multiple names such as vapes, e-cigarettes, pens, pods, mods,

Juuls or tanks, are used by an estimated 7.7% of students, or 2.12 million, according to data from the latest annual youth tobacco survey published by the U.S. Food & Drug Administration. More than 2.5 million youth reported e-cigarette use in 2022, according to the Centers for Disease Control and Prevention.

While tobacco use, including e-cigarettes, was actually falling among high school students in 2023 according to CDC stats, it is on the rise among middle schoolers.

WHY? WHAT'S SO ATTRACTIVE?

Thirty-nine percent of kids start vaping because a friend or family member uses vapes, according to the website Truth Initiative.

Another 31% do so because of the flavors: fruit, mint, candy, and chocolate, with fruit being the most popular. (63.4% of youth who reported using e-cigarettes in 2023 chose that flavor.)

The last reason is because kids perceive e-cigarettes as less harmful than other forms of tobacco.

Still more reasons are that e-cigarettes are "easier to get than other tobacco products, cost less, and can be used in areas where other tobacco products are not allowed," the website states.

Children can also be swayed because celebrities such as Katy Perry, Miley Cyrus, Britney Spears, Bruno Mars and Dave Grohl, among others, openly vape.

WHAT VAPES LOOK LIKE AND HOW THEY WORK

First-generation e-cigarettes can look like actual cigarettes or "cigalikes." Those are disposable and designed for one use only. They can't be recharged or refilled.

Second-generation e-cigarettes are usually colored and come in cases with refillable cartridges attached to a battery pen. The cartridges can be prefilled or fillable.

Tanks, or mods, look noticeably different, being bigger and more bulky. The mods allow users to customize what substances are used to fill them. Some of these come with large refillable attachments called "sub-ohm tanks." These reportedly create large aerosol clouds with a stronger delivery.

Fourth generations, called Pod mods, combine prefilled or fillable mods that come in many sizes, shapes and colors, with common pod mod brands JUUL or Suorin.

Some pod mods look very much like usb sticks.

A notable fact about pod mods is that they usually use nicotine salts, which have less throat irritation and allow higher levels of nicotine to be inhaled more easily.

E-cigarettes produce an aerosol by heating a liquid (called 'vape juice or e-liquid') into vapor form, which is then inhaled, somewhat like medicine is inhaled from a nebulizer.

CONTENTS

Unlike a nebulizer, which is therapeutic, e-cigarette aerosols can coat lungs with potentially harmful chemicals.

"There's so much we don't know (about the contents)," said Lord, pointing out that vaping was only introduced in 2007. "We don't know which components cause lung issues."

While acknowledged to contain fewer harmful chemicals than smoke burned from tobacco products, vape liquids are a mixture of water, food grade colors, flavorings such as diacetyl, propylene glycol or vegetable glycerin, the last of which produce an oily base.

Some flavorings used in e-cigarettes are safe to eat, but not necessarily to inhale, because the gut is able to process more substances than the lungs, according to Lord.

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One substance under investigation for harmful properties is vitamin E, often used as a thickening and delivery agent in the e-liquid, according to Dr. Stephen Broderick at hopkinsmedicine.org, who says that vitamin E is an irritant when inhaled.

“It’s been found in the lungs of people with severe, vaping-related damage,” Broderick said.

Diacetyl is frequently added to e-liquid flavors to enhance taste. The problem? It causes inflammation and may lead to permanent scarring in the small airway branches to create “popcorn lung,” so named because it was discovered when workers in popcorn factories started getting sick. Diacetyl is used to simulate butter flavor in microwave popcorn.

Broderick’s article, entitled “What Does Vaping Do To Your Lungs?”, also lists formaldehyde, a toxic chemical, and acrolein, a weed killer, as substances found in e-liquids.

E-juice can also contain ultrafine particles, heavy metals such as nickel, tin, and lead along with drugs such as nicotine, THC.

VAPE SHOP RANDOM-CHECKED

The *Graphic* visited one vape shop in Nashville and inspected three boxes of vape liquid at random for a list of printed contents.

A “Frozen Fields” brand with the flavor “Watermelon Kush,” labelled as containing THC, listed 80% THC, 10% HHC (a cannabinoid taken from Hemp), 2% Live Resin and 8% Terpenes. Terpenes, according to the National Institute of Health, are contained within essential oils and smell like cannabis.

A “Lost Mary” brand with the flavor “Strawberry Kiwi Ice” just stated “this product contains Nicotine.”

A disposable e-cigarette of the Bali Brand advertised zero nicotine, but listed vegetable glycerin, propylene glycol, natural and artificial flavors.

A box of refillable “juice” under the brand name “Cloudy Nurdz” was labelled only as ‘Iced Salts’.

A worker who declined to give his name at the vape shop said that all flavored e-liquids have nicotine.

None of the products examined listed complete

ingredients or a place of manufacture.

LINKED PHYSICAL EFFECTS

Broderick’s article also says that in addition to a connection between vaping and Popcorn Lung, Lipoid Pneumonia happens when fatty acids enter the lungs as the result of inhaling oily substances.

Collapsed lungs, which can happen when blisters on top of the lungs rupture, have also been linked to vaping.

“At Johns Hopkins, we’re seeing a rash of collapsed lungs in young people,” Broderick states. “We always ask if they’ve been smoking, and they’ll often say, ‘No, I don’t smoke. But I do vape.’ Now we tell patients not to smoke or vape if they want to avoid another lung collapse and surgery in the future.”

Nicotine’s addictive qualities are well-known, as are tobacco products’ connection with lung diseases like chronic obstructive pulmonary disease and cancer. It is even listed by the Environmental Protection Agency as Hazardous Waste. While an FDA article, “Nicotine is Why Tobacco Products are Addictive,” states that studies suggest that e-cigarettes with nicotine are less harmful than combustible cigarettes, nicotine can harm brain development, which continues until about age 25.

“It takes 20 seconds for nicotine to reach the brain,” Lord says, identifying the ‘quick boost’ as one thing that is satisfying to users.

Poisoning from skin contact from the liquid in e-cigarettes is also a risk, particularly for young children, from swallowing, breathing or absorbing e-cigarette liquid through the skin. “Nationally, approximately 50% of calls to poison control centers for e-cigarettes are for kids 5 years of age or younger,” a CDC publications states.

REGULATIONS & SOURCE AVAILABILITY

Federal laws prevent the sale of e-cigarettes to minors, and a worker at the vape shop visited by *The Graphic* said that ID’s are checked prior to purchase.

As is the case with alcohol, however, that doesn’t prevent juveniles from acquiring it through older associates. E-cigarette products can also be

purchased online, with the option to auto-ship.

There are five stand-alone vape shops in Nashville, and the JUUL website lists five additional retail outlets, including Fuel Doc, Sheetz, Bi-Rite Market, Tony’s Tobacco and L&L Foods.

SCHOOL CONSEQUENCES

Despite requests, *The Graphic* was unable to speak with any school resource officers or with anyone working for Nash County Public Schools about vaping in order to get answers about number of incidents or relevant disciplinary reports, but found information about punitive measures in NCPS’ 2023-2024 student/parent handbook.

Possessing a vaping device on school property or consuming its contents is a Level 3 offense, described as “a risk to safety, health or welfare of adults and students.” It may involve in-school suspensions (partial to full days) or short-term suspensions from 1-10 days “when targeted strategies and interventions... have not been effective,” the handbook states.

Possession of drugs, including inhalants and edibles, however is categorized as a Level 4 offense, described as a “severe risk” to student and adult and safety, with consequences ranging from short-term suspension of one to ten days, alternative placement, long-term suspension or expulsion from the school.

WHAT PARENTS CAN DO

“Prevention is the key,” Lord says. “If the child never tries (vaping) for the first time, then they can’t become addicted.”

A publication entitled “Talk with your Teen About E-cigarettes: a Tip Sheet for Parents,” available from the Surgeon General’s website at:

e-cigarettes.surgeongeneral.gov/documents/SGR_ECig_ParentTipSheet_508.pdf

The site recommends specific steps before the talk, on how to start the conversation, where to go for support, and how to answer questions that children may ask.

Among its many tips are:

-Be patient and ready to listen

-Set a positive example by being tobacco-free

-Offering to look at data together by sharing informational resources

If your child is already vaping, there is a free, confidential service called “Live Vape Free” for North Carolina Teens age 13-17. Teens can text VAPEFREENC to 873373 to access 24/7 coaching and support over text, with no phone call required.

The Nash County Health Department has other information on Live Vape Free, including publications such as the Live Vape Free Social Kit and Digital Flyers.

Another program run by The Truth Initiative offers a text-to-quit program called “This is Quitting.” Teens can text DITCHVAPE to 88709 to enroll.



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START CONVERSATIONS EARLY

Tips when talking with your preschooler

Contributed by
www.drugfree.org

Partnership for Drug-Free Kids

What to Say to Your Preschooler About Drugs

(2-4 years old)

Since the foundation for all healthy habits — from nutrition to toothbrushing— is laid down during the preschool years, this is a great time to set the stage for a drug-free life. The following scripts will help you get conversations going with your 2- to 4-year-old child:

SCENARIO

Giving your child a daily vitamin

WHAT TO SAY

Vitamins help your body grow. You need to take them every day so that you'll grow up big and strong like Mommy and Daddy—but you should only take what I give you. Too many vitamins can hurt you and make you sick.

SCENARIO

Your kids are curious about medicine bottles around the house

WHAT TO SAY

You should only take medicines that have your name on them or that your doctor has chosen just for you. If you take medicine that belongs to somebody else, it could be dangerous and make you sick.

SCENARIO

Your child sees an adult smoking and, since you've talked about the dangers of smoking, is confused.

WHAT TO SAY

Grownups can make their own decisions and sometimes those decisions aren't the best for their bodies. Sometimes, when someone starts smoking, his or her body feels like it has to have cigarettes—even though it's not healthy.

And that makes it harder for him or her to quit.

Tips for Conversations with Your Preschooler

Explain the importance of taking good care of our bodies — eating right, exercising and getting a good night's sleep. Discuss how good you feel when you take care of yourself — how you can run, jump, play and work for many hours.

Celebrate your child's decision-making skills. Whenever possible, let your child choose what to wear. Even if the clothes don't quite match, you are reinforcing your child's ability to make decisions.

Turn chores like brushing teeth, putting away toys, wiping up spills, and caring for pets into fun experiences that your child will enjoy. Break the activities down into manageable steps so that your child learns to develop plans.

Help your child steer clear of danger-

ous substances that exist in her immediate world. Point out poisonous and harmful chemicals commonly found in homes, such as bleach, kitchen cleansers and furniture polish. Explain that she should only eat or smell food or a medicine from a doctor that you, a relative or other known caregivers give to her. Also, explain that drugs from the doctor help the person the doctor gives them to but that they can harm someone else.

Help your child understand the difference between make-believe and real life. Ask your child what he thinks about a TV program or story. Let your child know about your likes and dislikes. Discuss how violence or bad decisions can hurt people.

Turn frustration into a learning opportunity. If a tower of blocks keeps collapsing during a play session, work with your child to find possible solutions to the problem.

Tips when talking with 5-8 year olds about drugs

Contributed by
www.drugfree.org

Partnership for Drug-Free Kids

Five - eight year-olds are still tied to family and eager to please, but they're also beginning to explore their individuality. The following scripts will help you get conversations going with your 5- to 8-year-old child:

SCENARIO

Your child has expressed curiosity about the pills she sees you take every day — and the other bottles in the medicine cabinet

WHAT TO SAY

Just because it's in a family's medicine cabinet doesn't mean that it is safe for you to take. Even if your friends say it's okay, say, "No, my parents won't let me take something that doesn't have my name on the bottle."

SCENARIO

Your child dresses herself for school

in a pink zebra print tank top, a polka dot vest, striped leggings and an orange beret.

WHAT TO SAY

"You look great. I love how you express your personality in your outfits." Celebrate your child's decision-making skills. Whenever possible, let your child choose what to wear. Even if the clothes don't quite match, you are reinforcing your child's ability to make decisions for herself.

Tips for Conversations with Your Early Elementary School Child

Talk to your kids about the drug-related messages they receive through advertisements, the news media and entertainment sources. Ask your kids how they feel about the things they've heard — you'll learn a great deal about what they're thinking.

Keep your discussions about substances focused on the present — long-term consequences are too distant to have any meaning. Talk about the dif-

ferences between the medicinal uses and illegal uses of drugs, and how drugs can negatively impact the families and friends of people who use them.

Set clear rules and explain the reasons for your rules. If you use tobacco or alcohol, be mindful of the message you are sending to your children.

Work on problem solving: Help them find long-lasting solutions to homework trouble, a fight with a friend, or in dealing with a bully. Be sure to point out that quick fixes are not long-term solutions.

Give your kids the power to escape from situations that make them feel bad. Make sure they know that they shouldn't stay in a place that makes them feel uncomfortable or bad about themselves. Also let them know that they don't need to stick with friends who don't support them.

Get to know your child's friends — and their friends' parents. Check in once in awhile to make sure they are giving their children the same kinds of messages you give your children.



What to say to your preteen about drugs

Contributed by
www.drugfree.org
Partnership for Drug-Free Kids

Preteens, (9-12 year-olds) are on their quest to figure out their place in the world, tend to give their friends' opinions a great deal of power, while at the same time starting to question their parents' views and messages. The following scripts will help you get conversations going with your 9- to 12-year-old:

SCENARIO

Your child is just starting middle school and you know that eventually, he will be offered drugs and alcohol.

WHAT TO SAY

I know we talked about drinking and drugs when you were younger, but now is when they're probably going to be an issue. I'm guessing you'll at least hear about kids who are experimenting. I just want you to remember that I'm here for you and the best thing you can do is just talk to me about the stuff you hear or see. Don't think there's anything I can't handle or that you can't talk about with me, okay?"

SCENARIO

You find out that kids are selling prescription drugs at your child's school. Your child hasn't mentioned it and you want to get the conversation about it started.

WHAT TO SAY

Hey, you probably know that parents talk to each other and find things out about what's going on at school. I heard there are kids selling pills – prescriptions that either they are taking or someone in their family takes. Have you heard about kids doing this?" Let him know that in the future, he can always blame you to get out of a bad situation. Say, "If you're ever offered drugs at school, tell that person, "My mother would kill me if I took that and then she wouldn't let me play baseball."

SCENARIO

Your child's favorite celebrity—the one he or she really looks up to—has been named in a drug scandal

WHAT TO SAY

Being in the public eye puts a ton of pressure on people, and many turn to drugs because they think drugs will relieve that stress. The thing is, when a person uses drugs and alcohol—especially a young person because he's still growing—it changes how his brain works and makes him do really stupid things. Most people who use drugs and alcohol need a lot of help to get better. I hope the celebrity has a good doctor and friends and family members to help him/her.

Tips for Conversations with Your Preteen

Make sure your child knows your rules — and that you'll enforce the consequences if rules are broken. Research shows that kids are less likely to use tobacco, alcohol, and other drugs if their parents have established a pattern of setting clear rules and consequences for breaking those rules.

Kids who don't know what to say when someone offers them drugs are more likely to give in to peer pressure. Let her know that she can always use you as an excuse and say: "No, my mom [or dad,

aunt, etc.] will kill me if I smoke a cigarette."

Feelings of insecurity, doubt and pressure may creep in during puberty. Offset those feelings with a lot of positive comments about who he is as an individual — and not just when he brings home an A.

Preteens aren't concerned with future problems that might result from experimentation with tobacco, alcohol or other drugs, but they are concerned about their appearance — sometimes to the point of obsession. Tell them about the smelly hair and ashtray breath caused by cigarettes.

Get to know your child's friends — and their friends' parents. Check in by phone or a visit once in awhile to make sure they are on the same page with prohibiting drug or alcohol use, particularly when their home is to be used for a party or sleepover.

Help children separate reality from fantasy. Watch TV and movies with them and ask lots of questions to reinforce the distinction between the two. Remember to include advertising in your discussions, as those messages are especially powerful.



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Top 8 reasons why teens try alcohol and drugs

The following is provided by
www.drugfree.org

There is no single reason why teenagers use drugs or alcohol. But here are some of the core issues and influences behind the behavior of teenage drug and alcohol use.

It's important that you, as a parent, understand these reasons and talk to your kids about the dangers of drinking and doing drugs.

1. Other People. Teenagers see lots of people consuming various substances. They see their parents and other adults drinking alcohol, smoking cigarettes and, sometimes, trying other substances. Also, a teenager's social scene often revolves around drinking and smoking marijuana. Sometimes friends urge one another to have a drink or smoke pot, but it's just as common for teens to start trying a substance because it's readily available and they see all their friends enjoying it. In their minds, they see drug use as a part of the normal teenage experience.

2. Popular Media. Forty-five percent of teens agree with the statement: "The music that teens listen to makes marijuana seem cool." And 45 percent of teens agree with the statement

"Movies and TV shows make drugs seem like an ok thing to do." (PATS 2012) So be aware of the media that your son or daughter is consuming and talk to them about it.

3. Escape and Self-Medication. When teens are unhappy and can't find a healthy outlet for their frustration or a trusted confidant, they may turn to chemicals for solace. Depending on what substance they're trying, they may feel blissfully oblivious, wonderfully happy or energized and confident. The often rough teenage years can take an emotional toll on children, sometimes even causing depression, so when teens are given a chance to take something to make them feel better, many can't resist. For example, some teens abuse prescription medicine to manage stress or regulate their lives. Sometimes they abuse prescription stimulants (used to treat attention deficit hyperactivity disorder) to provide additional energy and the ability to focus when they're studying or taking tests. Others are abusing prescription pain relievers and tranquilizers to cope with academic, social or emotional stress.

4. Boredom. Teens who can't tolerate being alone, have trouble keeping themselves occupied or crave excitement are prime can-

didates for substance use. Not only do alcohol and marijuana give them something to do, but those substances help fill the internal void they feel. Further, they provide a common ground for interacting with like-minded teens, a way to instantly bond with a group of kids.

5. Rebellion. Different rebellious teens choose different substances to use based on their personalities. Alcohol is the drug of choice for the angry teenager because it frees him to behave aggressively. Methamphetamine, or meth, also encourages aggressive, violent behavior, and can be far more dangerous and potent than alcohol. Marijuana, on the other hand, often seems to reduce aggression and is more of an avoidance drug. Some teens abuse prescription medicine to party and get high. LSD and hallucinogens are also escape drugs, often used by young people who feel misunderstood and may long to escape to a more idealistic, kind world. Smoking cigarettes can be a form of rebellion to flaunt their independence and make their parents angry. The reasons for teenage drug-use are as complex as teenagers themselves.

6. Instant Gratification. Drugs and alcohol work quickly. The initial effects feel really good. Teenagers turn to drug use because they see it

as a short-term shortcut to happiness.

7. Lack of Confidence. Many shy teenagers who lack confidence report that they'll do things under the influence of alcohol or drugs that they might not otherwise. This is part of the appeal of drugs and alcohol even for relatively self-confident teens; you have the courage to dance if you're a bad dancer, or sing at the top of your lungs even if you have a terrible voice, or kiss the girl you're attracted to. And alcohol and other drugs tend not only to loosen your inhibitions but to alleviate social anxiety. Not only do you have something in common with the other people around you, but there's the mentality that if you do anything or say anything stupid, everyone will just think you had too many drinks or smoked too much weed.

8. Misinformation. Perhaps the most avoidable cause of substance use is inaccurate information about drugs and alcohol. Nearly every teenager has friends who claim to be experts on various recreational substances, and they're happy to assure her that the risks are minimal. Educate your teenagers about drug use, so they get the real facts about the dangers of drug use.



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IS YOUR TEEN USING?: Symptoms you need to know

The following is provided by
www.drugfree.org

Personal Appearance

- Messy, shows lack of caring for appearance
- Poor hygiene
- Red, flushed cheeks or face
- Track marks on arms or legs (or long sleeves in warm weather to hide marks)
- Burns or soot on fingers or lips (from “joints” or “roaches” burning down)

Personal Habits or Actions

- Clenching teeth
- Smell of smoke or other unusual smells on breath or on clothes
- Chewing gum or mints to cover up breath
- Heavy use of over-the-counter preparations to reduce eye reddening, nasal irritation, or bad breath
- Frequently breaks curfew
- Cash flow problems
- Reckless driving, car accidents, or unexplained dents in the car
- Avoiding eye contact
- Locked doors

- Going out every night
- Secretive phone calls
- “Munchies” or sudden appetite

Behavioral Issues Associated with Teen Substance Abuse

- Change in relationships with family members or friends
- Loss of inhibitions
- Mood changes or emotional instability
- Loud, obnoxious behavior
- Laughing at nothing
- Unusually clumsy, stumbling, lack of coordination, poor balance
- Sullen, withdrawn, depressed
- Unusually tired
- Silent, uncommunicative
- Hostility, anger, uncooperative behavior
- Deceitful or secretive
- Makes endless excuses
- Decreased Motivation
- Lethargic movement
- Unable to speak intelligibly, slurred speech, or rapid-fire speech
- Inability to focus
- Hyperactivity
- Unusually elated
- Periods of sleeplessness or high en-

- ergy, followed by long periods of “catch up” sleep
- Disappearances for long periods of time

School- or Work-Related Issues

- Truancy or loss of interest in school-work
- Loss of interest in extracurricular activities, hobbies, or sports
- Failure to fulfill responsibilities at school or work
- Complaints from teachers or co-workers
- Reports of intoxication at school or work

Health Issues Related to Teen Substance Abuse

- Nosebleeds
- Runny nose, not caused by allergies or a cold
- Frequent sickness
- Sores, spots around mouth
- Queasy, nauseous
- Seizures
- Vomiting
- Wetting lips or excessive thirst (known

as “cotton mouth”)

- Sudden or dramatic weight loss or gain
- Skin abrasions/bruises
- Accidents or injuries
- Depression
- Headaches
- Sweatiness

Home- or Car-Related

- Disappearance of prescription or over-the-counter pills
- Missing alcohol or cigarettes
- Disappearance of money or valuables
- Smell in the car or bottles, pipes, or bongs on floor or in glove box
- Appearance of unusual containers or wrappers, or seeds left on surfaces used to clean marijuana, like Frisbees,
- Appearance of unusual drug apparatuses, including pipes, rolling papers, small medicine bottles, eye drops, butane lighters, or makeshift smoking devices, like bongs made out of toilet paper rolls and aluminum foil
- Hidden stashes of alcohol

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Youth suicide

The Jason Foundation
www.jasonfoundation.com

WARNING SIGNS

Almost everyone who attempts or completes suicide has given warning signs through their words or behaviors. Do not ignore any suicide threats. The following statements may indicate serious suicidal feelings.

- "I'd be better off dead."
- "I won't be bothering you much longer."
- "You'll be better off without me around."
- "I hate my life."
- "I am going to kill myself."

Suicide threats are not always verbal. Depression is one of the leading causes of suicide attempts. Mental or addictive disorders are associated with 90% of suicide. One in ten youth suffer from mental illness serious enough to be impaired, yet fewer than 20% receive treatment. Depression can be exhibited in many ways including the following which are detailed in more depth:

- Sudden, abrupt changes in personality
- Expressions of hopelessness and despair
- Declining grades and school performance
- Lack of interest in activities once enjoyed
- Increased irritability and aggressiveness
- Withdrawal from family, friends and relationships
- Lack of hygiene
- Changes in eating and sleeping habits

Other warning signs include:

- Anger, increased irritability
- Lack of interest
- Sudden increase/decrease in appetite
- Sudden changes in appearance
- Dwindling academic performance

Preoccupation with death and suicide such as essays or poems about death, artwork or drawings depicting death, social media posts or comments or talking a lot about death or dying.

Previous suicide attempts

Final arrangements - once the decision has been made to end their life, some young people begin making final arrangements. Giving away prized or favorite possessions Putting their affairs in order Saying good-bye to family and friends, making funeral arrangements

RISK FACTORS

Depression, mental illness and substance abuse
Aggression and fighting
Home environment
Community environment
School environment
Previous attempts
Cultural factors
Family history / stresses
Self-mutilation or self-harm behaviors
Situation crisis such as the death of a loved one, loss of a valued relationship, parental divorce, or sexual abuse.

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Look for warning signs of drugs or alcohol

Courtesy of
Partnership for Drug-Free Kids
www.drugfree.org

How to Find Out if Your Child is Using Drugs or Alcohol

Use Your Nose. Have a real, face-to-face conversation when your son or daughter comes home after socializing with friends. If there has been drinking or smoking, the smell will be on their breath, on clothing and in their hair.

Look Them in the Eyes. When your child gets home after going out with her friends, take a close look. Pay attention to his or her eyes. Eyes will be red and heavy-lidded, with constricted pupils if they've used marijuana. Pupils will be dilated, and he or she may have difficulty focusing if they've been drinking. In addition, red, flushed color to the face and cheeks can also be a sign of drinking.

Watch for Mood Changes. How does your teen act after a night out with friends? Are they loud and obnoxious, or laughing hysterically at nothing? Unusually clumsy to the point of stumbling into furniture and walls, tripping over their own feet and knocking things over? Sullen, withdrawn, and unusually tired and slack-eyed for the hour of night? Do they look queasy and stumble into the bathroom? These are all signs that they could have been drinking, using marijuana or other drugs.

Monitor Driving and the Car. Your teen's car and driving habits can offer clues as well. Is driving more reckless when he or she's coming home after being with friends? Are there new, unexplained dents? If you're suspicious, examine the inside of the car too. Does it smell like smoke or alcohol fumes? Are there any bottles, pipes, bongs, or other drug paraphernalia rolling around on the floor or hidden in the glove box? If you find evidence of drug use, be sure to prepare for the conversation ahead.

Keep an eye out for deceit or secretiveness. Are their weekend plans starting to sound fishy? Are they being vague about where they're going? Can they describe the movie they supposedly just saw? They say parents will be at the party they're attending, but can't give you a phone number and come home acting intoxicated? They get in

way past curfew or estimated time with an endless string of excuses? When excuses fail, do they respond to your inquiries and concern by telling you that it's none of your business? If these ring true, something is wrong and it's time to take action.

Should You Search Their Room?

The limits you set with your child do not stop at their bedroom door. If you notice concerning changes in behavior, unusual odors wafting from their room (like marijuana or cigarette smoke), smells to mask other smells like incense or air fresheners, or other warning signs, it's important to find out what's going on behind that "KEEP OUT" sign.

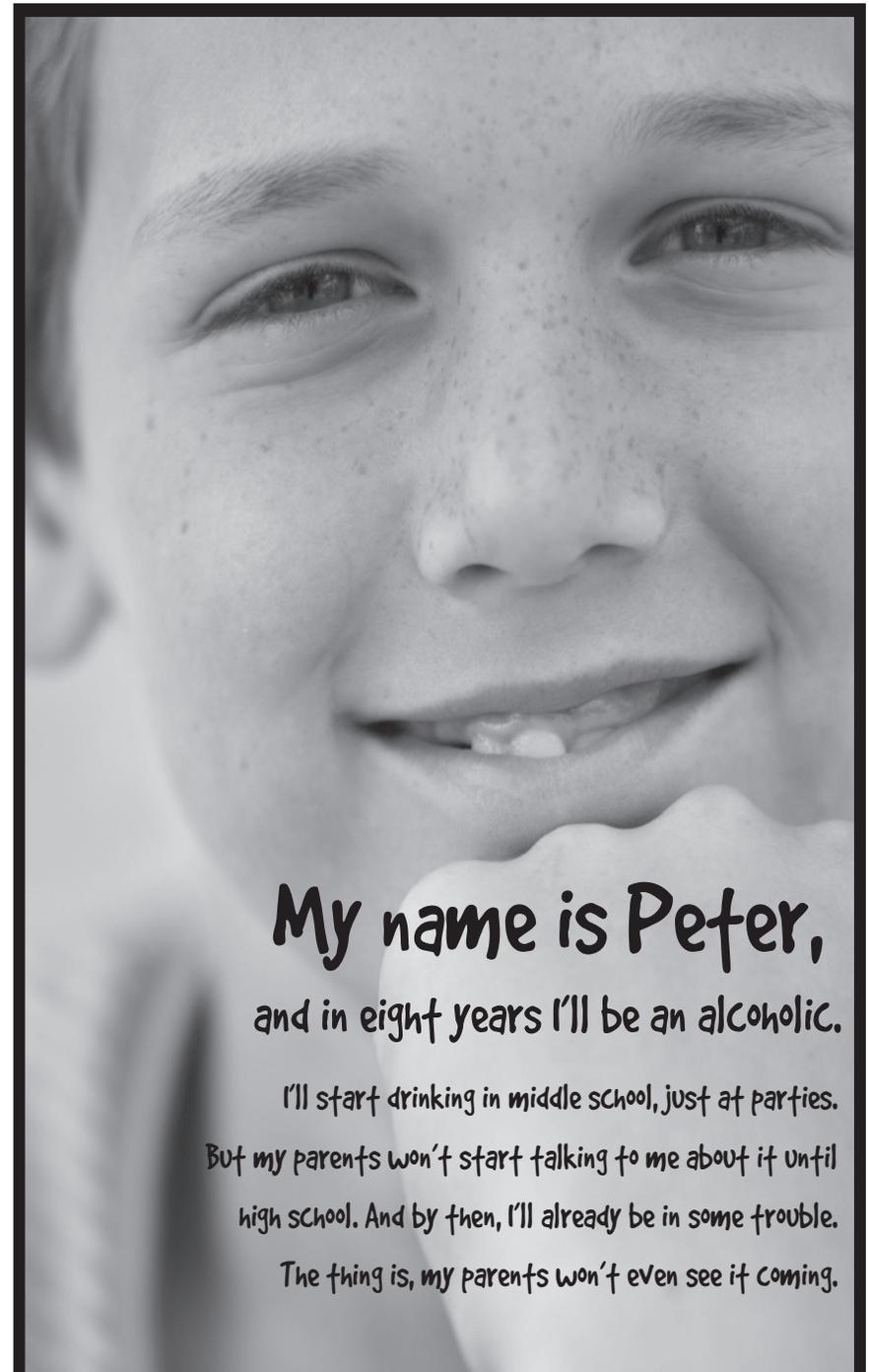
One note of caution, however. Be prepared to explain your reasons for a search, whether or not you decide to tell them about it beforehand. You can let them know it's out of concern for their health and safety. If you discover that your kid is not drinking or doing drugs, this could be a good time to find out if there's something else that may need to be addressed.

Kids come up with some crafty places to conceal alcohol, drugs, and drug paraphernalia. Some possible hiding spots include:

- Dresser drawers beneath or between clothes
- Desk drawers
- CD/DVD/Tape/Video cases
- Small boxes – jewelry, pencil, etc.
- Backpacks/duffle bags
- Under a bed
- In a plant, buried in the dirt
- In between books on a bookshelf
- Inside books with pages cut out
- Makeup cases – inside fake lipstick tubes or compacts
- Under a loose plank in floor boards
- Inside over-the-counter medicine containers (Tylenol, Advil, etc.)
- Inside empty candy bags such as M&Ms or Skittles

Don't overlook your teen's cell phone or other digital devices. Do you recognize their frequent contacts? Do recent messages or social media posts hint at drug use or contradict what they've told you?

If your search turns up evidence of drug use, prepare for the conversation ahead and do not be deterred by the argument of invaded privacy. Stand by your decision to search and the limits you've set.



My name is Peter,
and in eight years I'll be an alcoholic.

I'll start drinking in middle school, just at parties.
But my parents won't start talking to me about it until
high school. And by then, I'll already be in some trouble.
The thing is, my parents won't even see it coming.

START TALKING BEFORE THEY START DRINKING

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DANGERS OF BULLYING: How it begins

BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER

Anyone who has ever been a child- which means everyone – knows about bullying. It has probably been going on as long as humans have existed, and happens to both adults and children.

One in five high school students reported being bullied on school property, and one in six reportedly being bullied electronically in the last year, according to the Centers for Disease Control and Prevention.

DEFINITION AND TYPES OF BULLYING

Nash County Public Schools, in its student/parent handbook, defines bullying as “unwanted, aggressive behavior with intent to harm that involved a real or perceived power imbalance, the intimidation of others, and or/inciting others,” noting that it can occur through electronic communication. Social media is the new platform for bullying.

Types of bullying can be physical (hitting, kicking and tripping), verbal (name-calling or cruel teasing), social (spreading rumors and rejection) and damage to victims’ property.

Nearly 14% of public schools report that bullying is a discipline problem occurring daily or at least once a week, according to the CDC, with 28% of reported incidents at the middle school level, followed by high schools at 16%, combined schools at 12% and primary schools at 9%. Cyberbullying, the CDC says, follows the same pattern.

MIDDLE SCHOOL MOST PREVALENT

Reena Simmons, Boys & Girls Club unit director at Nashville, says the bullying for school-age children is seen across the board, but that she hears more about it at the middle school level.

“Kids can be mean,” Simmons says, relaying that bullying can start outside of school and then spread to social media, to be continued in school, and also the reverse.

EFFECTS FROM SOCIAL MEDIA

Kids use multiple social media platforms such as Instagram, Snapchat and Facebook, which Simmons says can be a breeding ground for problems.

Simmons gave the example of a girl who attended a party, with pictures posted on social media of her at the event, either by herself or by someone else. What started a happy moment of joy or positivity about a



new dress or an exciting social event very quickly turned sour.

Female bullies, Simmons said, took it from there, launching an attack on social media about the photos, criticizing the girl’s outfit, hair, or making allegations about who she was with. The negativity spread from there. What started between two kids may spread to ten.

“It’s not a good feeling,” Simmons says. “Kids don’t know what to do with it.”

How far the bullying goes depends on the crowd. “If the person starting the negativity is popular, it goes further,” Simmons said, citing examples of kids who want to gain influence or become identified with the bully joining in.

Simmons says the spill-over in school affects the classroom, where the offended party, upset at the negative attention, can lash back at the bully. The teacher, not knowing the situation, may then blame only the victim of the bullying.

TEXTING AND GROUP CHATS

Another local example involved a boy who took a girl’s phone and then randomly texted contacts, including the girl’s father and grandmother, offensive texts.

The girl’s grandmother was livid, Simmons said, who took her granddaughter to task for allowing the boy access to the phone. The boy’s parents were eventually called in, with the boy’s mother very upset at her son’s actions.

Why had he done it?

“It was just a joke,” was the answer from the boy, who had thought the whole thing funny.

Simmons says the too-early use and possession of phones, which she has seen with children as young as six and seven years old, can result in bullying or more dangerous situations. She gave the example of a very young girl engaged in a group chat between girls. A girl added a boy to the chat, and the timbre of the conversation changed in confusing ways.

“What was a child that age even doing in a group chat?” Simmons asked, adding that there are no controls over who can be added, when, or on what is said.

RIPPLE EFFECTS AND RESULTS

What begins as an incident between children may then spread further, Simmons said, with parents getting involved. Parents of school-age children can and do ask for meetings between the children involved and their parents, with mediation by school officials. Some parents may make things worse by recommending or taking aggressive action themselves.

“Home is a breeding ground,” Simmons says. “Kids can imitate bad parent modeling if parents condone violent behavior. The kids literally then think that’s ok. It’s a mess.”

Conversely, the effects of bullying may not be apparent if children internalize their peers’ critical messages and don’t talk to their parents, who then have no idea what their children are going through.

“It can result in social and emotional distress, self-harm, and even death,” says the CDC, who says children who are bullied have a higher risk for depression, anxiety, sleep difficulties, lower academic achieve-

ment and dropping out of school.

Children who bully others “are at increased risk for substance misuse, academic problems and experiencing violence later in adolescence and adulthood,” according to the CDC webpage “Fast Facts: Preventing Bullying.”

The NCPS Student/Parent Handbook lists bullying and cyberbullying as a level three offenses along with inappropriate use of electronic devices and harassment, also classified as level three. It lists defamation, “making false or unprivileged statements or representations about an individual or identifiable group of individuals that harm the reputation... by demeaning,” including posting pictures or videos or written material, as subject to investigation, with assigned consequences including suspensions, in-school or short term, of up to ten days.

“Consequences will be based on severity and frequency of behavior, occurrences and will include student or family conference with administrator,” the handbook states.

Bullying that ends in physical confrontation then necessitate the involvement of law enforcement, Simmons says.

WHO GETS BULLIED AND CONTRIBUTING FACTORS

Simmons says she sees more girls being bullied than boys, although boys are bullied by other boys for different reasons, usually in terms of material items, such as shoes, or a perceived or real lack of athletic ability. Simmons has seen boys picked on for simply liking to read, or for excelling academically.

A higher percentage of high school students who identify as lesbian, gay or bisexual, nearly 40%, were the targets of bullying, the CDC reported, compared with other students.

Middle school children are especially vulnerable to bullying, Simmons says, because they are going through so many physical changes, including not able to control emotions.

One problem with bullying, Simmons says, is that bullies are not aware of what ‘personal space’ is, in terms of which topics are personal and which are not, particularly hygiene.

A given student with poor hygiene, Simmons tells her students in the Boys & Girls club, may not have running water at home because the light bill wasn’t paid. He or she may be living in a car with a family member

Continued to page 13

who was evicted, or live somewhere the plumbing doesn't work, or can't get time in the bathroom in the morning to shower.

None of that is the student's fault.

In a like vein, Simmons said that not all students are blessed with good parents. Some children come to school neatly dressed with their hair carefully done by a loving parent, while other children have to find and care for their own clothing and lack parents who take time with them or their hair.

"Kids develop the mindset that they are superior," if they have nicer clothes or belongings, Simmons says, who teaches children to realize that little or none of what they own was purchased by them. They can claim no credit for what was given to them, Simmons teaches.

"Why your hair look like that?" Simmons says she heard in the classroom from one student to another. She immediately followed it with "Why are you so mean? We're not doing that here." Simmons makes the point with students in the Nashville Boys & Girls Clubhouse that someone's situations can change in the blink of an eye, and that

children need to be able to "put themselves in someone else's shoes."

LESSONS IN SENSITIVITY

The Nashville Clubhouse runs programs tailored for young girls and young boys who are navigating the choppy waters of adolescence and young adulthood.

One program, "Smart Girls," open to girls aged 9 and up, includes talks and lessons about adolescent issues such as bullying and hygiene. All the girls receive pouches with personal hygiene items, with the immediate result that one girl who had been bullied for lack of hygiene was then able to take care of the issue herself.

A Boys & Girls Club staff member, Ashley Moye, who is a cosmetologist, took care of another perceived bullying problem over a student's hair by asking parents to purchase mannequin heads. Moye, Simmons said, now teaches girls in the program how to braid and do hairstyles for themselves and others, with the entire group happier as a result.

A program just for boys, "Passport to Manhood," for boys from age nine through

high school, will be starting in April.

"We'll address different things that young men see as males," Simmons said, with talks on everything from appropriate behavior towards girls, to dressing for success, career information and even how to do handshakes.

Simmons says many boys today lack male role models or come from homes where there is no father present. She said she is lucky to have a lot of "great Dads" who have children at the Nashville Clubhouse and will be volunteering time to address boys in the new program about their professions, which include Anesthesiology, Law Enforcement, Strategic Analysis, Marketing, Retail, and Pastoring.

Two of the major tenets of the Boys & Girls Club, Simmons says, are Character and Leadership, which are taught along with ways to promote healthy lifestyles.

"We try to teach how to make good choices," Simmons says, which includes lessons on how to handle bullying.

WHAT'S A PARENT TO DO?

"Check in with your child. Very often. Have conversations," Simmons says.

"Parents are the gatekeepers. If it's your house, you have a right to go in your child's

room. If you are paying for the phone, you have a right to check that phone," Simmons says, stressing that it is the parent who is the first line of defense for a child.

"Don't be afraid to talk about peer pressure, sex, and drugs," Simmons says, advising parents to break the ground before issues arise and help navigate them later.

BOYS & GIRLS CLUBS OF NASH COUNTY

The Nashville Clubhouse has over 200 young people as members, Simmons says, with room for more. Applications are taken from children ages five to eighteen. Inquiries online at Boys & Girls Clubs of America, www.bgca.org, are then referred to local BGC management, who will make contact with interested parents and children. The Boys & Girls Clubs of the Tar River Region has a facebook page by that name with clubhouse locations in Nashville and Rocky Mount. Children living in the Spring Hope area can sign up for transportation to the Nashville Clubhouse from the Spaulding Family Resource Center from April 1st-5th, during Spring Break, for programs at the Nashville clubhouse, which is located at Nash Central Middle School in Nashville.

Saturday errands.
A perfect moment to talk about alcohol.

An alarming number of pre-teens are drinking alcohol – which makes it urgent to find every opportunity to talk to your kids about the dangers of underage drinking. For tips on how – and when – to begin the conversation, visit: www.underagedrinking.samhsa.gov

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DANGERS OF SOCIAL MEDIA: for all ages

**BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER**

Kids and their phones: they seem to be, and in many cases are, literally joined at the hip. And it's not just kids – adults too are spending more time on their phones, using social media sites to scroll through or get engrossed in video after video, chats, or research. If you have children, they are probably no strangers to their tablets or phones. But what, exactly, are they looking at, and who are they connecting with?

HOURS PER DAY

A Gallup survey referenced in an October 2023 *Forbes* article, "Gallup: Teens Spend More Time on Social Media Than on Homework" found that 51% of U.S. teens between the ages of 13 and 19 spend a minimum of four hours a day on social media, with girls spending a bit more and boys a bit less. You Tube and TikTok are the most popular sites among both genders, the article said. Social media usage peaks at age 17, with an average of 5.8 hours each day.

"Everyone is equally consumed," says Kevin Bissette, a Detective Sergeant with the Nash County Sheriff's Office. "It's a 24-hour-a-day filler and nonstop inundation."

YOUNGER CHILDREN AND BODY IMAGE

Younger children are active on social sites too. "According to a national poll, one out of three children aged 7 to 9 use social media, while the same is true for half the children aged 10 to 12," states author Darko Jaciovic of TechJury.

"We've seen problems as young as seven, eight and nine," says Macie Hasty, Detective Sergeant with the Nash County Sheriff's Office.

Hasty and Bissette spoke with *The Graphic* about the dangers of social media, which can begin with an impact on body positivity.

"These kids see celebrities or other people with photo filters," Hasty said, "and they ask themselves, 'why don't I look like that?' They feel bad about themselves." Children, unaware that what they are looking at is seldom or rarely reality, internalize unattainable beauty ideals.

Reducing social media use by just 50% for a few weeks made teenagers feel better about their weight and overall appearance, according to research published by the American Psychological Association, which notes that adolescence is a vulnerable

period for the development of body image issues, eating disorders and mental illness.

ADULT INFLUENCE

Hasty says that children are also influenced by celebrities: watching their behavior and listening to their language.

"Children mirror what they are exposed to," says Bissette, and that includes mirroring adults around them who also spend inordinate amounts of time on their phones, on inappropriate social sites, or just acting inappropriately.

"If they see something at home, they don't know any different," Bissette says, citing examples of children who "twerk" at school because they have seen it done while at home.

"If a parent wants to watch something with adult content, don't expose the kids to it, because they'll see that as okay," Bissette says.

That inappropriate behavior, modeled by a child, could be bait for predators.

ONLINE PREDATORS

Social sites are where children find friends with similar interests that they can talk to. Some of those "friends," however, are predators who specialize in using social media to "groom" potential victims.

"There are an estimated 500,000 online predators active each day," according to the Child Crime Prevention & Safety Center, "with children between the ages of 12 and 15 especially susceptible to be groomed or manipulated by adults they meet online. An estimated 89% of sexual advances directed at children occur in Internet Chatrooms or through instant messaging."

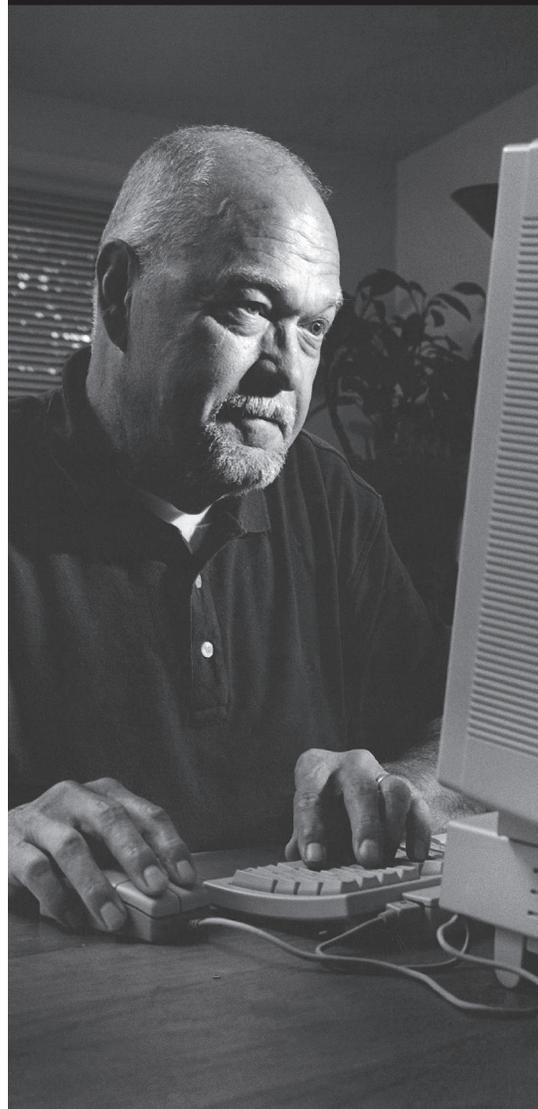
Bissette said that children crave approval and for someone to pay attention to them, which can occur through phone apps like Facebook, Snapchat, Tiktok, and even gaming apps.

"Hey - go download skype," a user "friend" may say. In the meantime, parents may encourage kids to "go play your game."

While playing or chatting, children can and do reveal a good deal of information about themselves which predators gather, including a child's age, what he or she looks like, their favorite colors, where he or she goes to school, a teacher's name, or parks they like to go to. Children may be asked when their parents work or what time they get home.

"Kids will tell you anything," Bissette said.

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GROOMING

Grooming is defined as "the process during which a child sexual offender draws a child in by gaining his or her trust in order to sexually abuse the child and maintain

secrecy," according to the International Centre for Missing & Exploited Children.

A video posted on the North Carolina State Bureau of Investigation website, also on YouTube, entitled "Keeping Kids Safe on

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the Internet-Bringing Awareness to Online Dangers” features two interviews with adults- one male and one female - who were groomed online.

The man said that at fifteen years old, he was taken advantage of by someone he thought was a friend online.

“He made me feel appreciated. That was all I wanted,” the man said, explaining that the ‘friend’ asked for nude pictures, which the man - then a boy - said he knew was wrong but was persuaded to do so when his ‘friend’ said “that would make him happy. And if I didn’t, that I didn’t love him.” Once the pictures were received, the predator then threatened to share the photos with the boy’s parents if the boy did not send more.

Eventually, the boy told his parents and the police got involved. Today, though, those pictures are still out there – somewhere – and that fact still haunts the man.

“Any photo can be recovered by someone else, and publicly posted for retail or for embarrassment,” Bissette said. “It can affect you years down the road.”

The woman said that her online relationship began when she was 13.

“He told me I was pretty and that he loved me,” she recalls. “What 13-year-old doesn’t want to hear that? I didn’t think of myself as pretty, and why would someone love me? He told me he did, so I believed him.”

ABDUCTION STORIES

Hasty and Bissette told of two abductions relating to Davidson County, North Carolina, with one ten to eleven months ago. A 15-year-old girl who had been home learning remotely was abducted in March as a result of “significant coercion” over social media and ending up in Pennsylvania. Her abductor was found and arrested.

“Her parents came home to find the front door wide open,” Hasty said, adding that “this all escalated from a little girl who thought she was talking to another kid.”

“It’s easy to gain children’s trust,” Bissette says.

Another case involved a 13-year-old girl abducted from Dallas, Texas, who was groomed and enticed while gaming by Jorge Ivan Santos Camacho from Davidson County, later to be abducted and kept in a locked outbuilding in Lexington for the purposes of “sexual servitude,” according to a March 13, 2023 article from Fox 8 News. She was found nine days later.

Jacimovic’s article says that children

enjoy posting pictures and other information about themselves on social media, and that in 2019, 84% of child kidnapping cases were facilitated that way. 79% of social-media related child kidnappings in 2019 involved Facebook, WhatsApp and Snapchat.

ICAC- INTERNET CRIMES AGAINST CHILDREN TASK FORCE

Hasty says the NCSO, along with the Nashville Police Department, are both partners with the North Carolina Internet Crimes Against Children Task Force, which includes more than two hundred law enforcement agencies across the state. The State Bureau of Investigation (SBI) Computer Crimes Unit is the lead agency for the North Carolina ICAC Task Force, conducting undercover investigations to catch child predators using digital means to exploit children.

Hasty says that social media platforms such as Instagram, Snapchat, Facebook, and Twitter will “flag” any online conversations with key words and phrases, referring them to the National Center for Missing and Exploited Children. If it appears that the conversation originates from a child predator, the case is bumped to the SBI, which has technology to locate the computer device involved. Once located, the case is then handed over to the local Sheriff’s Office.

Hasty says several NCSO detectives have been specially trained regarding electronic detection, and that “the training never stops” because of how quickly technology changes along with changes in social media platforms.

NCSO was provided with approximately 47 CyberTips for incidents reported in 2023, according to Anjanette Grub, Public Information Officer for the N.C. State Bureau of Investigation Southern Piedmont District.

WHAT PARENTS CAN DO

-Limit screen time. “It’s a nationwide problem, and it’s only getting worse,” Hasty says, adding that parents can limit screen time.

“It’s not a foolproof method,” Hasty says, but monitoring how much cellphone or screen time children have is a start. Adults should monitor themselves, she adds, because “if a parent is on the phone four to five hours a day, that’s what the kids see.”

-Install parental controls on phones,

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Photo by Christian Witkin

computers and tablets.

“Google search device and parental controls,” Bissette says. “And for passwords, don’t use ‘1-2-3-4’ and change them up. Kids are very intelligent.”

-Prevent children from using parents’ devices.

“Parents will have their passwords saved on their phones, and kids can learn them that way,” Bissette says.

-Spend time in quality conversation. “Have true conversation with your kids, not just ‘what did you do today,’” Bissette says. “And do it without interruptions- no TV in the background. Eye to eye contact is grossly important, with both parents

and kids setting cell phones aside.”

CHANGING TIMES

Bissette says that social media has deteriorated family dynamics, which he says have shifted over the past several years.

“There is a lack of direct contact. Interactions have been taken away and the cell phone put in their place,” he says.

“The more parents are involved with their kids, the less likely we are to be involved,” Hasty concludes.



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