A Parents' Guide to Substance Abuse Prevention

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PREFACE

Circle of Concern Consortium, a Colorado not-for-profit 501(c)(3) corporation, was formed in January, 2001, to promote education and networking among parents, educators, and community members regarding pertinent child development issues, especially substance abuse. The Consortium held monthly meetings during the school year in the Denver metro area through Spring, 2010.

The first edition of *A Parents' Guide to Substance Abuse Prevention* was published in 1996 by the forerunner to Circle of Concern Consortium, a group of community volunteers consisting of parents, counselors, and educators from independent and parochial schools in and around Denver. Circle of Concern Consortium has updated, rewritten, and published the Guide continuously since that time. In 2005 a Spanish translation of the 2004 English edition (a less inclusive version than this one) was published.

This Final Edition of the Guide is written in a format which is easy to read and reference. It contains practical information to help parents with the difficult challenges presented by children's use of alcohol and other drugs and other risky behaviors. It has in-depth information about specific drugs and their consequences and about communication and parenting strategies. Topics such as the teen brain and the Internet are addressed. Information is included for parents of elementary, middle, and high school students, and for parents of students moving on to college or making other choices. Reflection questions for parents regarding their own beliefs and values and the messages they give their children about alcohol, tobacco, other drugs, and other risky behaviors are also presented. Contents of the Guide have been extensively researched through books, articles, websites, and government publications; health care and mental health professionals; legal and law enforcement agencies; and parents, teachers, and students. Resource and website information is current as of September, 2010.

This Guide is for parents AND for the benefit of children. Its goal is to help parents enable children to make good decisions about the use of substances and about other risky behaviors. We at CCC understand that parents have the greatest influence on their children and that effective substance abuse prevention programs must include parental involvement. We know that substance abuse prevention requires being informed and showing your children that you care about their health, safety, and well-being.

Circle of Concern Consortium values the opportunity it has had to distribute nearly 100,000 copies of *A Parents' Guide to Substance Abuse Prevention.* We now look forward to sharing the Guide with even more readers by making it available ***at no charge*** on the Internet at www.circleofconcernconsortium.org. Circle of Concern Consortium's officers, directors and authors are very proud of the Guide they have created and realize that its value can only be realized when it reaches the people for whom it was written: parents and those who work with them to better educate, support, and help youth.

A Parents' Guide to Substance Abuse Prevention*,* although copyrighted by Circle of Concern Consortium, is presented on our website in a PDF format for your ease in reading and/or printing it. We recommend that you share its contents with others by referring them to the website, by using excerpts from it for newsletters or other informational conduits for parents and others, by translating it into whatever languages may be of benefit, or by using it as the basis for creating a guide of your own. We would appreciate being credited as the source of the information you use from our Guide in your publications and would also appreciate receiving copies of publications you might generate based on our Guide.

It is our hope that you will pass our Guide along to others as we have to you, without seeking monetary rewards for it.

Circle of Concern Consortium has ceased normal operations, will not hold future meetings, and anticipates dissolving its corporate existence by the end of 2010. Any questions regarding CCC or A Parents' Guide to Substance Abuse Prevention may be addressed to Circle of Concern Consortium at 10328 East Fair Place, Englewood, CO 80111-5418, or at info@circleofconcernconsortium.org.

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ACKNOWLEDGMENTS AND REFERENCES

Who Wrote This Guide? The authors of this Guide are parents of children of all ages. We are also psychologists, social workers, counselors, nurses, educators, mediators, and law enforcement professionals. We have volunteered thousands of hours over the last thirteen years to provide the most correct and up-to-date information possible in all of the editions of the Guide in a format that is practical, interesting, and easy to read. These processes have involved many individuals and organizations who have assisted us by providing information, suggestions, and editorial help. We are indebted to them; their expertise has inspired and guided our efforts to write as carefully and accurately as possible.

We hope our readers find this publication helpful. More importantly, we hope we have raised your awareness, engaged your reasoning, and encouraged you to discover how you will assist your child to make healthy choices about the dilemmas of substance abuse and other issues. **We suggest that you use the resources of other parents. Talk with and listen to each other. Share your ideas (what works and what doesn't) and your feelings, not only about your successes and pride in your child, but also about the frustrating experiences that go with parenthood. A strong network of other parents is a valuable investment in your primary asset: YOUR CHILD. Take advantage of community agencies and other professionals for guidance.**

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INTRODUCTION
Why Read This Guide?

"Our children are growing up in a world very different from the one we experienced during our youth. The opportunities for learning and excitement have increased, and so have the dangers. Our youngsters are facing decisions regarding the use of alcohol, tobacco, and other drugs at a very early age. This Guide is intended as a useful reference to provide information regarding the health and well-being of our children. It does not attempt to address all the issues which will confront them."

Those words were used to introduce previous editions of this Guide, and they still ring true. When they were written, however, the Internet was just beginning to gain widespread use, the teen brain was not well researched, and terms like "social norming", "blog", "alcopops", and "pharming" weren't common. The Sixth Edition of the Guide was expanded to include chapters about the Internet and other information systems and about the teen brain. More educational information was included for parents of elementary, middle, and high school students, as well as for parents of students graduating from high school and transitioning into college or making other choices.

THIS *MAY NOT BE* THE SAME GUIDE YOU HAVE SEEN BEFORE

We are gratified that some surveys show a reduction in teens' use of alcohol and tobacco; that is our goal! However, over 40% of high school students report current alcohol use, and marijuana and cocaine use **rose** during the same survey period. The numbers of kids making choices that place them at risk for the leading causes of injury and mortality are far too high. Relaxing your roles as parents, caregivers, and mentors for children before they are competent to act responsibly on their own may result in a resurgence of previous risky behaviors or attraction to new ones. That was the result seen in the 1980s when strong anti-drug messages were given, heeded, and then forgotten. Communicating well and maintaining a close relationship with your children are productive ways to establish positive patterns of behavior. **Prevention is our priority.**

Every effort has been taken to make the Guide accurate and easy to read and understand. It is not something you must necessarily digest all in one sitting. Each chapter can stand alone and yet each enhances the others. The Guide is designed to educate and assist you in meeting the challenges you and your family may face regarding substance use and other risky behaviors.

But my child is not involved with alcohol, tobacco, other drugs, or high-risk behaviors!

All of our children will be faced with choices about alcohol, tobacco, and other drugs, and all of our children will know kids who choose to smoke, drink, use other drugs, and/or exhibit other risky behaviors.

All of our children are challenged by all kinds of social pressures, many of which are troublesome. They will make a few bad decisions; that's only normal. Sometimes more can be learned by children who recover from mistakes and figure out what went wrong than would have been learned by making the "right" decision in the first instance.

All of our children receive conflicting messages about alcohol, tobacco, and other drugs from newspapers, television, and other media, as well as from friends, parents, and other sources. These messages, combined with misunderstandings and misinformation, are confusing and do not help them make responsible decisions about substance use. Research shows the direct relationship between alcohol advertising and increased drinking among youth. According to The National Center on Addiction and Substance

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The material contained herein is accurate to the best of our knowledge,
information, and belief as of the date of publication.

Please see pages 65 and 66 for source references for this Guide

INTRODUCTION

Why Read This Guide?

Abuse at Columbia University (CASA) in May, 2006, alcohol advertisements in magazines expose youth age 12 to 20 to 48% more ads for beer, 20% more ads for distilled spirits, and 92% more ads for sweet-tasting, flavored alcoholic beverages than adults of legal age are exposed to. The same pattern of overexposure can be found in TV and radio advertisements. www.casacolumbia.org.

The American Lung Association reports that tobacco companies clearly target children and teens with advertising and marketing of their products like candy-flavored or alcohol-flavored cigarettes with catchy names. Other print ads appeal to kids concerned about health with questionable claims like "great taste – less toxins."

Helping your child understand and become savvy regarding the veiled messages in the media about substance use and other high-risk behaviors may improve his or her ability to make healthier decisions and choices. Provide your child with accurate information from the best source available – **you.** The decisions our children make about alcohol, tobacco, other drugs, and other risky behaviors will greatly influence the quality of the rest of their lives. Poor decisions can lead to serious consequences.

POINTS TO PONDER:

- Surveys show that among 12 to 17-year-olds, each day over 3,400 try marijuana for the first time; approximately 7,500 try alcohol; and approximately 3,900 try cigarettes. 1 in 5 teenage girls gives birth to at least one child by age 20.
- Tobacco kills more people every year than do car crashes, suicide, alcohol, AIDS, illegal drugs, fires, and murders **combined.**
- More than 4 in 10 adolescents have been offered drugs, and about 1 in 4 has been offered drugs at school.
- Alcohol is the drug most frequently used by 12 to 17-year-olds and the one that causes the most negative health consequences. More than 4,000,000 adolescents under 21 consume alcohol in any given month.
- Using inhalants even **once** risks permanent brain damage and death from suffocation, cardiac arrest, or choking on vomit.
- The brain reacts and starts changing immediately after drug use; because some drugs are toxic, neurons may die.
- Smoking is responsible for 90% of all lung cancers.
- 94% of eleventh and twelfth graders use the Internet.
- More than 750,000 predators are "on-line" on a daily basis, and that number is likely to increase.
- Each day more than 13,000 kids under the age of 21 take their first drink; almost half of those kids are under age 16.
- A national poll reports that 1 in 4 eighth graders drank alcohol in the past month, and 18% of eighth graders got drunk at least once in the past year.
- Among youth aged 12 to 20, over 47% are current drinkers; among adults 21 and over, about 53% are current drinkers.
- More than 67% of young people who start drinking before the age of 15 will try an illicit drug. Children who drink are 7.5 times more likely to use any illicit drug, more than 22 times more likely to use marijuana, and 50 times more likely to use cocaine than children who never drink.
- Traffic crashes are the **number one** killer of teens, and over one-third of teen traffic deaths are alcohol-related.
- 39% of teen males and 18% of teen females say it is okay to force sex if a girl is "high" or drunk.
- 1 in 5 teens, or about 4.5 million, tried prescription painkillers including Vicodin® or OxyContin® to get high; 40% say prescription medications are "much safer" than illegal drugs; 31% say there is "nothing wrong" with prescription drug use; 29% think prescription painkillers are non-addictive; 62% say prescription pain relievers are easy to find **at home**; and 52% say prescription pain relievers are "available everywhere".
- Alcohol is linked to approximately 66% of all sexual assaults and date rapes of teens and college students.
- Adolescent girls who binge drink are 3 times more likely to binge drink as adults than are girls who don't binge drink as adolescents. Binge drinking for girls is defined as 4 drinks at one sitting.
- More than 1 million teens under 18 become regular smokers each year. Roughly one-third of them will eventually die from a tobacco-related disease.
- Teens age 12 to 17 who smoke marijuana weekly are 3 times more likely than non-users to have suicidal thoughts.
- Approximately 6 to 11% of fatal auto accident victims test positive for THC, the active ingredient in marijuana; in many cases alcohol is present as well. The impairment effects of even a low dose of marijuana combined with alcohol are markedly greater than for either drug alone.
- Parental drinking patterns and access to alcohol are associated with adolescents starting and continuing drinking.
- Teens who smoke are 3 times more likely than non-smokers to use alcohol, 14 times more likely to use marijuana, and 22 times more likely to use cocaine.
- In a study of teenagers, over 40% said they were more likely to engage in sexual intercourse if they had been drinking. Among boys, about 17% said they were less likely to use condoms when having sex after drinking.

Some of the above statistics were excerpted from *Start Talking Before They Start Drinking, A Family Guide*. For more information see: www.stopalcoholabuse.gov and www.family.samhsa.gov/media/familyguide/Underagebrochure_10_27_released_2.pdf.

INTRODUCTION

Why Read This Guide?

Peers and popular culture subtly encourage our children to abuse substances.

The good news is that even with the negative influence of culture and peers, studies show **parents still have the greatest influence on their children.** Sooner or later you will need to help your children make healthy and safe decisions about alcohol, tobacco, other drugs, and other risky behaviors. **No parent is exempt from this responsibility.**

This guide is for you **and** for the benefit of your children. Please read it and discuss it with your children and others. Keep it as a reference. Its goal is to help parents enable children to make good decisions about their use of substances and other risky behaviors to ensure their health and safety and the quality of their lives.

CHAPTER 1: PARENTING

Laying a Good Foundation

The principles of successful parenting are based on research, knowledge, and experience. The art of parenting is passed on from generation to generation and is developed through trial, error, instinct, logic, and love.

Effective parenting is more art than science. There is no single right way to parent. Each child is an individual and each situation is different.

Principle 1
Effective Parents Show Unconditional Love for Their Children

Parents can **show** love by modeling healthy behaviors, by listening and sharing, by setting limits, and by allowing consequences. It is also critical that we **tell** our children that we love them and **show** them affection. Let your children know that you are always there for them and that you are on their side. Explain to them that the actions you sometimes take arise not from a desire to punish or needlessly restrict them, but from the depth of your care and concern about their health and safety.

For Reflection: Consider how your role modeling or actions have communicated your love for your children.

Principle 2
Effective Parents Set Reasonable Limits and Allow Consequences

Children want, need, and expect limits no matter how much they may protest. Whether parents set few or many rules is not as important as setting clear rules and consistent consequences. As children grow, they need to make more decisions on their own with parental support. Although we wish to spare our children any painful consequences of their decisions and actions, experience is almost always the best teacher. We need not rush in to solve all of their problems. However, during the teen years, kids are not completely independent. Parents are still responsible for them and need to set limits to keep them safe.

For Reflection: Under what circumstances do you find setting limits easy? When is it difficult? What do you do when your child resists or doesn't agree with your limits? Are you willing to tolerate his or her anger or resentment without giving in? When do you allow your child to accept the consequences of his or her actions?

CHAPTER 1: PARENTING
Laying a Good Foundation

Principle 3
Modeling – Words and Actions Convey Values to Our Children

Children learn much more from what we do than from what we say. Before considering what words we use to communicate, we need to examine what our actions say to them about the use of alcohol, tobacco, and other drugs and other risky behaviors.

"Your actions speak so loudly I can't hear what you are saying."

For Reflection: When your life is physically or emotionally painful, what do your kids see **you** do to take away the pain? Do you exercise, talk, meditate, seek counsel, eat, use alcohol, smoke, take a pill, etc.? What example does this set for your children?

Principle 4
Effective Parents Are Trustworthy

When they are young, children learn to trust their parents because of the love and care the parents bestow. As kids grow older and parenting becomes more challenging, the issue of trusting parents becomes even more critical. Although children may misbehave and act in ways that are not always acceptable, parents need to be dependable.

For Reflection: In what ways would your children say you are trustworthy? How can you make yourself more trustworthy and available in your children's eyes?

Principle 5
Effective Parents Listen Attentively and Are Good Communicators

Because this is such an important principle, we have devoted Chapter 2 to communication and networking.

For Reflection: Of these principles of parenting, which do you do best and on which would you like to improve?

CHAPTER 2: COMMUNICATION AND NETWORKING

Communication is essential, even if it is not always easy to discuss alcohol, tobacco, and other drug use with kids. Parents begin modeling behavior at day one. Talking about good behaviors and parental beliefs and values will lay the groundwork for future communication about substance use and risky behaviors. In order to avoid confusing young children, discussions need to be age appropriate, and the inclusion of information about alcohol, tobacco, and other drugs should be factual, straightforward, and in as little detail as is necessary to get the point across. As your children age, conversations can become broader.

If there is a history of alcoholism or drug abuse in your extended family, discuss the potential risks with your children.

CHAPTER 2: COMMUNICATION AND NETWORKING

SUGGESTIONS FOR EFFECTIVE COMMUNICATION

Listen carefully. Silence is an active part of listening. It's easy, but counterproductive, to interrupt a conversation to give advice. Don't prepare what you are going to say while you are listening. Focus your attention entirely on what your child is saying.

Be attentive. Some adolescents need your full attention during a discussion. Others do better during a shared activity such as playing basketball, doing the dishes, or riding in the car. Sometimes kids want an immediate response to a pressing question, even though you might be very busy. If you absolutely do not have time to talk now, set up a specific time as soon as possible, and hold yourself to that time.

Take advantage of "teachable moments". For instance, initiate a conversation about alcohol during a TV commercial for beer. When filling your car with gas, you might have a discussion about why the "DO NOT INHALE THE FUMES" sign is there.

Balance your disappointment and anger with your message. Your teen may tell you things that may make you feel disappointed, angry, or upset. Try to respond in a calm and controlled way. For example, you might say, "I'm very unhappy about what's happened. I feel disappointed (angry, upset) but I'm glad you told me. It's important for us to talk about this."

Understand what your child is saying. Verify what you think your child said, and ask what he or she heard from you. Ask, "Is this what you are saying?" and repeat what you think was said. This back-and-forth process will help clarify the issues.

Watch for nonverbal clues. Facial expressions, gestures, and posture may help you understand what your child is thinking and feeling. Be aware of your own nonverbal clues.

Be prepared for a conversational time out. You or your child may need a break from an intense discussion.

Understand what doesn't work. Nagging, lecturing, bringing up the past, and personal criticism are nonproductive.

Restate your message often. Information and lessons about alcohol, tobacco, and other drugs are so important that they bear repeating often.

You may be at your wit's end, but don't give up! Although your child may "hate" you today, remember that your love, interest, and patience eventually will pay off. When your child reaches adulthood, you and he or she may look back on the school years from a different perspective.

You CAN maintain a close and open relationship with your child, even through the challenging teenage years!

COMMUNICATING WITH YOUR ELEMENTARY SCHOOL CHILD

Talking to Young Children About Making Good Decisions

We talk to our elementary school children about wearing bike helmets, pads for rollerblading, and seat belts. Because we believe our children are too young, there are other safety issues we seldom discuss with them. We are generally aware that television, movies, the Internet, and music can expose children to risky behaviors including the use of alcohol, tobacco, other drugs, and inhalants. Perhaps we also need to think about their exposure to risky behaviors which comes, for example, from us, other parents, older siblings, friends, older siblings of friends, and babysitters and other caregivers.

CHAPTER 2: COMMUNICATION AND NETWORKING

IT IS NEVER TOO EARLY TO EMPHASIZE THE DANGEROUS CONSEQUENCES OF HIGH-RISK BEHAVIORS

Young children have worries and concerns often unknown to parents. Kids develop ideas and attitudes early. We won't know what our children know or feel unless we ask. **Communication is the key.** We as parents need to ensure that the information our children receive is both correct and appropriate for their ages. They need to see us as safe and caring resources.

Substance use can begin at any time. The earlier use starts, the more detrimental it can ultimately be to the health and well-being of a child, and the more likely it will be that the child will become dependent upon or addicted to the substance.

SUGGESTIONS FOR THE EARLY YEARS AND BEYOND

Become knowledgeable.

Knowledge is a powerful tool. Educate yourself about factors that could influence the health and well-being of your child, such as:

- family health history;
- learning differences, stress, eating disorders, depression, and other mental health issues;
- physical and sexual health issues;
- genetics and brain development;
- parental role modeling;
- bullying, violence, and physical and sexual abuse;
- peer pressure;
- use of the Internet, video games, and other media; and
- use of inhalants, alcohol, tobacco, and other drugs.

Watch and listen to your child.

What questions does your child ask? What does your child talk about with friends? What does your child watch on TV? What kind of movies or other videos does he or she see, and to what kind of music does he or she listen? What Internet web sites does he or she visit?

Discuss issues and answer questions directly and truthfully.

Children often ask difficult questions but want simple answers. Discuss the consequences that high-risk behaviors can have on your child's health and safety. Give correct information and avoid myths and misinformation perpetuated by the media and peers.

Help children talk openly, and listen.

Allowing children to talk openly about their fears and worries helps to make problems manageable. Children are more likely to communicate when they receive positive verbal and nonverbal clues which show that parents are interested and listening. Remind your child that you are there to listen. This will reinforce that you want your child to talk with you. Following through and being available are very important.

CHAPTER 2: COMMUNICATION AND NETWORKING

Help your child develop a healthy self-image.

You can influence your child's healthy self-image by instilling strong values, spending time together, reinforcing his or her strengths, helping to develop resiliency, and fostering his or her sense of belonging to the family, school, and community, among other things. Many publications are devoted to this topic. Parents seeking to understand the development of self-image in children might find works by the following authors, to name a few, very helpful:

- T. Barry Brazelton, M.D.
- Foster Cline, M.D.
- David Elkind, Ph.D.
- Jim Fay, Author
- Mel Levine, M.D.
- Meg Meeker, Ph.D.
- Mary Pipher, Ph.D.
- Madelyn Swift, Psychologist
- Michael Thompson, Ph.D.
- David T. Walsh, Ph.D.

Help your child learn to make good decisions.

A strong sense of values and a healthy self-image give your child the courage to make decisions based on facts rather than on peer pressure. Your child can learn to manage peer pressure by developing refusal strategies such as saying "no", walking away from a problem situation, or changing the subject. You as a parent can help your child by allowing him or her to make age-appropriate decisions and permitting mistakes to occur.

Make family policies.

Let your child know what you believe and why. The strongest support you can give your child to resist high-risk behaviors is based on the solid bonds created within the family unit. Work together to define the reasons for these policies.

Set a good example.

It is often difficult to examine our own behavior. Although we set good examples by wearing helmets while cycling or fastening seat belts in the car, we often mistakenly think our children don't notice what we're doing. Are your behaviors sending the messages you intend? Research has shown that children as young as 3 are aware of the brands of cigarettes used by Mom or Dad; the desire for "just a little more wine"; what brands of apparel are preferred; etc.

Share fun times with your child.

In addition to any activities in which your child routinely participates, having parties with friends can be fun and safe. Some ideas to consider for now or later, depending on the ages of the children, might be:

- **Create a theme for the party,** carrying it out with invitations, decorations, food, activities, prizes, etc.
- **Have plenty of food and healthy beverages available.** Involve party guests in creating the meal by making pizzas, waffles, omelets, salads, smoothies, desserts, etc.
- **For large groups (if space, money, and help are available): (Indoors)** casino night, fortune telling, caricatures, dressing in costumes for Polaroid or digital photos, face painting, mummy wrapping, karaoke, charades, pass the orange, bingo, ping-pong, pinball, cotton candy or snow cone machines, foosball, and "midway" games of skill, among others. Rent various types of movies (music, sports, bloopers, adventure, horror, cartoons) so guests can have choices. **(Outdoors)** basketball, volleyball, badminton, silly races (wheelbarrow, three-legged, and tricycle), large bouncy balls, backyard miniature golf, lawn games (croquet, bowling, Frisbee), egg or water balloon toss, piñatas, bubble making (with wands), sumo wrestling, limbo contest, sidewalk chalk, snow sculptures, etc.
- **Plan an afternoon or evening around a fun activity:** bowling or cosmic (in the dark) bowling, miniature golf, swimming, miniature cars, ice or roller skating, skiing, a movie, a picnic, a batting cage, an amusement park, a water park, a sporting event, a museum party, rock climbing, laser tag, etc.
- **Organize a mystery evening.** You can organize the materials yourself, or you can buy or rent mystery party packages and costumes.
- **Progressive Party – several families combine efforts for a fun evening.** At the first house, appetizers; second house, dinner; third house, dessert, swimming or a movie.

- **Ideas which work for all ages (even big kids!):** board and card games, Legos and puzzle tables, arts and crafts area, banners, or poster board and markers.
- **Supervised Polaroid or digital photo scavenger hunt in the neighborhood.**
- **Plan a day to work at a community service center followed by dinner and/or a movie.** Some fun volunteer ideas are animal shelters, food banks, Habitat for Humanity, or Outdoor Colorado trail maintenance.

For more ideas check party and game books. Community groups or recreation centers may offer age-appropriate activities. Remember: some kids like to be able to sit in groups and just talk.

COMMUNICATING WITH YOUR MIDDLE SCHOOLER

All of the preceding information in this Guide is pertinent to parenting and communicating with your middle schooler.

Alcohol, tobacco, and other drugs should be the topic of ongoing discussions. Make it clear that these substances are not for kids.
While substance use may begin at any time, middle school students are at increased risk to begin drinking alcohol and smoking tobacco and marijuana. Inhalant use is especially prevalent in elementary and middle school. The abuse and/or inappropriate use of prescription and over-the-counter medications is growing rapidly at **all** grade levels.

Help your children learn to say "NO" to risky behaviors by practicing strategies with them.
These might include role playing, using humor, or allowing your child to use you as an excuse. For example, a quiet child might say, "No thanks!" or, "I've gotta go." A forceful response might be, "Forget it! I'm not into that." If these don't fit, help your child develop replies that are more comfortable for him or her: "I'll be grounded for life!" or, "I have asthma." or, "I'm an athlete." Experts agree that short, emphatic responses are best. It is better to leave tempting situations quickly. The goal is to make your child feel okay about saying "no" in his or her own way.

Encourage your child to act independently.
The higher the child's level of self-esteem and confidence, the less likely he or she will be to respond to peer pressure.

Get to know your child's friends.
Younger students will often go along with the risky behavior of older kids. If your child's friends use substances, the chances are your child is being exposed to and perhaps pressured to use them. Associating with peers who use alcohol, tobacco, and other drugs is a major risk factor for substance abuse.

Avoid talking ONLY about the long-term health risks of alcohol, tobacco, and other drugs.
Stating the short-term effects might have more of an impact: alcohol makes you lose control or throw up; smoking gives you terrible breath; drugs affect your ability to kick the ball, remember the lines in a school play, or do well on a test; and an injury can be very limiting, uncomfortable, and inconvenient.

Listen to, watch, and be aware of messages in the media.
Music, TV, videos, video games, movies, magazines, and the Internet often promote or glorify drug use, sex, violence, and suicide. Monitoring these messages provides opportunities for discussion.

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This anonymous 1971 quote from *Go Ask Alice* is a diary entry by a 15-year-old girl:

Is Anybody Listening?

"{Mom and Dad} …talked and talked and talked, but never once did they even hear one thing I was trying to say to them. In fact at the beginning, when they were telling me about their deep concern, I had the overwhelming desire to break down and tell them everything. I wanted to tell them. I wanted more than anything in the world to know that they understood, but naturally they just kept on talking and talking because they are incapable of really understanding anything. If only parents would listen! If only they would let us talk instead of forever and eternally and continuously harping and preaching and nagging and correcting and yacking, yacking, yacking! But they won't listen! They simply won't or can't or don't want to listen, and we kids keep winding up back in the same old frustrating, lost, lonely corner with no one to relate to either verbally or physically…"

The benefits gained by children from good role modeling and positive parenting practices are invaluable. In spite of our best intentions and efforts, however, there are no guarantees that our children will survive their youth untouched by substance abuse or other risky behaviors. The foundations you build as your child matures will stand you in better stead, no matter what problems may arise.

COMMUNICATING WITH YOUR HIGH SCHOOLER

All of the preceding information in this Guide is pertinent to parenting and communicating with your high schooler.

Be available.
Emphasize with your teen the importance of being safe, and discuss with him or her how to leave a difficult situation. Advise your teen where you can be reached. Consider letting your teen know that he or she may call you at any time, any place, under any circumstances.

Encourage choice.
Allow your teen many opportunities to become a good decision-maker. As he or she develops confidence in making good choices, your teen will feel better equipped to make good decisions even in risky situations. Remember that your job is not to tell your teen what to do, but to stimulate and encourage him or her to make healthy decisions independently from you.

Focus on the positive.
Concentrate on the trusting aspects of your relationship with your teen and emphasize that you believe in his or her ability to make good decisions.

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When your child says: "This will never happen to me."
Teens often think they are invincible. Talk to them about the risks they face when they choose to act unwisely, such as using a cell phone or text messaging while driving, drinking and driving, or using alcohol, tobacco, and other drugs. In addition to having a hangover, missing a class, or losing a driver's license, they could suffer serious permanent injuries in a car accident, injure or kill a friend, or experience lifelong health consequences from use or abuse of or addiction to substances. Of particular concern is the risk of damaging the brain, resulting in its limited further development and functioning.

As a parent, remember to be a responsible role model.
If your teen sees you smoking, drinking excessively, or taking other legal drugs irresponsibly or driving in a careless, reckless, or unlawful manner, your well-intentioned discussions will be undermined. Your actions should reflect what you say.

Encourage your high schooler to be a good role model for younger students.
Sometimes older teens become acutely aware of their actions when they think about being a role model for younger kids.

Studies show that promiscuity increases with substance use.
Discuss the relationship between the use of alcohol or other drugs and sexual behavior, including the potential for contracting sexually transmitted diseases (STDs and HIV/AIDS) or becoming pregnant.

If you have difficulty communicating with your teen, seek help.
Some parent-child combinations result in conflict. If you cannot talk with your child, or if he or she will not listen, try using a different approach for addressing problems: find a family friend, relative, or other trusted adult who can communicate with your child. Counselors or therapists may also better connect with your child and can help family members talk with each other.

Additional communication information may be found at www.parent-teen.com; www.iparenting.com; www.family.samhsa.gov; www.familyeducation.com.

For Reflection: What issues do you feel comfortable talking about with your child? What issues are difficult? What issues do you avoid? As your child grows older, how is the communication between you changing? What can you do to make communication more open, trusting, and effective?

COMMUNICATING WITH OTHER PARENTS

The best offense in the battle against alcohol, tobacco, and other drug use is the same one that your kids use against you: **other parents!** Most parents have heard the whining refrain, "All the other kids' parents let them . . .!" This persuasive (and perhaps manipulative) phrase may cause you to feel alone in your decision making.

It is never too early or too late to find out what other parents are doing. Parents who network and are involved with their children's activities often find that they are able to be more successful in assisting their children to stay free of alcohol, tobacco, and other drugs. By getting to know other parents (through proactive efforts such as phone calls, coffees, getting involved with the parents' association, attending sports activities, volunteering, etc.), you can share mutual concerns and solutions.

If you know of a situation involving risky teen behavior including irresponsible driving or use of alcohol, tobacco, or other drugs, **take thoughtful action.** Don't join a "conspiracy of silence." Decide on an option you can live with, such as informing the other parents personally, contacting the school's counselor or an administrator, or

writing them an anonymous letter. If someone gives you information or gossip about your child, listen! It takes a brave parent to call another about risky or inappropriate behavior. It then becomes your job to verify the report. The source of this information should be kept confidential.

For Reflection: How will you handle discussions or disagreements with other parents who may have different ideas about substance use?

COMMUNICATING WITH THE SCHOOL

Stay in touch with the school and your child's advisor or counselor. Communicating openly and honestly with teachers and administrators is key to a successful relationship with the school. Get to know other parents and encourage the school to create parent networks.

Many schools and parents' associations sponsor a "parent pledge" program in which parents sign a promise not to serve alcohol to minors in their homes or sponsor an activity that includes the serving of alcohol to minors. The pledge is sent out each year by the school or parents' association, and the names of those who sign the pledge are distributed to other parents or kept on file at the school. The pledges have been helpful in uniting parents who want to provide alcohol-free activities for their kids. Pledges could be expanded to include other drugs in addition to alcohol.

Be familiar with your school's substance abuse policy. If your child gets in trouble with alcohol, tobacco, or other drugs at school or at a school function, you may be notified and asked to participate in a resolution. The school may have a counselor or designated person who can help or who can suggest additional resources for guidance or treatment.

www.schoolengagement.org provides additional information.

YOUR BELIEFS AND THE COMMUNITY AT LARGE

Research shows it is important for kids to feel that they are a part of the community. One way parents can participate in this effort is to interact with as many children as possible. Your efforts to support positive community interactions with kids WILL make a difference. In addition, recognize the importance of adults in children's lives and consider thanking them when they treat young people well.

You CAN influence community attitudes about alcohol, tobacco, and other drugs, and you CAN help focus the way the community responds to a problem. For example, if you see a convenience store clerk selling alcohol or cigarettes to a minor, call the police, fill out a "feedback" form, or contact the manager or owner directly.

We as parents can contact media, the beverage industry, department store buyers, owners of sports teams, etc., and exert our influence regarding inappropriate advertising and messages on television, videos, and other media, on clothing, at sporting venues, and so forth.

SOCIAL NORMING

Various high schools and colleges have utilized social norms surveys and marketing campaigns to reduce substance use. These surveys and campaigns explore the discrepancy between what people actually think and do and what they perceive others think and do.

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When your child says, "But everybody is doing it," he or she may believe that is the truth, even though "everyone" is **not** doing anything. In a social norms survey students are surveyed regarding their attitudes, beliefs, and behaviors, including substance use. Questions are asked regarding actual behaviors with respect to substance use and about the ***perceived*** attitudes, beliefs, and behavior of others (friends, classmates, upperclassmen). Students consistently ***perceive*** more substance use in others than they admit to in themselves.

Results of a social norms survey are then used in a marketing campaign, a multi-faceted effort to drive perceived norms closer to actual behavior. Typically these include posters that advertise the discrepancy between actual behavior, the actual norm, and the perceived norm. Social norms marketing campaigns have been shown to be effective in reducing substance use. Such campaigns are not intended to be stand-alone interventions but part of a comprehensive substance use prevention strategy.

For more information, please reference Haines, M.P., H.W. Perkins, R.M. Rice, and G. Barker, A Guide to Marketing Social Norm for Health Promotion in Schools and Communities. National Social Norms Resource Center. 2005. (Available for downloading at www.socialnorm.org/Resources/guidebook.php)

AFTER HIGH SCHOOL - CONTINUING THE COMMUNICATION

When your child graduates from high school, he or she may decide to go to a university or college (in or out of state), a community college, a trade school, or no school at all. Some kids choose to enlist in a branch of military service to further their education; others get a job. Your child will likely experience a major change in his or her world, and social pitfalls and obstacles may be at hand, no matter what path is taken. For purposes of this Guide, we have concentrated on college as one of the more profound changes and one experienced by a majority of high school graduates. Please be aware that this section may be pertinent to your child, regardless of his or her situation.

The transition from high school to college presents an exciting time for learning, growth, change, and new experiences, including more freedom and social opportunities. As we send our children off to college, the feeling may be bittersweet for some, while others may breathe a sigh of relief, believing their parenting responsibilities are over. However, because college life includes more independence and increased opportunities to potentially engage in harmful behaviors, college students need the positive influence of their parents as much as ever.

Alcohol, tobacco, and other drug use varies from campus to campus but exists on most campuses. Alcohol, tobacco, and marijuana continue to be the substances most commonly used by high school and college students, with misuse of prescription and over-the-counter drugs at an all-time high.

Colleges are doing more than ever to reduce underage and high-risk drinking and other drug use on campus, but the perception still exists that college and alcohol, tobacco, and other drugs go hand in hand. While not all college students drink or use other drugs, some do. Those who choose not to are likely to be affected by the substance use of others.

Visiting a prospective campus may provide good opportunities to:

- talk to students and resident advisors about use of alcohol, tobacco, and other drugs and how students spend time when not in class;
- tour residence halls to see how students live (are trash containers full of beer cans?);
- determine the proximity and number of alcohol-serving establishments on or near campus;
- ascertain if alcoholic beverages are available to students at sporting events, concerts, and other campus activities;
- visit local hangouts;
- check out bulletin boards and the campus newsletter for mentions of alcohol and other drugs; and
- determine the availability of substance-free dorms.

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If a campus visit isn't possible or doesn't allow ample opportunity for gathering information, it might be helpful to read literature provided by the college, college guides, and college issues of national magazines which compare reputations of schools. College websites may provide information on clubs and organizations, residential life, the role of resident advisors, health education programs, and health services, including counseling and availability of on- and off-campus Emergency Medical Technicians.

Consider talking with parents of students who have attended the college your child plans to attend, or asking a guidance counselor or other college advisor for information. The Dean of Students, Student Affairs staff, or Health and Counseling staff at the school may be able to provide information about:

- the school's response to students displaying problems with substance abuse or mental health issues, including depression and suicide;
- availability of general and mental health facilities and health care staff;
- efforts to prevent drug use and underage and high-risk drinking;
- efforts to enforce the school's alcohol and other drug policies; and
- the college's stance on parental notification if there is an infringement of policy or a concern about substance abuse.

Some colleges and universities are establishing alcohol and drug treatment facilities on campus.

FRESHMAN ISSUES

Alcohol is the **NUMBER ONE** problem on college campuses and contributes to many other difficulties freshmen encounter, including:

- use of other substances;
- mental health issues;
- time management;
- academic pressures;
- the transition from parents and home;
- decisions about sexual behavior;
- injuries to themselves and/or others; and
- becoming victims of violence, including rape and suicide.

Use of over-the-counter medications, prescriptions, and illicit drugs is also prevalent on college campuses and can create numerous problems.

It is important that your teen know how to refuse alcohol or other drugs when they are offered. Most colleges have policies regarding the use and abuse of substances. Be sure your child is familiar with them and knows how to get help if it is needed.

Federal law **permits** colleges to notify parents if an underage student is sanctioned for alcohol or drug **violations** on or off campus. Practices vary from college to college as to providing parents with information concerning their child's mental or general health issues, substance use, grades, or other concerns. As parents, educate yourselves and become knowledgeable about your rights to notification and the position your child's college takes in that regard. For more information, see www.securityoncampus.org.

HOW CAN A PARENT HELP?

What can you do to help your child become a productive college student who is capable of making good decisions?

RIGHT NOW: Discuss your family's beliefs and values, including your positions regarding alcohol, tobacco, and other drugs. Be clear about what you expect from your son or daughter concerning such things as attending class, drinking, drinking and driving, using other drugs, financial responsibility (including "spending money" and what it is **not** to be used for), study time versus social time, and staying in touch with the family.

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If there is substance abuse in your family background, your child may be at higher risk to develop a problem with alcohol or other drugs. Genetic predisposition and ongoing exposure to substance abuse in the home can carry serious risks which your teen needs to know and understand when making decisions about substance use. You may want to be alert to signs of a developing problem, as the earlier help is offered, the better. Counseling centers at most colleges offer support to students in need of assistance with substance abuse and/or other mental health issues.

Ideas for conversation starters with your student:

- How will you decide whether or not to drink at college?
- What will you do if you find yourself at a party with only alcohol to drink?
- What if someone offers you a drink and you don't know what's in it?
- What will you do if you are offered pills or drugs?
- What will you do if your roommate drinks too much or only wants to drink and party?
- How will you respond if you are asked to "baby-sit" someone who is very drunk?
- What should you do if you find a student passed out?
- Do you know the signs of **alcohol poisoning** and what to do if you suspect someone may have it? (See Page 16.) Do you know whom to call on or off campus for help?
- Some fraternities and sororities use alcohol in their pledging practices; how would you avoid the possible dangerous consequences of those rituals?
- How would you deal with an initiation or "hazing" involving the use of alcohol or other risky behaviors in order to "belong" to a team, band, acting club, or other group?
- Do you know whom to call for help on campus when you are faced with problems yourself?

Help your soon-to-be college student understand that use of alcohol, tobacco, and other drugs can be dangerous. **High-risk** drinking situations can include:

- "binge" drinking (according to the 2004 National Survey on Drug Use and Mental Health conducted by SAMHSA, the definition of "binge" drinking is: for males, 5 or more drinks in a row within a few hours; for females, 4 or more drinks in a row within a few hours, at least once in the past month;
- "heavy" drinking (according to the SAMHSA 2004 Survey, this is defined as consuming 5 or more drinks in a row within a few hours on at least 5 occasions in the past month);
- chugging;
- drinking games;
- drinking to get drunk or "wasted";
- drinking shots of alcohol throughout the day;
- consuming large numbers of shots of alcohol at once;
- driving after drinking or riding with someone under the influence;
- drinking too much or too fast, whether or not your stomach is empty;
- going to parties where people drink too much;
- not knowing what is in your glass or leaving it unattended; or
- mixing alcohol with any medications or other drugs.

Of particular concern for **females,** who find the flavors attractive, are sweet-tasting, brightly-colored, and often carbonated drinks laced with alcohol ("alcopops"), which seem like sodas and are sometimes consumed in rapid succession. Harmless-looking gelatin shots or cups, also sweet, brightly colored, and containing alcohol, are deceptive in terms of gauging alcohol consumption and can lead to intoxication quickly.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University reports that caffeine is linked to young **females'** use of alcohol, tobacco, and illegal drugs. Girls and young women who drink coffee are much more likely to smoke and drink alcohol than girls and young women who do not drink coffee. Young women who drink coffee also begin smoking and drinking alcohol at earlier ages.

College-age youth are bombarded with different types of alcoholic beverages on a routine basis. One of the more dangerous new forms is a combination of energy drink and alcohol. Benefits of energy drinks to young people are questionable, and the risks of alcohol for kids are well known. It appears that the combination drinks are worse for their health than either an energy drink or alcohol alone. Kids are potentially at risk, thinking they will have fewer side effects by drinking combination energy drinks and alcohol, when the opposite may be true.

Drinkers may be less likely to be able to recognize fatigue or intoxication. They want the euphoric effects of alcohol without the sedative effects, but the malt beverage energy drinks can actually intensify a hangover rather than avoid it. In addition, alcohol and the caffeine in energy drinks both cause dehydration. Combining the two increases the effects even more.

ONCE YOUR CHILD IS AT COLLEGE: Since the first six weeks of college can be a very stressful time for first-year students, you may want to call, write, or email frequently and even visit. Be supportive; your influence and advice **CAN** make a difference.

Family beliefs and values regarding underage drinking or illegal substances are important topics to continue to emphasize throughout the college years.

Ideas for conversation starters during this period might include:

- How are your classes going?
- What is the party scene like?
- What activities are there at college to help you make new friends?
- What do you think about dorm life?
- How are you getting along with your roommate?
- Are you feeling overwhelmed or uncomfortable about anything? What?
- What can we do to help?
- What are you doing to relax and have fun?

REALLY LISTEN TO THE ANSWERS

These conversations will provide good opportunities to read between the lines and to encourage your teens to seek help on or off campus if you or they are concerned.

www.collegedrinkingprevention.gov lists alcohol policies of some colleges. See page 64 of this Guide for more helpful and informative websites.

WHAT MORE DO I NEED TO KNOW?

The following information is provided for you to consider sharing with your child regarding risks of alcohol consumption:

BLOOD ALCOHOL CONCENTRATION

Blood Alcohol Concentration (BAC) is expressed in percentage of alcohol to blood. The higher the BAC number, the more impaired a person is. BAC changes with age; gender; body weight; time spent drinking; the amount of alcohol consumed; any medications or drugs used; and the amount and type of food in the stomach, among other things. Because variations in measurement of BAC exist, the following information is presented for general reference only.

One drink is considered to be: one 12-oz. beer at 4% alcohol; one 1.5-oz. shot of 40% alcohol (80 proof) hard liquor; or one 5-oz. glass of wine at 11% alcohol. The body processes alcohol at a constant maximum rate of .5 ounce per hour, regardless of how many ounces are consumed. The faster drinks are consumed, the higher the blood alcohol concentration will be. **Impairment can begin with the first drink, and additional effects are experienced as more alcohol is consumed.**

BAC levels indicated can result in the effects shown:

.02% - .03%: mild relaxation; lightheadedness; slightly loosened inhibitions; mildly intensified mood.
.05% - .06%: feeling of warmth and relaxation; loss of feelings of shyness; exaggerated behavior such as talking louder or faster or acting bolder than usual; intensified emotions; mild sense of euphoria.
.08% - .09%: belief that functioning is better than it really is; slurred speech; reduced sense of balance; diminished sight and hearing; impaired motor skills and judgment; impaired ability to evaluate sexual situations.
.10% - .12%: euphoria; markedly impaired judgment, memory, motor skills, coordination, and balance; some drinkers becoming loud, aggressive, or belligerent.
.14% - .17%: unpleasant feelings; difficulty talking, walking, or even standing; severe impairment of judgment and perception; increased aggression and risk of accidental injury to drinker or others; possible blackout.
.20%: confusion, dazed or disoriented state; inability to stand up or walk; loss of sensation of pain; nausea; vomiting (which may occur at lower BAC levels); impairment of gag reflex which can cause choking; likely blackout.
.25%: severe impairment of all mental, physical, and sensory functions; emotional numbness; increased risk of asphyxiation from choking on vomit; increased risk of serious injury by falling or other accident.
.30%: stupor; little comprehension of surroundings; sudden blackouts; difficulty in being awakened.
.35%: cessation of breathing. **This BAC is the level of surgical anesthesia!**
.40%: coma; slowing down of nerve centers controlling heart and respiration.

THERE ARE NO GUARANTEES; DEATH CAN OCCUR
AT ANY LEVEL OF ALCOHOL CONSUMPTION.

For more information about BAC, its calculation, and its effects on senses, feelings, and behaviors, go to: www.friendsdrivesober.org/alcohol_drugs_driving/BAC.html; www.intheknowzone.com; and www.gordie.org. Also see Page 30, Alcohol Facts, and Page 52, Effects of Alcohol on the Brain.

EACH YEAR MORE THAN 1,700 COLLEGE STUDENTS DIE FROM ALCOHOL-RELATED CAUSES!
DEATHS CAN OCCUR FROM ALCOHOL OVERDOSES AS EASILY AS FROM OTHER DRUGS.

ALCOHOL POISONING FACTS

- Alcohol is a psychoactive drug that changes the brain's chemistry.
- The brain detects high alcohol content in the blood and may precipitate vomiting.
- The only thing that can make a drunken person sober is **time**.
- Passing out from alcohol consumption can lead to death from asphyxiation (choking on vomit) or the interruption of bodily functions like breathing and heartbeat.
- Approximately 50,000 alcohol poisoning cases are reported each year, and about once a week someone dies from alcohol poisoning.

SYMPTOMS OF POSSIBLE ALCOHOL POISONING

(according to The Gordie Foundation, at www.gordie.org,
and Rutgers, The State University of New Jersey)

Nausea Vomiting Confusion Passing Out Seizures Difficult to awaken Reflexes absent
Slow, shallow breathing No response to painful stimuli Pale or bluish, cold or clammy skin

Understanding the symptoms and causes of a toxic reaction to alcohol and responding to such a situation can avert a fatal overdose. Consider the term "in-*toxic*-ation": alcohol is a toxin and can be toxic (deadly).

A key to saving someone from an alcohol overdose is
TO ACT IMMEDIATELY!

Don't guess how drunk someone might be or wait until he or she exhibits **all** the above symptoms of alcohol poisoning. **Call 911** or campus medical emergency services if there is **any** suspicion of an alcohol overdose, and **remain** with the person. **DO NOT JUST LEAVE HIM OR HER TO "SLEEP IT OFF".** Research shows that the BAC in an inebriated person can continue to rise after he or she passes out. Alert emergency personnel if other drugs besides alcohol were ingested. Alcohol in combination with other drugs accounts for about a third of all drug overdose cases.

THINGS TO CONSIDER DOING FOR AN INTOXICATED PERSON WHILE AWAITING EMERGENCY RESPONSE

- Try to wake the person up often to be sure he or she is not unconscious.
- Pinch the person's skin; there should be some reaction.
- Prop the intoxicated person on his or her side; ensure that the airway is not closed.
- Do not give the person food, liquids, medicines, or drugs to try to sober him or her up.
- Do not put an intoxicated person in charge of another person who is drunk.
- Do not let the intoxicated person do things which would endanger him, her, or others, such as walking alone, going up or down stairs, exercising, driving a car, riding a bike, or swimming, among other things.
- Do not put the intoxicated person in a cold shower; that will not help, and the shock of cold water could be detrimental.

For additional information about alcohol poisoning, see www.bacchusgamma.org/alcohol-poisoning.asp; www.depauw.edu/student/safety/alcoholpoisoning.asp; www.hsph.harvard.edu/cas; and www.intheknowzone.com/binge/bac.htm

Some of the information included in this section has been adapted from publications of
Bacchus and Gamma, The Century Council, National Traffic Safety Board, and Phoenix House

If your child says: "IT'S ONLY . . . a cigarette . . . a beer . . . a joint!"

WHAT CAN YOU SAY?

SOME SUGGESTED RESPONSES:

"You're facing some tough choices. Hanging out with friends who smoke or drink makes it harder to say 'no'." Research shows that if friends or family use cigarettes, alcohol, marijuana, or other drugs, the likelihood increases that a teen or preteen will do the same.

"It's illegal for you! Forget it!" For many families this is the most valid argument and the easiest to say.

"Some of my friends and I tried this stuff when we were younger. Today we know how easy it is to get hooked and how harmful smoking, drinking, and using other drugs can be for you." These substances are more potent now and may be contaminated with deadly additives.

"Our family has a history of addiction to alcohol (tobacco, prescription drugs, etc.), and you need to understand you are at higher risk." Family history is a powerful predictor of substance abuse and/or addiction.

"Almost everyone who uses 'hard' drugs started out smoking or drinking. The risks are too great!" The experimental use of these substances may not predict future substance abuse, but it frequently leads to experimentation with harder drugs.

"I think abstaining from alcohol, tobacco, marijuana, and other drugs is very important, and if you do not use these substances, I am willing to give you an incentive." Offer to provide something your child will value highly. Some parents call this bribery; for some it works.

"Look at what you would be risking: your health, your driver's license, an automobile accident, losing your place on the team (or in the play or in the honor club), getting sexual diseases, pregnancy, losing friends, losing the respect of others, etc." It is important for kids to understand that the use of alcohol, tobacco, marijuana, or other drugs might cause problems that will change or ruin their lives and the lives of their families and others.

"Yeah, but these substances are REALLY harmful for kids. Your bodies do not process this stuff the same way adults' bodies do." These facts are supported by numerous studies.

WHAT WILL YOU SAY?

CHAPTER 3: PARTIES AND THE SOCIAL SCENE

IT'S PARTY TIME! Our children love social activities just as much as we do. Let's encourage those events and plan for them with our kids. These guidelines will help parties be safer and perhaps more fun for everyone. *

WHEN THE PARTY IS AT YOUR HOUSE

Plan the party in advance with your child. Use invitations to avoid uninvited guests. Write on the invitation that this will be an alcohol, tobacco, and other drug-free event. Include a time for the party to end. If you are not going to send out invitations, ask your child to prepare a guest list for your information and for planning purposes. Consider daytime parties as an alternative to evening ones. Notify neighbors and local police if the party might impact the neighborhood.

Implementing some safeguards can create a safer atmosphere for a party. Consider:

- securing family liquor and medicine cabinets and firearms;
- meeting guests at the door to prevent "gatecrashers";
- that backpacks, bags, or clothing may contain undesirable substances or other items and may require monitoring;
- not allowing cans or containers to be brought into the party;
- designating which rooms in the house are "off limits";
- leaving doors open in rooms used by party guests;
- offering lots of food, soft drinks, and activities (see Page 7 for ideas);
- serving snacks in small bowls to allow opportunities to refill them often so you can keep an eye on things
- frequently monitoring party areas for alcohol, tobacco, and other drug use or inappropriate behavior;
- hiring security personnel for a large party;
- not allowing guests to leave the party (indoor or outdoor) and then return;
- enlist your child's help to monitor the party and report any substance use to you.

If at any time a child appears to be drunk, high, or ill, do not let him or her leave. Call his or her parent and discuss what action should be taken, or, **in an emergency**, **IMMEDIATELY CALL 911**.

Know your responsibilities. Provide an ample number of responsible adult chaperones, who should be actively visible to, alert to, and aware of guests both inside and outside the home. Choose your chaperones wisely. If the party gets out of hand, do not hesitate to **CALL THE POLICE**.

IT IS ILLEGAL TO SERVE ALCOHOL TO MINORS.
YOUR LEGAL LIABILITY CAN BE SUBSTANTIAL (see Chapter 12).

*Many party ideas are from *Parents' Guide to Teenage Parties,* by the Greenwich Advisory Council on Youth and Drugs, Inc.

WHEN THE PARTY IS ELSEWHERE

Consider if the party will be a safe, fun place for your child. Call the host parent to find out where the party will be held, the number of children attending, the amount of supervision to be provided, and what activities are planned. Offer to help if possible; often parents are looking for an extra hand.

Discuss party plans with your child. Review your family's ground rules, local curfews, and expected behavior in someone else's home. Know how to reach your child and be sure he or she knows how to reach you. If your child complains that you don't trust him or her, explain that the issue is not one of trust but rather one of health and safety. Know with whom your child will be riding and who will be driving. If you are taking a child to a party, waiting to see that he or she is safely inside may be appropriate. You might want to introduce yourself to the host.

CHAPTER 3: PARTIES AND THE SOCIAL SCENE

Confirm with your child who will be picking him or her up, at what time, and where. Have your child inform you if plans change. Remind your child that he or she should feel free to call you at any time for any reason.

OVERNIGHTS OR SLEEPOVERS

If your child calls and wants to stay with a friend after a party or event, check with the parents of the other child to verify that they will be home and actively supervising. If you are the host, closely monitor sleepovers. Some sleepovers may not be a good idea because of the increased risks of sexual activities and alcohol or other drug use.

TEEN CARPOOLS AND LIMOS

If your child is of driving age, know with whom he or she is carpooling, who is driving, and where they will be going. Establish firm, clear rules with your child against riding with drivers who might have been drinking or using drugs. Remind your child to call you for assistance for any reason. Be aware that once teens start driving, plans can change quickly and often. Kids may start at an "agreed-upon" party and, before long, move on to several different locations, without thinking to inform you or to request your permission. Discuss this possibility ahead of time so that your family's rules can be observed consistently.

The use of a rental limousine or private bus can be a safe alternative or an opportunity for kids to drink or use other drugs. Find a reputable limo or bus company that will guarantee that no use of alcohol, tobacco, or other drugs will be permitted and that a well-qualified driver will be provided. Leave your phone number with the driver in case problems arise. Suggest that bags be kept in the trunk, and caution against unauthorized stops.

Be awake for your child's return or have your child wake you. Let him or her know you are aware of and appreciate a timely and safe arrival. Have a brief conversation about the party. This gives you time to assess whether your child has been using alcohol or other drugs. This information can be useful for future decisions.

AFTER-PARTIES

After-parties are frequently held following school dances, plays, and sporting events. Often transportation is arranged, chaperones may or may not be present, and alcohol or other drugs may or may not be available. Well-supervised parties can be fun (see Page 7). Poorly supervised ones may involve alcohol, drugs, fights, injuries, and property damage. These parties often draw police attention. Network with parents to determine if there is a history of problems at certain homes. You can also get that information from some police departments.

HOTEL OR MOTEL PARTIES

Hotel and motel parties can be of concern. Parents who do not want their children to drink and drive after a big event such as a prom or "social presentation" sometimes rent a hotel or motel room where kids can drink "safely". High school students, with or without parental permission, sometimes rent rooms for a party. Since there may be very little supervision, not only must a teen contend with circumstances in which alcohol and other drugs are likely to be present, but this situation also may include sex, fights, and destruction of property. Violence might occur when "gatecrashers" show up. Parents may be liable for any injury or damage that occurs.

WHEN THE GATHERING IS NOWHERE AND EVERYWHERE

Gatherings that occur at remote areas such as parks, beaches, campsites, or fields typically involve lots of teenagers and large amounts of alcohol and other drugs. If your teen is vague or secretive about this type of party and its location, be cautious. Often referred to as "keggers", these events provide plenty of opportunity for "binge" drinking, impaired driving, drugs, and sex. In case of an emergency, help is often far away, and cell phone reception may be poor. Because of the sketchiness of information provided and lack of supervision, this type of party has the potential for serious concerns.

CHAPTER 3: PARTIES AND THE SOCIAL SCENE

Adolescents tend to live up to the standards parents set for them. Some parents assume their child will drink no matter what they say or do. They therefore focus their concern on providing a "safe place", such as their home, for their child and his or her friends to drink. Experts in the field of substance abuse tell us that this attitude is a sanction to drink. This practice can encourage underage drinking and condone substance abuse in violation of the law. Remember: high expectations and standards of behavior (clear and consistent messages, healthy modeling, and appropriate and reliable consequences) work hand in hand as strong parental influences in keeping kids safe.

THE SOCIAL SCENE. Adolescents have a need to be with their friends without supervision or interference. They just want to hang out. As parents, we want our kids to socialize safely. There are several considerations in determining their safety, including:

- the places they choose to go;
- their friends, and their friends' behavior and attitudes;
- which friends they are with;
- their decision-making skills under pressure; and
- the tendency for risk-taking behavior to escalate in a group.

The information in this section is based on what kids tell us about places they go.

HOMES WHEN PARENTS AREN'T THERE

Teens tell us that this is where most drinking, drug use, and sex occur. Kids often show up for a spontaneous gathering at the house of a friend whose parents may be working or out of town. The child of the absent parents may or may not know about these plans until the kids arrive and may not be able to turn the friends away. Peer pressure may result in poor decisions. Although many teens are trustworthy and are capable of being home alone, if you are worried about potential problems, alert a responsible adult (relative, neighbor, friend) to the situation or ask him or her to house-sit. Caution your child against being in homes where no adult is present. If your child is uncomfortable with any situation when he or she is in a home without adult supervision, he or she can call a responsible adult or the police.

Kids often share with friends their garage door key pad code, location of a hidden house key, and/or house alarm code. Others don't realize that their friends are paying attention when they are entering their home. Unfortunately, opportunistic "friends" might use this knowledge when the house is empty in order to steal liquor, prescription and/or over-the-counter medications, or other items. In the extreme, kids have been known to hold parties in the empty homes of absent friends, sometimes with disastrous results. Be alert to such possibilities. Another situation to consider is storage of alcohol in a second refrigerator in the basement or garage of your home. Parents have reported that kids steal the alcohol from them.

Alcohol can be ordered for home delivery by phone or over the Internet. Even though a signature by someone over 21 is required to permit delivery, there still exists an inherent risk through fake IDs, older siblings or friends, etc.

SHOPPING MALLS AND MOVIE THEATERS

Kids go to malls and theaters to shop, meet friends (who may or may not be welcome in your home), check out other kids, and have a good time; however, some of them drink, use drugs, get in fights (sometimes with weapons), and/or shoplift. A mall can often be a "pick-up" place; an innocent boy or girl can become a victim if not made aware of the dangers. Preteens may need more supervision or may feel happier and safer in groups.

CHAPTER 3: PARTIES AND THE SOCIAL SCENE

CONVENIENCE AND LIQUOR STORES

Convenience stores can be hangouts and may be prime sources of alcohol and tobacco for kids, who often pay adults (siblings, friends, or complete strangers) to buy alcohol and/or tobacco for them. Law enforcement officers often work with these types of stores to minimize problems.

ROCK CONCERTS

Rock concerts are very exciting for kids, but parents may not think about the dangers that might be involved. At many venues alcohol, marijuana, and other drugs are freely available. Some managers ignore or cannot adequately monitor illegal and/or underage use of these substances. Large crowds may result in violence, and injuries are common, particularly from "mosh pits" and "crowd surfing", where members of the audience are passed over the heads of others. Caution your children about the risks, and think very carefully about the appropriateness of them attending some of these events.

RAVES

Some of these all-night dances are held in vacant warehouses, in unoccupied buildings, or at remote sites. Locations are very secretive and are changed frequently to avoid police detection. General information is distributed at high schools, "underground" music stores, and other locations, and on the Internet, supplying only a phone number for specific information. When kids show up at the address given over the phone, a "screening" person provides directions to another location.

Some raves are more public, and tickets are available at ticket outlets. Kids may tell parents that this is an alcohol- and other drug-free event because they will be screened at the door for substances. This is not a guarantee against illegal activities. **Most teens say there is no such thing as a drug-free rave.** At most raves, kids have access to free or cheap inhalants and "club/rave" drugs such as LSD, "Ecstasy", "date-rape" drugs, and heroin (See Chapter 8). Illness, injuries, and overdosing are common, and medical aid may not be available.

PARKS AND RECREATION AREAS

As mentioned on Page 20, when the weather permits, kids gather outside, especially in the mountains and foothills, to camp, play outdoor sports, or just hang out. For some, this may involve alcohol, drug use, sexual activity, and impaired driving, leading to auto, boat, and pedestrian accidents. When parks close, the party often moves on, and responsible kids may find themselves with no telephone available and few sober friends who can give them a ride home. Cell phones are not a safety guarantee as signals can be weak or absent in outlying areas.

WEEKENDS AND HOLIDAYS AT SKI AREAS

Mountain getaways with friends and family can be fun and relaxing. Parents see these outings as safe for kids and tend to relax rules. Some parents may even condone drinking and drug use in this situation. Experience shows that unsupervised days and nights can result in dangerous consequences. Adolescent alcohol poisoning, drug overdoses, and injuries are commonly treated in vacation-area hospitals. Occasionally, fatalities occur. Special events, such as athletic camps or competitions, the Fourth of July, or New Year's Eve, pose particular problems due to the large numbers of preteens and teens from many areas and the lack of supervision. If you are present, don't allow alcohol or other drug use. If you are not there, assess whether other host parents adhere to the same standards you do.

BEACHES AND RESORTS DURING SCHOOL BREAKS AND SENIOR AND/OR GRADUATION TRIPS

American and foreign beaches and resorts continue to experience the influx of students for wild, crowded, and mostly unsupervised vacations. The attraction for many may not only be a pleasant beach vacation with a lot of friends but also the opportunity for mingling with strangers, drinking, drug use, and sex, which are all dangerous situations. The drinking age may be lower or unenforced in foreign countries. Kids may be at risk even when traveling with their families if parents don't supervise adequately. In the extreme, kidnappings, disappearances, and even death have been known to occur.

CHAPTER 3: PARTIES AND THE SOCIAL SCENE

Setting the Limits: An Exercise in Courage

Making decisions about your child attending parties in certain homes may be a complicated family process. Deciding if he or she can participate in other social activities might be difficult as well. Assess your comfort level regarding the supervision to be provided and whether or not your child is capable of handling problems which may arise. If you feel uncomfortable, play it safe and say "no". This may not be a popular choice. It takes a lot of strength, especially when other families are not making the same decisions and are letting their children go, perhaps without realizing the risks involved.

You may be worried about the impact on your relationship with your child if you say "no" too often. Maybe you are concerned about your child's popularity if he or she is not allowed to participate in friends' activities. The issue here is your child's safety and well-being. Your child may argue and be angry now but may surprise you later with a "thank you" for taking a stand.

Recognize that no matter how hard you try to assess the situation and your child's capabilities, you might make mistakes. You may give your child permission to go to a party or other event, only to learn later that alcohol and other drugs were involved. Rather than worrying that you've made a poor decision, think of what you've learned and how that will help you and your child in the future.

REMEMBER: YOUR CHILD'S SAFETY IS PARAMOUNT

For Reflection: How will you decide if your child is mature enough to handle risky situations? How do you decide who is a trustworthy supervisor for your child? Have you discussed the connection between alcohol and drugs and sexual activity with your child? If not, how would you start that conversation?

CHAPTER 4: WHY KIDS SAY THEY USE ALCOHOL, TOBACCO, AND OTHER DRUGS . . .

For each child there is no single, uncomplicated answer to the question, "Why do you use alcohol, tobacco, or other drugs?" Kids say they choose to use substances for the following reasons:

- **To get drunk, "buzzed", or "high"** – Many kids enjoy the short-term thrill or pleasure that alcohol and other drugs provide.
- **To stop painful feelings** – Kids use alcohol, tobacco, and other drugs to relieve stress, feelings of depression, or other mental health problems.
- **To overcome shyness and escape loneliness** – Alcohol and some other drugs can loosen inhibitions and allow the user to feel more relaxed in social situations.
- **To feel independent and more grown up** – Use of substances can create these illusions.
- **To be cool and belong to "the group" –** Many kids place a high priority on being accepted into a group.
- **Because their parents use –** "You do it, so why shouldn't I?" The example set by parents sends a powerful message.
- **"Because everybody does it." –** Although many kids believe that all their peers are drinking, smoking, or using other drugs, this is **NOT** true.

CHAPTER 4: WHY KIDS SAY THEY USE ALCOHOL, TOBACCO, AND OTHER DRUGS . . .

- **To look good or get that competitive edge –** Some drugs, like tobacco and amphetamines, can suppress the appetite. Adolescents, especially girls, often value thinness over health and safety. Athletes may use anabolic steroids to gain strength and a competitive edge. Stimulants can frequently give the user the feeling of more energy and focus.

- **To satisfy curiosity by experimenting with a current fad –** Most kids hear about substances at school, from friends, on the Internet, and through other teen media. Some want to test the experience. Taking risks, seeking excitement, and reducing boredom are all cited as reasons kids choose to experiment.

- **To imitate popular celebrities –** A drug culture, glamorized by some sports, media, and music icons, can have tremendous appeal.

- **Because alcohol, tobacco, and other drugs and paraphernalia are there!**

Remember, not every kid will try alcohol, tobacco, or other drugs. USE IS NOT INEVITABLE! Studies show the major factors in use of alcohol, tobacco, and other drugs by kids are the actions and attitudes of their parents.

"Mom, Dad . . . Did you use drugs or alcohol when you were a kid?"

SOME POINTS TO CONSIDER

Look beyond the question. What does your child really want to know? This may be an opportunity to open a discussion with your child about the substance use he or she may have experienced or observed in peers. Your child may be asking for guidance, permission, or justification for use. You are the best and most influential guide your child can have and the most effective deterrent against use of alcohol and other drugs.

What does your child want to hear, and what is heard? Have an awareness of the intent of your child's question. Is it a question about you or about using substances? Bear in mind the age relevancy of your answers. What can your child understand and assimilate based on age and maturity?

Tell the truth. The issue is not whether you used substances in your youth but rather your attitude as an adult about the inherent dangers involved with and the consequences of substance use. Use this as a "teachable moment".

WHAT DO YOU SAY?

Some parents decide to discuss their past use of alcohol or other drugs with their child in the hope that they will discourage their child's experimentation or use. Other parents refuse to tell the truth, believing that a discussion of their youthful behavior will subtly condone substance use no matter how they phrase it. Still others admit to limited alcohol, marijuana or other drug use, stressing how times have changed and how legal and health consequences are known to be far more serious now.

For Reflection: Think about your past and/or current choices regarding the use of alcohol, tobacco, or other drugs. How could your attitudes and experiences affect your child's decisions?

CHAPTER 5: . . . AND WHY THEY SHOULDN'T USE ALCOHOL, TOBACCO, AND OTHER DRUGS

Kids who use alcohol, tobacco, and other drugs are vulnerable to harmful and undesirable consequences. No one can predict if experimental use will lead to regular use or addiction. Research has confirmed that the earlier a child uses, the greater will be his or her likelihood of developing substance abuse problems later in life.

ARRESTED PSYCHOLOGICAL DEVELOPMENT

A major task for kids in adolescence is to grow into responsible adults. Kids need to learn how to accept and handle emotions, including anger, frustration, anxiety, disappointment, loneliness, sadness, and fear. They also need to learn the joy of celebration, talking comfortably and interacting with others, relaxing and feeling accepted, and being part of a group while, at the same time, being an individual. Kids learn these skills through experience and repetition over a long period of time.

SUBSTANCE ABUSE STUNTS NORMAL DEVELOPMENT

When kids are using substances they cannot learn to manage their feelings. Although they feel relaxed and believe they are part of the group, they are not doing the hard work it takes to develop adult skills. They may grow physically, but **emotionally they may never mature beyond the age of first use.**

PROBLEMS RELATED TO SUBSTANCE USE

By using alcohol, tobacco, or other drugs, a child is at risk for innumerable problems in his or her life.

Psycho-social problems. Kids who use may:

- risk masking mental health problems, such as depression, anxiety, and eating disorders
- be much more likely to be violent or suicidal
- not be able to acknowledge when a problem with alcohol, tobacco, or other drugs exists
- depend on chemicals to create moods
- surround themselves with people who support their substance use
- lose the trust of peers and adults
- hinder their ability to develop successful relationships with others
- assume others will take care of them and bail them out of problem situations

Personal problems. Kids who use may:

- experience loss of opportunities and control of their lives, such as suspension or expulsion from school or denial or loss of employment
- risk college rejection, cancellation of college acceptance, loss of potential scholarship, etc.
- not develop healthful habits, such as exercise and nutrition, to handle stress
- lose eligibility for sports and other activities

Overlapping problems. Kids who use may:

- have diminished motivation and perform poorly in school
- tend to use the media or popular culture to support their use
- rely on alcohol, tobacco, and other drugs as crutches in social situations
- experience confusion about their limits and lack the ability to connect their behavior with its potentially serious consequences

CHAPTER 5: . . . AND WHY THEY SHOULDN'T USE ALCOHOL, TOBACCO, AND OTHER DRUGS

HEALTH PROBLEMS

Some health problems related to alcohol, tobacco, and other drugs are SPECIFIC to kids and may be different from those experienced by adults.

Life-threatening consequences. Kids who use may:

- risk alcohol poisoning and death because young people usually drink more in a shorter period of time and may metabolize alcohol at a slower rate than do adults
- experience brain damage, seizures, tremors, and suffocation
- experience irreversible damage to internal organs and may have increased chances of dying from cancer, diabetes, and heart and liver diseases
- be at high risk for car crashes, drowning, starting fires, falling, other accidents, exposure to the elements, etc.

Mental consequences. Kids who use may:

- experience difficulties with judgment, vision, depth perception, short-term memory, coordination, and speech
- risk developing depression, paranoia, hallucinations, intense anxiety, abnormal sensory perceptions, or suicidal behavior

Sexual consequences. Kids who use may:

- run a greater risk of unwanted sexual outcomes: rape, pregnancy, and sexually transmitted diseases, such as HIV/AIDS
- be at high risk for becoming a victim or an abuser in sexual situations
- experience sexual changes (In **males**, some drugs, including steroids, can cause impotence, decreasing amounts of testosterone, sterility, and withering testicles. In **females**, marijuana can interfere with the balance between male and female hormones in the adrenal gland, affecting secondary sexual changes including reduced breast development, disrupted periods, and slower maturation. In **males**, marijuana use can result in, among other things, a delay in the voice changing, a delay in making the transition to an adult body, and smaller penis size.)

Physical consequences. Kids who use may:

- be at high risk of being a victim of violent physical behavior or victimizing others
- become drunk more quickly if female
- if female, suffer liver damage earlier than males due to body chemistry
- suffer decreased function of the immune system, causing more illness
- experience decreased awareness of touch and pain resulting in self-inflicted and other injuries
- shorten their life span

LEGAL AND OTHER CONSEQUENCES . . .

. . .TO KIDS

Drinking alcohol when under the age of 21 and using illicit drugs at any age are against the law. Kids who use may:

- lose their drivers' licenses or permits
- if under the driving age, face the possibility of delay in getting their permits
- be unable to obtain insurance due to repeated violations of traffic laws
- be involved with vandalism, theft, drug dealing, and homicide;
- encounter arrest, incarceration, costly fines, or other sanctions
- be more likely to have criminal records
- be at greater risk for experiencing assault or rape as either the victim or the perpetrator

CHAPTER 5: . . . AND WHY THEY SHOULDN'T USE ALCOHOL, TOBACCO, AND OTHER DRUGS

LEGAL AND OTHER CONSEQUENCES . . .

. . . TO PARENTS

In recent years, the courts have begun to hold parents responsible for their children's actions and, in some cases, are ticketing and even jailing the parents of repeat offenders. In addition, parents may face serious legal, financial, and civil liabilities for their actions or inaction with regard to substance use by underage kids. KNOW YOUR LEGAL LIABILITIES.

See Chapter 12: IT'S COLORADO LAW

For Reflection: Given all these reasons for teens NOT to use alcohol, tobacco, or other drugs, which reasons will you choose to discuss with your child?

CHAPTER 6: FACING THE PROBLEM - How Serious Is It?

"Why was I the last to know?" is not an uncommon question. Some parents don't recognize increasingly obvious signs of alcohol, tobacco, or other drug use.

A child who is abusing alcohol, tobacco, or other drugs will not exhibit all of the following changes. Some of these outward signs are common in adolescence; some are specific to abuse of a particular substance. The key is the number of changes a parent observes over a relatively short period of time.

We hope this list will guide you in recognizing substance use. As usage increases, physical, behavioral, and personality changes begin to occur. These symptoms are not evidence in themselves; normal adolescents commonly exhibit some of them. When multiple warning signs develop and persist, **take action**.

Behavioral Changes

- Increased tardiness, attendance problems, and/or noticeable change in school performance
- Chronic dishonesty: lying, stealing, and cheating
- Increased need for money
- New friends with no last names, mysterious phone calls, increased secretiveness, and unpredictability
- Trouble with authority figures, including police
- Reduced motivation, energy, and self-discipline
- Identification with the drug culture: slogans on clothing, drug-related magazines, and conversations or jokes centered around drugs

Physical Changes

- Memory lapses, blackouts, poor concentration, or short attention span
- Slurred or incoherent speech
- Indifference to hygiene and grooming
- Needle marks, bruises, sores, or scars on the body
- Persistent cough, sore throats, frequent colds or low resistance to illness
- Fatigue or changes in sleep and/or eating patterns
- Weight loss, pallor, or circles under the eyes
- Bloodshot or watery eyes or dilated pupils
- Unexplained skin rashes or increased acne
- Runny nose or sores around nose
- Drowsiness, headaches, edginess, nausea, or vomiting
- Tremors or marked change in muscle coordination

CHAPTER 6: FACING THE PROBLEM - How Serious Is It?

Personality Changes

- Hostility when questioned by adults
- Withdrawal from family
- Pronounced changes in self-esteem
- Periods of paranoia or suspiciousness
- Increasing and inappropriate anger, irritability, and sullenness
- "I don't care" attitude
- A trancelike state
- Volatile mood swings from lethargy to hyperactivity and depression to euphoria

Signs and Evidence

- Injuries and accidents
- Possession of drug-related paraphernalia: pacifiers, light sticks, lollipops, menthol inhalers, dust masks, empty aerosol cans, whipped cream cans, whippets (nitrous oxide canisters), glue tubes, correction fluid containers, hair spray, aerosol computer keyboard cleaner, butane lighters, nasal spray bottles, pipes, water pipes, roach clips, rolling paper, rolled-up folding money, razor blades, hypodermic needles, or small containers (see Chapters 7 and 8)
- The odor of alcohol, gasoline, cleaning fluids, incense, or intense cover-up scents such as room deodorizers, body deodorant, after-shave lotion, mouthwash, cologne, mints, etc.
- Frequent use of eye drops
- Possession of drugs or peculiar plants
- Butts, seeds, or leaves in ashtrays or pockets
- Paint or stains on body or clothing
- Plastic bags or plastic wrap

STAGE 1 – EXPERIMENTAL USE

Use of alcohol or other drugs is occasional, often restricted to weekends. During this stage, kids often show no behavioral changes. They mistakenly believe that their experimentation is safe and easily stopped. What they don't understand is that **any** use of alcohol or other drugs at their age can jeopardize their health and not only lead to more frequent use but also may result in an overdose.

STAGE 2 – MORE FREQUENT USE

In search of the euphoric effects of alcohol or other drugs, kids graduate from occasional weekend use to every weekend and even midweek use. They start to become addicted to the high and may establish reliable sources for substances. Behavioral changes may include personality shifts and adoption of a different set of friends. Marked changes may occur in motivation, focus, activities, or school performance, depending upon the type of substance being abused.

STAGE 3 – REGULAR USE

Kids become preoccupied with perpetuating the alcohol- or other drug-induced state. They spend more time, energy, and money on insuring a steady supply. Many factors can contribute to continued drug use, creating ongoing risks. Kids may experience blackouts (loss of memory). Depression and thoughts of suicide are common. Family and school problems escalate. Trouble with the law may include driving while drinking, curfew violations, truancy, shoplifting, and aggressive or dangerous behavior.

STAGE 4 – ADDICTION

Kids require larger amounts of alcohol and/or other drugs to maintain their high, a state that has now become the norm in their lives. Without intervention, there is a typical progression of use resulting in addiction. Kids often become sick and show obvious signs of physical deterioration. In order to obtain money for alcohol and/or other drugs, they may habitually engage in criminal activity. It is likely that school and family life are disastrous.

CHAPTER 6: FACING THE PROBLEM - How Serious Is It?

HOW QUICKLY CAN A CHILD BECOME ADDICTED TO A DRUG?

There is no easy answer to this. If and how quickly a child might become addicted to a drug depends on many factors, including genes (which are inherited from parents) and the biology of the child's body. All drugs are potentially harmful and may have life-threatening consequences associated with their use. There are also vast differences among individuals in sensitivity to various drugs. While one person may use a drug one or many times and suffer no ill effects, another person may be particularly vulnerable and overdose with first use. There is no way of knowing in advance how someone may react.

For Reflection: Is it possible that you are not facing your child's substance use problem?

THE "PRIVACY" DEBATE

If you suspect your child is using alcohol, tobacco, or other drugs, or engaging in other risky behaviors, would you inspect his or her room, car, email, or possessions? This decision makes many parents uncomfortable.

The "right to privacy" is highly valued in our society but is often misunderstood. Many parents believe that the concept directly applies to their child's life and possessions. Parents may rely on this right in order to avoid facing an angry child who strongly thinks his or her "right to privacy" has been violated. Authorities tell us that there is no law which protects a dependent child's privacy rights, especially if illegal substances might be involved. But the law is not the only issue; another important issue is trust.

Perhaps a parent's first step should not be to search a child's room. Rather, parents may first want to discuss their obligation to keep their child safe and the mutual honesty they share with their child. If the parents cannot trust the child's reasons for wanting to maintain privacy, that should be the subject of conversation. The child's privacy can be respected until there is a reason to believe the mutual trust has been broken and his or her well-being is at risk.

The child's problem may not be about trust; it may be about substance abuse. Once parents search a child's room or possessions, will the trust be gone? What will the parents do if they find evidence of alcohol or other drug use? Will the child ever understand that the parents were acting in the child's best interests? Substance abuse experts assure us that trust can return and grow, and this can be a step toward a healthy relationship.

Each family must decide how to deal with the issue of weighing the value of personal privacy against the parents' right to know and their responsibility to keep their child safe. Searching a child's room or possessions may be a necessary step. Some parents who have taken that action have resolved their child's substance use problem quickly.

For Reflection: What do you believe about a child's right to privacy? Are you tempted to use the right to privacy as an excuse not to find out if your child is using alcohol, tobacco, or other drugs or engaging in other risky behaviors? If you have any suspicions, what will you do?

CHAPTER 7: COMMONLY AVAILABLE SUBSTANCES – Ready and Waiting

Alcohol, tobacco, marijuana, and inhalants are the most commonly available substances that youth encounter. Easy to obtain, they usually provide the first experiences young people have with substance abuse. This chapter also includes information about other substances that may be found in the home and have the potential for misuse.

ALCOHOL AND TOBACCO – Socially Acceptable and Readily Available

Alcohol and tobacco are socially acceptable in many homes and raise a unique dilemma for parents. Our culture has complicated ideas about alcohol and tobacco.

- Families manage the use of these substances in highly individualized ways.
- Many parents who are now or have been using alcohol and/or tobacco, perhaps since they were teenagers, don't feel their success in life has been compromised.
- The media strongly affect the way we think about these two substances. For example, the majority of movies that attract teens feature appealing characters who smoke and drink.
- In the minds of many teens and parents, smoking and drinking are rites of passage, cool, fun, and part of life. For example, many sporting events are sponsored by alcohol and tobacco companies. Their sponsorship blurs the distinction between sports as part of a healthy lifestyle, and sports as part of a lifestyle that includes use of alcohol and tobacco.
- Our society tends to believe we can and should fix our uncomfortable feelings, and we often try to do so with alcohol and tobacco.

The Challenge for Parents

Many parents mistakenly believe that because alcohol and tobacco are legal for adults, these substances are not harmful for experimentation by children. Some parents would rather avoid discussing or arguing with their kids about these particular drugs. Others overlook or even encourage drinking at home. Many parents feel it is easier to talk about the dangers of using LSD, cocaine, or heroin than it is to talk about the dangers of alcohol and tobacco.

If you feel helpless to prevent your child's use of alcohol or tobacco, you are not alone. Don't let this feeling stop you from beginning a dialogue. **Studies indicate kids are less likely to use alcohol, tobacco, and other drugs when they have frequent and open discussions with their parents**. Your child deserves a parent who knows the facts, thinks clearly, and decides where to draw the line. The best way for parents to help kids make wise choices is to give them a message of non-use, to provide ongoing support, and to exhibit healthy role-modeling behaviors.

The earlier you start talking with and listening to your child about alcohol, tobacco, and other drugs, the less likely he or she will be to develop substance abuse problems later. **However, it is never too late to begin the discussion.**

FACTS ABOUT ALCOHOL

Alcohol is the **number one** drug used by teens, most of whom had their first drink at home or in a friend's home. Teens can order alcohol for home delivery through the Internet or over the phone without parental authority. While there may be a requirement for a person 21 or older to sign for such a delivery, teens may be able to overcome that.

CHAPTER 7: COMMONLY AVAILABLE SUBSTANCES – Ready and Waiting

Alcohol affects teens' lives in many ways. Alcohol-related car crashes are a leading cause of teen death, and teens who drink are much more likely to experience serious problems such as delinquency, depression, addiction, sexual consequences, and suicide. "Youth drinking requires significant attention because of the extensive human and economic impact of alcohol use by this vulnerable population," writes Dr. Enoch Gordis, former director of the National Institute on Alcohol Abuse and Alcoholism.

Whether a person drinks a 12-ounce can of beer, a 1.5 ounce shot of 80 proof hard liquor, or a 5-ounce glass of wine, the amount of pure alcohol consumed is approximately the same. Studies show that the body can take longer to absorb less concentrated alcoholic beverages, like beer and wine, than spirits. Drinks mixed with soda or carbon dioxide have an increased absorption rate. Drinks made with mixers containing artificial sweeteners lead to an even higher rate of alcohol absorption because artificial sweeteners accelerate emptying of the stomach, resulting in a greater blood alcohol peak and concentration than do drinks made with sugar-based mixers.

Alcohol rapidly spreads throughout the water in a drinker's body, and males have a greater percentage of water by volume; females have more fat. The level of activity in the alcohol-metabolizing enzyme in the stomach is lower in females. More alcohol is metabolized in the stomachs of males before being absorbed into the bloodstream than in the stomachs of females, resulting in more alcohol being passed directly into bloodstreams of females. As a female's hormone levels vary, her blood alcohol concentration can vary dramatically with the same amount of alcohol intake, and she is more vulnerable to alcohol's effects.

- The average age at which a child takes his or her first drink is 11 for boys and 13 for girls.
- It is illegal for anyone under the age of 21 to buy or possess alcohol (see Chapter 12: IT'S COLORADO LAW). Any blood alcohol level in a minor is considered illegal. One drink will qualify as legal impairment.
- It takes the adult male body about 2 hours to completely break down a single standard alcoholic drink.
- Females become intoxicated more quickly than do males, even when body weights are the same.
- Alcohol alters and kills brain cells and can permanently damage learning and memory functions. It can damage every organ in the body. It is absorbed directly into the bloodstream and can increase the risk for a variety of life-threatening diseases, including cancer.
- Females are more susceptible than males to alcoholic liver disease, heart muscle damage, and brain damage.
- Researchers believe females are likely to become dependent on alcohol faster than do males.
- Alcohol can stunt growth and damage muscles and bones.
- Common patterns of teenage drinking are "binge" drinking and drinking games and contests, which can result in alcohol poisoning (see Page 16), loss of consciousness, respiratory or cardiac arrest, and death.
- Adolescents become addicted to alcohol more quickly than do adults, in as little as 6 months. The incidence of lifetime alcohol abuse and dependence is greatest for those who begin drinking between the ages of 11 and 14.
- Teens who begin regular drinking before age 15 are 5 times more likely to become alcohol dependent than those who don't start drinking until they're 21. Over 96% of pathological drinkers began drinking before age 21.
- Underage drinkers are over 2.5 times more likely than adult drinkers to be pathological drinkers and meet the clinical criteria for alcohol abuse and addiction.
- Each day more than 13,000 kids under the age of 21 take their first drink; almost half of those kids are under age 16.
- Excessive drinking can decrease testosterone in males and cause impotence; in females, menstrual difficulties, irregular or absent cycles, and decreased fertility may result.
- Among teens who drink, there is a much higher incidence of unsafe sex, sexually transmitted diseases, and unplanned pregnancies.
- Drinking alcohol during pregnancy can result in the birth of a child who may have mental, behavioral, and/or physical abnormalities, including Fetal Alcohol Syndrome. Alcohol use during pregnancy is the **number one** cause of non-hereditary mental retardation.
- Studies suggest there is no safe amount of alcohol use during pregnancy.

Mixing alcohol and other drugs, including over-the-counter medications, can be fatal.

Websites of interest regarding underage drinking include: www.beersoaksamerica.org; www.madd.org; www.marininstitute.org; www.stopalcoholabuse.gov; www.cspinet.org; www.udetc.org; www.factsontap.org; http://www.sadd.org/stats.htm; www.thecoolspot.gov; and www.nhtsa.gov/. See also Pages 14-17.

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Considering Teaching Your Underage Child to Drink "Responsibly"? READ THIS!

Does serving alcohol to teens at home keep them safe and teach them "responsible" drinking habits? Is there ever a responsible way to use a substance which is illegal, with a few exceptions, for those under 21? (See page 61.) Consider these issues:

- Alcohol is a drug. Any alcohol use by underage youth is considered to be alcohol abuse.
- One of the risk factors for youth drinking is a family environment with favorable attitudes about drinking.
- Parental drinking patterns and access to alcohol are associated with adolescents starting and continuing drinking.
- The earlier a child begins to drink, the more likely he or she will be to abuse alcohol, whether or not the child started drinking at home.
- Teens' growing bodies and developing brains are especially vulnerable to even small amounts of alcohol.
- Children who start drinking before age 15 are 12 times more likely to be injured while under the influence of alcohol and 10 times more likely to be in a fight after drinking, compared with those who wait until they are 21 to drink.
- More than 67% of young people who start drinking before the age of 15 will try an illicit drug. Children who drink are 7.5 times more likely to use any illicit drug, more than 22 times more likely to use marijuana, and 50 times more likely to use cocaine than children who never drink.
- Peer pressure on kids to drink away from home is enormous. It is difficult for some teens to drink at home with their parents and then to say "no" in teen social situations. They may be more likely to think, "Hey, my parents are cool about drinking."

Although the dangers of driving after drinking are of great concern,
teaching responsibility includes more than focusing on that issue.

FACTS ABOUT TOBACCO

Tobacco use in children is often considered a "stage" they will outgrow. We know it is harmful to them in the short term as well as the long term. Research shows that tobacco is a powerful suppressor of the immune system, and children who smoke may face a lifetime of susceptibility to numerous diseases. **New statistics confirm that children can become quickly addicted to nicotine by smoking just a few cigarettes.** Some teens and preteens report signs of addiction with only occasional (non-daily) smoking. Of those teenagers who smoke two or more entire cigarettes and overcome the initial discomforts of smoking, about 85% will become **regular** smokers. Researchers report that preteens who have tried smoking just once have an increased risk of becoming regular smokers years later. A first cigarette might change reward pathways in the brain, making a person more vulnerable to the effects of nicotine later on. **It takes only 7 seconds for nicotine to reach the brain from a cigarette!** Experts consider **nicotine more addictive than heroin or cocaine**, and addiction to it is very difficult to overcome.

Nicotine is readily absorbed in the lungs from tobacco smoke and through the mucous membranes in the mouth from chewing tobacco. With regular use of tobacco, levels of nicotine accumulate in the body during waking hours and persist throughout the day, exposing daily smokers or chewers to its effects for 24 hours each day. While nicotine taken in by cigarette or cigar smoking takes only seconds to reach the brain, it has a direct effect on the body for up to 30 minutes.

An immediate release of epinephrine from the adrenal glands upon exposure to nicotine stimulates the body to release glucose, resulting in an increase in blood pressure, respiration, and heart rate. Nicotine suppresses insulin output from the pancreas, creating a slightly hyperglycemic effect in users. Nicotine indirectly causes a release of dopamine in the brain regions which control pleasure and motivation, similar to that seen with other drugs of abuse such as cocaine and heroin. This is thought to underlie the

pleasurable sensations experienced by many tobacco users. In contrast, nicotine can exert a sedative effect, depending on the level of the user's nervous system arousal and the dose of the drug taken.

Some of the diseases caused by tobacco use are abdominal aortic aneurysm; acute myeloid leukemia; cataract; cervical, kidney, stomach, pancreatic, bladder, esophageal, laryngeal, lung, oral, and throat cancer; coronary heart and cardiovascular diseases; and chronic lung diseases. Additionally, it has negative effects on the reproductive system and is implicated in sudden infant death syndrome.

- Teens who smoke are 3 times more likely than nonsmokers to use alcohol, 14 times more likely to use marijuana, and 22 times more likely to use cocaine.
- The biggest predictor of teenage smoking is having friends who smoke; a parent who smokes is the second greatest influence.
- Smoking is on the rise among teenage girls, often as a means of weight control. Females are more sensitive to the effects of nicotine and have more difficulty quitting than do males.
- There are over 4,000 chemicals, including 50 cancer-causing substances and 200 known poisons, in tobacco smoke.
- Teens and preteens who smoke are more susceptible to respiratory illnesses, experience shortness of breath more often than those who don't smoke, and may have impaired lung growth and function.
- Chewing, spit, or smokeless tobacco use is prevalent among youth. Over 20% of high school males in Colorado use spit tobacco. The average age of first use is 10 years old.
- Spit tobacco is more immediately dangerous than smoking and can quickly cause gum disease and can lead to oral cancer.
- Bidis and clove cigarettes are used because kids think they are "natural". These flavored cigarettes, sometimes inexpensive and/or imported, contain more nicotine, carbon monoxide, and tar than U. S. brands. Lung damage can occur quickly and can be severe.
- Hookah (water pipe) smoking, also utilizing flavored tobacco, is becoming increasingly popular. The perception that using a hookah lowers the dangers of smoking tobacco is inaccurate. In fact, the opposite may be true.

HELPING KIDS TO BE SMOKE FREE

Kids will listen. Your messages of concern for their health and well-being will be heard. One conversation with your kids about not smoking is not enough. Introduce the subject when a child is very young, in simple language and with clear rules. As your child grows, repeat the message in terms which he or she can understand.

"Peer pressure" and the influence of advertising are not excuses to smoke. Those may be factors for kids when they start, but they continue to smoke for other reasons, including addiction. Discuss the value and importance of making decisions about smoking based on facts.

Help your child make good decisions when choosing friends. The smoking rate among kids who have three or more friends who smoke is 10 times higher than the rate among kids who report that none of their friends smoke.

Discuss perceptions and reality. Preteens and teens tend to overestimate the number of kids their age and older who engage in all sorts of risky behaviors, including smoking. Repeat the message to your child that the large majority of high school students do not smoke.

Parental Influence. As your children age, their friends have growing influence over their everyday choices (clothing, music, how they spend their free time), but when it comes to really important issues such as their fundamental values and whether they smoke, you as parents have more influence than do their peers.

Show them the money! Kids are proud of what they can do with the money they earn. Figure out together how much it would cost each year to smoke and how many hours it would take, at typical teen wages, to earn that. Ask what else your child might do with that money.

Be a good role model. If you smoke, it is important to quit for your health and your child's health. Studies have found that kids who have a parent who smokes cigarettes are at least twice as likely to smoke, and having an older sibling who smokes triples a child's odds of smoking.

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COLORADO'S SMOKING LAW

In Colorado, it is illegal for anyone under 18 to purchase tobacco products; it is also illegal for anyone to furnish tobacco products to minors under 18. Some municipalities and counties have enacted strict laws making use or possession of tobacco products illegal for those under 18.

SECONDHAND SMOKE

Secondhand smoke, a combination of smoke from burning tobacco and smoke exhaled by people who are smoking, is the NUMBER ONE source of indoor air pollution. It poses a major health threat to smokers and nonsmokers alike. To promote a healthy environment, many states, including Colorado, have passed laws prohibiting smoking inside public venues.

Secondhand smoke contains nearly 5,000 chemical compounds including arsenic, formaldehyde, and hydrogen cyanide, as well as radioactive elements and 69 chemicals that are known to cause cancer. Secondhand smoke kills 60,000 nonsmokers nationally each year and is known to cause lung cancer, heart disease, nasal sinus cancer, respiratory disease, bronchitis, middle ear infections, asthma, and pneumonia. According to the Surgeon General, an hour spent in a smoke-filled room is equivalent to smoking one cigarette. Nonsmoking kids continuously exposed to secondhand tobacco smoke are at particular risk for long-term health problems. A nonsmoker's risk of lung cancer increases 30% when he or she lives with someone who smokes in the home. Nationally, over 430,000 cases of bronchitis and 190,000 cases of pneumonia in children under the age of 5 are caused by secondhand smoke each year. Children can inhale the equivalent of over 100 packs of cigarettes by age 5 if people smoke around them regularly.

IF YOU SMOKE IN YOUR HOME, CONSIDER THE POTENTIAL DANGERS TO THOSE AROUND YOU: SMOKING IS THE NUMBER ONE CAUSE OF PREVENTABLE DEATH AND DISEASE; SECONDHAND SMOKE IS NUMBER THREE

The following websites contain information specific to tobacco and secondhand smoke:

- www.lungusa.org
- www.quitnet.com
- www.cdc.gov/tobacco
- www.tobaccocontrolpartners.org/templates/article.asp?id=31
- www.cdc.gov/tobacco/youth
- www.cdc.gov/tobacco/how2quit.htm
- www.teenquit.com
- www.tobaccofreekids.org
- www.keepkidsfromsmoking.com
- www.philipmorrisusa.com
- www.tobaccofree.com
- www.smoking.drugabuse.gov
- www.family.samhsa.gov/set/stillsmoking.aspx

For more websites, see page 64.

MARIJUANA – Not The Weed It Used To Be

Because parents may believe that today's marijuana is just like what was available and used in the 60s, they may not be concerned about its use by their kids. The marijuana available today is a dangerous, addictive drug which is cultivated to maximize its psychoactive effect. It has been found to contain average levels of Delta-9-Tetrahydrocannabinol (THC, the active ingredient in marijuana) of 18-24% and as high as 36%, compared to the average level of 1% in the 60s. In addition, marijuana can be

laced with dangerous chemicals, such as PCP, heroin, crack cocaine, and embalming fluid (in blunts). The use of "Wet Sticks", marijuana or tobacco soaked in embalming fluid or ether, has been gaining in popularity across the United States. "Wet Sticks" laced with PCP can induce blackouts, rages, and violence.

Street names include Grass, Pot, Weed, M.J., Reefer, Joint, Ganja, Stinkweed, Hay, Mary Jane, Goof Butt, Chronic, Wacky Tabacky, 420, Kind-Bud, Schwag, and many more. Marijuana usually appears as gray or green shredded flowers, leaves, stems, or seeds; hashish, a resinous form of marijuana, sold as brown or black cakes or balls; or hash oil, an amber to dark brown thick liquid, a drop being equal to smoking a "joint". Marijuana is most commonly smoked in glass (piece), metal, or wooden pipes; "joints" – small, hand-rolled cigarettes; "bongs" - water pipes; "blunts" – hollowed-out cigars stuffed with marijuana; or tobacco cigarettes tainted with hash oil. It is also consumed as an ingredient in homemade food, candy, brownies, and other snacks or brewed as a tea.

Effects of marijuana depend upon the user's experience, personality, and expectations, and on the strength of the drug. **Low doses** tend to induce a sense of well-being and a dreamy state of relaxation, which may be accompanied by more vivid senses of sight, smell, taste, and hearing, as well as by subtle alterations in thought formation and expression. This state of intoxication may not be noticeable to an observer; however, driving, occupational, or household accidents may result from a distortion of time and space relationships and impaired motor coordination. **Stronger doses** intensify reactions. The individual may experience shifting sensory imagery, rapidly fluctuating emotions, fragmentary thoughts with disturbing associations, an altered sense of self-identity, impaired memory, and a dulling of attention despite an illusion of heightened insight. **High doses** may result in image distortion, fantasies, hallucinations, and a loss of personal identity.

Physical effects include increased risk of cancer of the head, neck, lungs, and respiratory tract; respiratory disease, pneumonia, bronchitis, emphysema, and bronchial asthma; heart attack; stroke; stomach ulcers; reduced testosterone and sperm counts in males; in females, increased testosterone affecting fertility; and numerous others. Extended use increases risk to the lungs and reproductive system, as well as suppression of the immune system. Long-term chronic marijuana use is associated with Amotivational Syndrome characterized by apathy; impairment of judgment, memory, and concentration; and loss of interest in personal appearance and pursuit of goals.

Psychological effects include a lack of motivation and a flattening of emotions. Heavy marijuana use can be mistaken for depression, bipolar disorder, attention deficit (hyperactive) disorder, or oppositional/conduct disorder.

The toxins and cancer-causing chemicals ingested from marijuana are stored in fat cells for as long as several months. THC does not begin to leave the fatty tissues for 7-10 days, so a person who uses marijuana once a week may be addicted unknowingly because he or she may not experience withdrawal symptoms. Traces of THC and other chemicals remain in the body long after they enter, which could prevent a person from getting a job, engaging in sports, or doing other activities where drug testing is required.

In Colorado, high school students use marijuana at a much higher rate than the national average. Teens tell us that many of their peers consider marijuana use routine, less harmful than cigarettes, and easier to obtain than alcohol. Drug treatment counselors report that marijuana addiction is difficult to treat for these reasons:

- the negative effects of marijuana are not usually noticeable to parents;
- teens and parents have a hard time realizing how quickly a child becomes dependent; and
- by the time a child enters treatment, he or she has been using marijuana for an average of 2 to 3 years.

For some users, marijuana has a stimulant effect; for others, it is a hallucinogen. It affects the area of the brain called the hippocampus and results in an inability of the brain to "lay down" new memories. This is of major consequence to adolescents.

Marijuana primarily affects the brain's limbic system, which scientists call the "reward" system. Normally the limbic system responds to pleasurable experiences by releasing the neurotransmitter dopamine, which creates feelings of pleasure. Because natural pleasures in our lives are necessary for survival, the limbic system creates an appetite that drives us to seek those things. **No one knows how many times a person can use a drug without changing his or her brain and becoming addicted.**

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FACTS ABOUT MARIJUANA

- Kids younger than 10 are smoking marijuana. The average age to begin is 13. The earlier the first use of marijuana, the more likely a child is to become dependent and progress to other drugs.
- Marijuana contains known toxins and more than 400 known chemicals. Its smoke has 50% to 70% more known cancer-causing agents than tobacco smoke. A single joint contains 4 times as much cancer-causing tar as a filtered cigarette.
- Following any use, withdrawal symptoms may include anxiety, depression, nausea, sleep disturbance, irritability, loss of appetite, diarrhea, sweating, and hot flashes.
- The abuse of marijuana can cause physical and mental problems, some serious, including frequent respiratory infections, impaired memory and learning ability, increased heart rate, anxiety, panic attacks, depression, and paranoia.
- Contrary to the stereotype of a "mellow" marijuana user, studies show those who use marijuana weekly are 4 times more likely to exhibit violent behavior and 5 times more likely to steal than non-marijuana users.
- Marijuana use drops when high school seniors view the drug as dangerous.
- Marijuana can cloud judgment and decision-making, increasing females' vulnerability to sexually transmitted diseases and pregnancy. A study found that teens who have used marijuana are 4 times more likely to have gotten pregnant or to have gotten someone pregnant than teens who have never smoked it.
- Marijuana inhibits nausea, allowing increased consumption of alcohol without vomiting. Death due to alcohol overdose has escalated among teens who combine the two.
- More kids enter treatment for marijuana dependency or addiction than for all other illicit drugs combined.

Recent efforts to legalize marijuana for "compassionate use" lead kids and some parents to believe it is beneficial because it is used for people who are ill. In fact, marijuana can cause physical and psychological dependence and has a toxic effect on most of the body's systems. THC affects the nerve cells in the part of the brain where memories are formed and can impair short-term memory. The attitude that smoking marijuana is no big deal and the atmosphere of social acceptance of its use do not reflect its harmful effects on youth. Any attempt to legalize marijuana through legislative action or otherwise needs to be carefully considered.

For current updates and more information regarding marijuana, see www.usdoj.gov/dea/concern/marijuana.html; www.justthinktwice.com; www.intheknowzone.com; and www.marijuana-info.org.

For Reflection: How do your feelings about alcohol, tobacco, and marijuana differ from your feelings about drugs such as cocaine, heroin, or LSD? If there is a difference, how will this influence your anti-drug messages to your kids?

INHALANTS – Deadly Serious

Inhalants are chemical vapors that produce an intense mind-altering and/or behavioral effect when users inhale them by sniffing or snorting. More than 1,000 household products contain harmful inhalants. They are legal, popular, and inexpensive but addictive and deadly. These substances include:

- volatile solvents such as paint thinner, gasoline, correction fluid, glue, nail polish and remover, and felt-tip markers;
- propellants (aerosols) in spray containers of paint, hair products, deodorant, cooking oil, fabric protector, computer keyboard and hardware cleaner, etc.;
- gases such as helium, butane, propane, freon, ether, chloroform, and nitrous oxide (used in canned whipped cream); and
- nitrites found in room deodorizers or sold in small capsules or bottles.

The use of inhalants crosses age, race, gender, and socioeconomic lines, and they are the "in thing" for many elementary and middle school children. Among older teens, inhalants are popular at raves. While all measures of teen inhalant abuse have not reached the record highs of 1998, falling perceptions of risk indicate that additional increases in use are likely to follow.

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Chemical vapors may be inhaled ("huffed") directly from open containers or from rags soaked in a chemical substance and then held to the face or stuffed in the mouth. Other methods include spraying aerosols directly into the nose or mouth or pouring inhalants onto the user's collar, sleeves, or cuffs and "sniffing" them over a period of time. Fumes may be inhaled from substances sprayed or deposited inside a paper or plastic bag ("bagging"). Users also inhale from balloons filled with nitrous oxide or from other devices referred to as "snappers" and "poppers" in which inhalants are sold.

Although different in composition, nearly all abused inhalants produce effects similar to **anesthetics**, which act to slow down the body's functions. When inhaled via the nose or mouth in sufficient concentrations, inhalants can cause intoxicating effects that can last a few minutes or several hours if taken repeatedly. Initially, users may feel slightly stimulated; with successive inhalations they may feel less inhibited and less in control; finally, a user can lose consciousness.

Parents and children may not know that inhaling these products is dangerous. By starving the body of oxygen or forcing the heart to beat more rapidly and erratically, inhalants **can kill** sniffers within minutes of abuse.

Use of inhalants is a leading cause of brain damage. SUDDEN SNIFFING DEATH (SSD) can result IMMEDIATELY after a single use or after prolonged use.

INHALANT FACTS

- Inhalants are commonly used by children and young adults between 7 and 25, but younger children can also be involved.
- Inhalant use is difficult to detect. Symptoms include: giggling, nose bleeds, hallucinations, sores around the mouth or nose, grayish-colored skin, constricted pupils, slurred speech, poor coordination, drowsiness, dizziness, and disorientation. Nausea, vomiting, chemical odor on the breath, marks on skin, and paint stains on the body and clothing are also signs of use.
- Inhalant users are known to be very creative in discovering substances to abuse and ways to abuse them. The Internet is a source of information for adventurous, risk-taking kids who are looking for a new way to get high on commonly available products.
- Side effects resulting from abuse of inhalants include dizziness, strong hallucinations, delusions, belligerence, apathy, and impaired judgment.
- Long-term abusers experience additional problems including weight loss, muscle weakness, disorientation, inattentiveness, irritability, depression, and lack of coordination.
- Sniffers who cease abuse of inhalants often endure withdrawal symptoms such as sweating, rapid pulse, hand tremors, insomnia, nausea and/or vomiting, hallucinations, and grand mal seizures.
- Chronic inhalant abuse may cause serious and sometimes irreversible damage to the user's heart, liver, kidneys, lungs, bone marrow, and brain, as well as hearing and vision loss. Brain damage may result in personality changes, diminished cognitive functioning, memory impairment, loss of sensation, limb spasms, altered perception and motor coordination, blackouts, and slurred speech, among others.
- Sniffing highly concentrated amounts of the chemicals in solvents or aerosol sprays can directly induce heart failure and death. This is especially common from the abuse of fluorocarbon and butane-type gases. High concentrations of inhalants also cause death from suffocation by displacing oxygen in the lungs and then in the central nervous system, causing breathing to cease.

For current information regarding inhalants, see www.inhalants.org and www.inhalants.drugabuse.gov.

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Research shows that kids who learn a lot about drug risks from their parents are up to 50% less likely to use drugs than are kids who haven't had those conversations

FOUND IN THE HOME AND OFTEN MISUSED

Many parents may be aware of their children's knowledge of or familiarity with illegal street drugs but have no idea of their kids' possible use of prescription and over-the-counter drugs for non-medical reasons. Likewise, some parents may be unaware that their own medicine cabinets and Internet access on home computers are potential sources of these drugs for abuse by kids.

Prescription and over-the-counter drugs can be safe, effective, and beneficial, but only if used as medically indicated. If your child uses medicines that are not medically intended for him or her or takes higher-than-recommended doses to get high, serious results may occur: dramatic increases in blood pressure and heart rate, organ damage, addiction, difficulty breathing, seizures, and possibly death. A survey by Partnership for a Drug-Free America found that:

- 1 in 5 teens has tried Vicodin®, a powerful and addictive narcotic pain reliever.
- 1 in 10 has tried OxyContin®, another prescription narcotic.
- 1 in 10 has used the stimulants Ritalin® or Adderall® for non-medical purposes.
- 1 in 11 teens has admitted to getting high on cough medicine.

PRESCRIPTION MEDICATIONS

Use of medications by anyone other than the person for whom they are prescribed is both illegal and dangerous. Consider maintaining an inventory of the prescription medications in your medicine cabinet or keeping them in a more secure location. Medical prescriptions for a child's conditions such as asthma, pain, anxiety, or attention deficit (hyperactive) disorder are sometimes shared by kids with their friends. In addition, parents may inappropriately give their own prescription medications to their children, ignoring differences in age, weight, and body chemistry and unpredictable side effects. Be aware of your own behavior: if you have a casual attitude about using prescription or over-the-counter drugs (even without the intention of getting high), you might set a poor example, as might a parent who uses his or her child's Ritalin® for energy and focus to complete a difficult work assignment. Be knowledgeable about the dangers of prescription medications, and include a discussion of them when you talk about drugs with your children. For additional information, visit www.theantidrug.com/drug-information; www.drugabuse.gov/drugpages/prescription.html; www.fda.gov; and www.streetdrugs.org.

Besides carefully managing and properly storing medication to reduce the risk of abuse, parents need to be aware that:

- until a child is 18, parents are legally responsible for managing his or her medication;
- serious complications or death can occur when prescription medications are combined with alcohol, other drugs, over-the-counter medications, or herbal remedies;
- the most immediate sources of prescription and over-the-counter drugs are your own medicine cabinet and the medicine cabinets in the homes of your child's friends;
- new, expired, or forgotten prescriptions or last year's over-the-counter flu or cold medications could be inviting targets for kids looking to get high;
- substances such as pain killers, amphetamines, anti-depressants, and anti-anxiety medications are commonly abused. They are given to other kids, sold by one kid to another, or sold through "black markets" that exist in schools, at sporting and social events, and on the Internet; and
- A growing concern is kids' use of prescription and over-the-counter drugs "recreationally" like candy. "Pharming" is the illicit exchange of drugs between friends or buyers. At "pharming parties", kids dump different prescription and/or over-the-counter medications into a container, and each partygoer pays for the privilege of trying one or more. Pill consumption is usually followed by alcohol, without regard to the possible consequences. Primarily a college phenomenon, pharming is creeping into high schools as well.

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OXYCODONE

Oxycodone is a narcotic related to codeine approximately as potent as morphine. It is marketed as OxyContin®, OxyIR®, Percodan®, and Percocet®, all of which are for pain control. The general effects of oxycodone include muscle relaxation and lowered blood pressure, heart rate, and respiratory rate, with possible signs of use including a "drunken-like" state exhibiting nausea, drowsiness, impaired coordination, weakness, confusion, and tiredness. Among the numerous medical complications are small pupils; allergic reaction; difficulty breathing; closing of the throat; swelling of lips, tongue, or face; hives; cold, clammy skin; seizures; loss of consciousness; and coma. Physical tolerance as well as psychological and physical dependence may occur.

Illicit availability and abuse of OxyContin® have increased dramatically, with use by high school students of particular concern. Its controlled-release mechanism can be bypassed by crushing the tablet to allow swallowing, snorting, or injecting for a more rapid and intense high. Consequences of illicit use, including addiction and overdose deaths, are of epidemic proportions in some areas of the United States.

Street terms for oxycodone include Hillbilly Heroin, Kicker, Killer, Oxycotton, OCs, Ox, and Oxy.

HYDROCODONE

Hydrocodone is a narcotic related to codeine and morphine. It is an effective cough suppressant and painkiller marketed as Vicodin®, Lortab®, LortabASA®, Vicoprofen®, and Hycomine®. Hydrocodone products are the most frequently prescribed pharmaceutical opiates in the United States and are associated with abuse and addiction. Hydrocodone deaths are numerous, widespread, and increasing in number.

Getting high on legal prescription and/or over-the-counter drugs is NOT safer than getting high on illicit street drugs.

OVER-THE COUNTER DRUGS, REMEDIES, AND SUPPLEMENTS

Non-prescription and herbal remedies may provide relief and/or help prevent disease, but some of these substances can become dangerous and/or habit-forming. Parents, unaware that many kids seek these remedies for misuse, are generally more relaxed about having the products around the house. Please consider that:

- over-the-counter medications (especially aspirin, acetaminophen, and ibuprofen) are used most frequently in youth suicide attempts;
- herbal supplements used for dieting, added energy, and muscle building can also be dangerous; for example, ephedra (ma huang, "herbal ecstasy", or "Cloud 9") is a central nervous system stimulant banned in some states because of deaths attributed to its use;
- when abused, dextromethorphan (DXM), a cough suppressant, can produce hallucinations and dissociative effects including changes in visual perceptions and in the cognitive process;
- kids may use any product containing high concentrations of alcohol, such as mouthwash, after-shave lotion, or cologne, to get high;
- young kids, because they may not be able to easily buy alcohol or illegal drugs, tend to abuse over-the-counter products;
- at present, the FDA does not regulate the sale, production, testing, or standardization of herbal and nutritional supplements; and
- over-the-counter remedies, painkillers, cough syrups, sleep aids, and cold medicines can be lethal when taken in excessive amounts.

CHAPTER 7: COMMONLY AVAILABLE SUBSTANCES – Ready and Waiting

Prescription and over-the-counter medications are readily available, and their use is encouraged by our consumer culture, as witnessed by the frequency of pharmaceutical advertisements on television, the Internet, and billboards, in newspapers and magazines, and through other media. As products of our society, some of us want to make ourselves and our children more comfortable or more attractive. Some of us hope to relieve our physical and emotional pain. Some of us are tempted to take away our own and our kids' stresses with medication: the diet aid for a snug prom dress, the anti-anxiety medication for exam week "jitters", or a prescription painkiller for the injury that might prevent playing in that all-important game. **AT WHAT COST?**

For Reflection: What decisions are you making about medications, remedies, and supplements? What discussions are you having with your kids about these substances?

PERFORMANCE AND IMAGE ENHANCERS – A SCARY FAD

Many kids have turned to medications and energy and other supplements that promise to sculpt their bodies or improve their performance. They are inundated by advertisements featuring extremely thin and/or well-muscled models. Some overzealous coaches, instructors, and parents often do not consider the harm they may do to young athletes when they suggest weight loss or gain or focus entirely on "winning". More and more people are basing future success of children on athletic performance. Painfully conscious of bodies that do not meet the "standards", teens and younger children are turning to diet pills, amphetamines, laxatives, and performance enhancers. These shortcuts are dangerous, and most have never been tested on growing, developing bodies. While it is natural for some kids to worry about their imperfections, good nutrition and sensible exercise are the best ways to attain and maintain a healthy body.

- The use of diet aids may be a prelude to eating disorders such as bulimia and anorexia.
- Synthetic steroids are man-made substances legally available only by prescription but which may be obtained from a variety of sources. These steroids are related to the male sex hormones which promote muscle growth and the development of male sexual characteristics. Numerous competitive athletes who are role models for kids have tested positive for illegal steroid use.
- Steroids are used by both male and female kids to lose fat, increase muscle mass, and gain strength and endurance. Side effects include stunted growth, increase in aggressive behavior, trembling, severe acne, aching joints, jaundice, high blood pressure, kidney and liver damage, tumors, and cancer. There is also increased risk of injury to tendons, ligaments, and muscles.
- Steroid use by adolescent males can cause withered testicles, impotence, infertility, baldness, high voice, breast development, and increased risk of prostate cancer. Use by adolescent females can cause a beard, baldness, deepened voice, shrunken breasts, menstrual cycle changes, and enlarged clitoris. Adolescents risk prematurely halting their growth because of early skeletal maturation and acceleration of puberty.
- Steroid use has been reported among middle schoolers, and steroid use among high school students continues to be a problem. In general, steroid abuse is higher among males than females; however, steroid abuse is growing most rapidly among young women.
- Emotional problems associated with steroid use include dramatic mood swings (including manic symptoms that can lead to violence called "roid rage"), depression, paranoid jealousy, extreme irritability, delusions, and impaired judgment.
- Steroids are available in tablet, liquid, gel, and cream form and are ingested orally, injected intramuscularly, or rubbed on the skin. In addition to the risks directly associated with steroid abuse, kids who inject the drugs expose themselves to needle-borne risks, including HIV/AIDS, hepatitis, and other infectious diseases.

See www.steroidabuse.gov for more information.

CHAPTER 8: ILLEGAL AND CLOSER THAN YOU THINK

"Would you walk into a chemistry lab and drink from a vial
filled with an unknown liquid and assume it won't harm you?"
Robert Stutman, former head of the New York Office,
Drug Enforcement Administration

Each year tens of thousands of Americans die from causes related to illegal drugs. During the 1980s, because of parents' awareness fostered by strong anti-drug messages and drug enforcement efforts, our country witnessed a decrease in drug use. These overall statistics mask a sobering reality: while adult use may be decreasing, youth abuse of a variety and mixture of drugs is rising at an alarming rate. In Colorado, our children's use of illegal substances continues to be higher than the national average. The availability of drugs is uncomfortably close to home in all neighborhoods, in parks and malls, at convenience stores, on the Internet, and especially at schools, parties, and friends' homes.

Included in this chapter are the most widely used illegal substances. Some are referred to as "club drugs". Most can be found at teen parties and raves. Many parents are not well informed about these substances, and children and teens may not be concerned about their risks and dangers (see www.theantidrug.com; www.clubdrugs.org; www.drugfree.org; www.streetdrugs.org; www.usdoj.gov/dea/concern/concern.htm; and www.drugabuse.gov).

ILLICIT DRUGS IN GENERAL

- Kids naively believe that any illegal drug they consume is pure and TRUST THE "FRIEND" who gave it to them. Mr. Stutman warns about the "Seven Hands Rule": Most drugs will pass through the possession of seven people who, in the name of profit, could "cut", "cook", and contaminate the drugs with even more potentially poisonous substances.
- Because kids' initial drug use may be novel, exhilarating, or rebellious, many are driven psychologically and physiologically to recreate the feeling.
- These drugs may introduce young users to people, places, and experiences which encourage further experimentation.
- Experts tell us that first time "social" use of drugs can quickly progress to abuse.
- In addition to the dangers of drug use itself, users of any age can expose themselves to HIV/AIDS, hepatitis, and other infectious diseases through use of shared or contaminated hypodermic needles.

If you can't imagine your child choosing to use illicit drugs, be aware that some of these substances are used for "spiking" (contaminating an unsuspecting kid's food or drink with illegal drugs). The old adage "don't take candy from a stranger" needs to be updated to include social cautions such as, "Don't leave your drink unattended." and "Be careful about accepting the food or beverage someone hands you."

PARENTS CAN MAKE A DIFFERENCE!

METHAMPHETAMINE: Dangerous, and Worse Than You Can Imagine

Methamphetamine (meth) is a highly addictive man-made stimulant which has a more potent effect on the central nervous system than amphetamines. According to studies, those who snort, smoke, swallow, or inject this drug may cause lasting damage to their brains. Meth is popular among teens, college students, and adults. It is cheap, and the euphoria it produces can last up to 24 hours.

CHAPTER 8: ILLEGAL AND CLOSER THAN YOU THINK

Meth is produced primarily in Mexican labs and in domestic clandestine or "clan" labs (in houses, vacant buildings, motels, hotels, car trunks, camper trailers, etc.) where it can be easily cooked using common household chemicals and asthma or cold remedies, or in a more elaborate fashion using chemicals purchased over the Internet. Clan labs are extremely dangerous, as many of the chemicals found in them are very corrosive or flammable and can react with water or other chemicals and cause a fire or explosion. The vapors created by the chemical reactions attack mucous membranes, skin, eyes, and the respiratory tract.

Because of the relative ease of manufacturing meth as a street drug from over-the-counter ingredients, there is great variation in the process and the chemicals used. Meth can contain household products such as sink, toilet bowl, or drain cleaners and paint thinner, which can corrode the esophagus and stomach. Dramatic effects on abusers can include violent behavior, paranoia, anxiety, confusion, insomnia, delusions, rapid heart rate, increased blood pressure, and damage to the small blood vessels in the brain (which can lead to stroke). Chronic use of the drug can result in inflammation of the heart lining. Overdoses of meth can cause hyperthermia (elevated body temperature), convulsions, and death.

Common street names for meth include Chalk, Crink, Cristy, Crystal, Crypto, Hot Ice, L. A. Glass, L. A. Ice, Mexican Crack, Rock, Stove Top, Tina, Tick Tick, and Wash. Meth is sold as capsules or brightly colored tablets (often called yaba), as a powder (sometimes crystalline), or as rock-like chunks. Its color varies: white, yellow, brown, gray, orange, and pink. A colorless, odorless form called crystal meth resembles small fragments of glass or shiny "rocks" of various sizes. Crystal meth typically has a higher purity level and may produce even longer-lasting and more intense physiological effects than other forms of the drug.

METHAMPHETAMINE FACTS

- An appetite suppressant, meth appeals to kids wanting to lose weight. While teen use of meth is relatively low, only about half of teens see great risk in trying it once or twice.
- Meth is used as a "sex drug", increasing sex drive and stamina and resulting in frequent and often unprotected sexual activity. This, in addition to intravenous use of meth, increases risk of sexually transmitted diseases such as STDs, HIV/AIDS, and hepatitis.
- Meth is quickly addictive, and users require more of the drug to maintain the experience. The need for the drug is all-consuming, and those addicted are likely to do anything necessary to get their fix. Users who binge may go days without sleep and become violent, aggressive, paranoid, and psychotic.
- **Signs of methamphetamine** use may be loss of appetite, rapid weight loss, elevated body temperature, increased irritability, talkativeness, dilated pupils, blurred vision, coughing, runny nose, bad breath, loss of front teeth, gum diseases, sinus infection, and skin disorders, often referred to as "crank sores". Meth can also be identified by the user being high for several days in a row, jumping and leaping around, unable to sit still, followed by 2 or 3 days of sleep.
- Following any use, withdrawal symptoms are restlessness, depression, and a severe craving for the drug. Even after a person stops using meth, hallucinations, depression, confusion, aggression, and psychotic symptoms can persist for months or years.

ECSTASY: Dancing with Death

This drug is a popular "party drug" from coast to coast because it gives users an energetic high, making them feel happy, invincible, and euphoric. Kids dance at all-night raves, techno parties, or clubs, stimulated by Ecstasy and risking exhaustion, dehydration, and heat stroke. Kids believe this drug to be harmless, but research findings link Ecstasy use to long-term damage to those parts of the brain critical to attention, thought, and memory. It also produces nerve cell damage that can result in psychiatric disturbances and long-term cognitive impairments. A chemical cousin to methamphetamine, **the dose of Ecstasy needed to get high is very close to the toxic dose.**

Because Ecstasy is produced in illegal labs it is seldom pure, and the amount in a capsule or tablet is likely to vary considerably. It is usually sold as capsules or tablets imprinted with popular logos or small images such as hearts, crosses, smiley faces, clover leaves, cartoon characters, and symbols associated with well-known commercial brands, or as a powder which can be snorted. It is often cut with other drugs, such as amphetamine, LSD, heroin, meth, and/or cocaine. In some instances, the synthetic drug

paramethoxyamphetamine (PMA) has been sold as Ecstasy. Because PMA's hallucinogenic effects take longer to appear, users may consume too much of the drug, which can result in overdose death.

Using Ecstasy can cause confusion, depression, anxiety, sleeplessness, craving for the drug, and paranoia. It may also result in muscle tension, involuntary teeth clenching, nausea, blurred vision, tremors, rapid eye movement, sweating or chills, and increased heart rate and blood pressure. Abusers also risk dehydration, hyperthermia (exceptionally high fever), and heart or kidney failure if they use the drug while physically exerting themselves or in hot environments (such as raves, techno parties, or clubs where they may be dancing among crowds of people). Deaths from water intoxication have been reported in cases where Ecstasy users who were suffering from dehydration and/or hyperthermia drank tremendous amounts of water, causing brain swelling and kidney failure.

- Ecstasy is also known as Adam, B-bombs, Clarity, Cristal, Decadence, Disco Biscuit, E, Essence, Eve, Go, Hug Drug, Love Drug, Morning Shot, Pollutants, Scooby Snacks, Speed for Lovers, Sweeties, Wheels, MDMA, X, XTC, and other names.
- The effects of Ecstasy are felt within 30-45 minutes, peak at 60-90 minutes, and last for 4 to 6 hours, depending upon the potency of the dose.
- Ecstasy creates a heightened sensory awareness. Users have an enhanced sense of touch, hence the name "hug drug".
- Ecstasy paraphernalia includes items the user may take to raves: dust masks, which are rubbed with mentholated ointment for an extra rush; pacifiers, which are sucked to relieve clenched jaws and dry mouth, as well as to provide tactile sensation; and light sticks, which provide a stimulating visual experience.
- The mixture of Ecstasy and alcohol can cause a false sense of alertness. Users may feel in control and insist on driving, which can result in tragic consequences.

THE DATE-RAPE DRUGS

As the title indicates, this section covers substances which are primarily used to overpower and incapacitate unsuspecting victims. They are used mostly by males to take advantage of females, although they can be used by anybody to take advantage of another person for purposes of robbery, car theft, etc. Media routinely provide warnings about the dangers of date-rape drugs, yet the problem persists. Parents need to talk with their kids not only about what they are drinking but also about what might potentially be slipped into their drinks. Kids should be watchful of their drink containers and order a new drink instead of consuming the one left behind while they were dancing or in the restroom, refuse a beverage if they don't know or trust the person who offered it, and take other such precautions.

GHB (Gamma-hydroxybutyrate)

This highly dangerous central nervous system depressant can be made at home from easily obtainable ingredients or in clandestine labs. Kits containing "recipes" and chemicals are available on the Internet. Its use is increasing sharply among teens and young adults for the purpose of producing euphoric, intoxicating, and sedative effects. The drug is also used for its date-rape characteristics, which leave the victim immobile, helpless, or unconscious. GHB can be combined with alcohol, stimulants, and hallucinogens for a variety of effects. It should be noted that combining **ANY** drugs can be hazardous, as the effects of one drug can magnify the effects and risks of another. **Mixing substances can be lethal.**

GHB analogs are drugs that possess chemical structures closely resembling GHB, produce effects similar to those associated with GHB, and are often used in its place. GHB and its analogs typically are sold as a colorless, odorless liquid, often with a salty taste. They are sometimes available in capsules or as a white powder that can be smoked, snorted, or mixed into drinks. These drugs are taken orally, frequently mixed with a flavored beverage. Sexual predators commonly slip GHB or an analog into a drink at a bar or party.

- GHB is known as Georgia Home Boy, G, Goop, Grievous Bodily Harm, Liquid Ecstasy, Liquid X, G-riffic, Salty Water, Sleep, and Vita-G, among other names.
- Concentrations and dosages of GHB are highly variable, making its use extremely dangerous. Effects can be unpredictable and can vary widely. **The amount of GHB necessary to get high is very close to the overdose amount,** which can cause seizures, coma, and death. GHB and its analogs can also cause nausea, vomiting, delusions, depression, dizziness, hallucinations, respiratory distress or failure, loss of consciousness (from which it is difficult to arouse the person), slowed heart rate, lowered blood pressure, and amnesia.

- An overdose of GHB mixed into any beverage can render a victim unconscious within 15 minutes.
- Sustained use of GHB or its analogs can lead to addiction. When chronic users stop using the drugs, they experience withdrawal symptoms including anxiety, insomnia, tremors, tachycardia (abnormally fast heart rate), delirium, and agitation. These symptoms may appear within 1 to 6 hours of their last dose and may persist for months.
- In addition to the risks associated with the drugs themselves, individuals who use GHB or its analogs may put themselves at risk of sexual assault. While many sexual predators lace unsuspecting victims' drinks with the drugs, others offer GHB or an analog to victims who voluntarily consume the drug without understanding the effects it will produce.

During the 1990s, the FDA became alarmed and issued warnings about several sedatives, including GHB and Rohypnol due to their severe and uncontrollable side effects. In 1996, the Drug Induced Rape Prevention and Punishment Act was passed in response to the abuse of Rohypnol in sexual assaults. The law makes it a federal crime to give anyone a controlled substance without his or her knowledge and with the intent to commit a criminal act. In 1997, the FDA reissued a warning against the use of GHB. In January 2000, Congress outlawed GHB and its precursor chemicals in response to the many deaths and permanent brain damage associated with its use.

ROHYPNOL (Flunitrazepam hydrochloride)

Rohypnol is an inexpensive tranquilizer, 10 times more potent than Valium®, which produces a long-lasting sedative effect. High school and college students, particularly girls, fall prey to unscrupulous strangers, acquaintances, and friends who slip the drug into any type of beverage. When Rohypnol is combined with alcohol or marijuana, a rapid and very dramatic intoxication is produced. This combined use is particularly hazardous and can result in respiratory and central nervous system depression, aspiration, coma, and death.

- Slang names include Roofies, Roachies, Rophies, Roach, La Roche, Mind Erasers, R-2, Ruffles, Ro, Trip-'n-Fall, Forget-Me-Pill, Rib, and Ruffies.
- Although it is not approved for use in the United States, illegally imported Rohypnol is available as an easily dissolvable tablet that can also be ground up for snorting or injecting. Rohypnol has no detectable scent or taste. It is now formulated to turn blue in a drink, although old non-colored tablets are still available, and some who intend to commit a sexual assault or other offense (mugging, robbery, etc.) serve blue tropical drinks and punches to disguise the blue dye.
- Physical effects include decreased blood pressure, impaired motor skills, amnesia, tremors, dizziness, confusion, and digestive disorders.
- Rohypnol can cause physical and psychological dependence.
- Taken in combination with alcohol, its effects begin within 15 to 20 minutes after ingestion, may persist for more than 12 hours, and may result in amnesia, hence its use as a date-rape drug.

KETAMINE

Ketamine is a fast-acting anesthetic primarily used on animals by veterinarians. Often found at parties, raves, and clubs, it produces hypnotic, sedative, and hallucinogenic effects similar to those of PCP, leading to its choice as a date-rape drug. Ketamine can produce an intense experience of floating, weightlessness, dissociation, and stimulation lasting for 45 to 90 minutes, and can impair senses, judgment, and coordination for up to 24 hours after it is taken. Heavier doses may produce a "K-hole" in which the user reaches the point of being anesthetized and has an "out-of-body" or "near-death" experience. Ketamine can cause dizziness, muscle twitching, vomiting, slurred speech, depression, delirium, amnesia, impaired motor function, high blood pressure, coma, and potentially fatal respiratory problems. In addition, individuals who use the drug may put themselves at risk of sexual assault. Sexual predators may use ketamine to incapacitate their intended victims by secretly putting it in their drinks. They may also offer ketamine to others who understand the effects it will produce but do not realize they will be victimized.

- Ketamine is also known as K, Special K, Vitamin K, Cat Valium, Kit Kat, Super Acid, Super C, etc.
- Ketamine is sold as either a colorless, odorless liquid or as a white or off-white powder to be mixed with beverages or added to smokable materials such as marijuana or

tobacco. The powder is snorted or pressed into tablets, often in combination with other drugs such as Ecstasy. The liquid can also be injected, usually intramuscularly, exposing users to HIV/AIDS, hepatitis, and other infectious diseases through use of shared or contaminated hypodermic needles.
- Ketamine is chemically similar to the hallucinogen PCP. Its primary users are 12 to 25 years of age.

HALLUCINOGENS: Unpredictable Trips

LSD (Lysergic Acid Diethylamide): Still Dangerous

LSD is the most popular and most highly studied hallucinogen known to science. One drop of LSD can produce a psychedelic trip that may last 10 to 12 hours. It was the recreational drug of choice for many young people in the 1960s.

LSD is usually taken orally, in the form of impregnated paper (blotter acid), typically imprinted with colorful graphic designs, to be chewed or swallowed by users. LSD tablets are diluted in water or other liquid and frequently stored in eye dropper or food coloring bottles or in small bottles designed to hold breath freshening drops. It is also available in microdots and thin gelatin squares (window panes). Many foods (candy, mushrooms, sugar cubes) or paper (cartoon stamps, fake tattoos) can be impregnated with a colorless, odorless liquid form which has only a slightly bitter taste.

There has been a resurgence of the use of LSD as a party or social drug. Because this drug is cheap and easy to obtain, there are reports of elementary school children using it. Kids tell us they take LSD because it intensifies their awareness, produces vivid hallucinations, and distorts time, space, and sensory perception ("hearing colors" and "seeing sounds"). Some kids who take LSD do so unknowingly, thinking they are eating candy, gelatin, or other harmless substance.

- Street names for LSD include Acid, Microdot, Dots, Blotter Acid, Cube, Sugar Cube, Trip, Pane, Window Pane, Window Glass, Boomers, Yellow Sunshine, Battery Acid, Doses, Elvis, Loony Toons, Lucy in the Sky with Diamonds, Superman, and Zen.
- An oral dose of as little as 25 micrograms, equal to the weight of a couple of grains of salt, is capable of producing rich and vivid hallucinations. The average effective oral dose is from 20 to 80 micrograms, with the effects lasting 2 to 3 hours; larger doses result in effects lasting 10 to 12 hours.
- LSD is not considered an addictive drug; that is, it does not produce compulsive drug-seeking behavior as do cocaine, heroin, and methamphetamine. However, LSD users may develop tolerance to the drug, meaning that they must consume progressively larger doses of it in order to continue to experience the hallucinogenic effects they seek.
- **The effects** associated with LSD use are unpredictable and depend upon the amount taken, the surroundings in which the drug is used, and the user's personality, mood, and expectations. Some LSD users experience a feeling of despair, while others report terrifying fears – of losing control, going insane, or dying. After an LSD "trip" the user may suffer acute anxiety or depression for a variable period of time. LSD users often have flashbacks during which certain aspects of their LSD experience recur, even though they stopped taking the drug days or even months before.
- LSD users may develop long-lasting psychoses if they have a predisposition for mental illness.
- **Physical reactions** may include dilated pupils, lowered body temperature, nausea, goose bumps, profuse perspiration, increased blood sugar, and rapid heart rate.
- During the first hour after ingestion, the user may experience visual changes with extreme changes in mood. In the hallucinatory state, the LSD user may suffer impaired depth and time perception, accompanied by distorted perception of the size and shape of objects, movements, color, sound, touch, and the user's own body image. The ability to make sensible judgments and see common dangers is impaired, making the user susceptible to personal injury. Some users have suffered fatal accidents such as car crashes, drowning, and falling from balconies or windows while under the influence of LSD.

PCP (phencyclidine): Loss of Control

PCP or "Angel Dust" is an anesthetic removed from the market because of its hallucinogenic effects and side effects of confusion and delirium on humans. Virtually all PCP encountered on the illicit market in the United States is produced in clandestine laboratories. It is dangerous and might cause a type of psychosis that can lead to extreme violence and suicide. It can also cause negative physical reactions such as seizures, coma, and death.

PCP's effects are bizarre and volatile. A moderate amount of PCP often causes the user to feel detached and distant from and unfamiliar with his or her surroundings. Numbness, slurred speech, disorientation, delusions, confusion, agitation, and loss of coordination may be accompanied by a sense of strength and invulnerability. A blank stare, rapid and involuntary eye movements, and an unusual "slap-footed" or clown-like gait are among the more observable effects. Auditory hallucinations, image distortion, severe mood disorders, and amnesia may also occur. In some users, PCP may cause acute anxiety and a feeling of impending doom; in others, paranoia and violent hostility; and, in some, it may produce a psychosis indistinguishable from schizophrenia.

- Other street names include Supergrass, Killer Weed, Embalming Fluid, Crystal, and Rocket Fuel.
- PCP comes in a variety of forms including capsules, tablets, powder and liquid. In its pure form it is a white crystalline powder that readily dissolves in water; however, most PCP on the illicit market contains a number of contaminants as a result of makeshift manufacturing, causing the color to range from tan to brown, and the consistency from powder to a gummy mass.
- The most common way to use PCP is by dipping a cigarette or marijuana joint (or other leafy material such as parsley, mint, or oregano) into liquid PCP, which looks like apple juice but has a distinct chemical smell.
- Reaction to PCP is unpredictable because it acts as a sedative, a stimulant, a depressant, and a hallucinogen simultaneously.
- PCP use is associated with numerous risks, and many believe it to be one of the most dangerous drugs of abuse.

FOXY (5-5-methoxy-N, N-diisopropyltryptamine) – Another Trip

Foxy and foxy methoxy are common names for a synthetic drug abused for its hallucinogenic effects. It is typically available as a powder, capsule, or tablet in a wide range of colors. Tablets are sometimes embossed with logos such as a spider or an alien head. Consumed orally, smoked, or snorted, foxy is often abused by teens at raves, techno parties, and clubs. Effects of the drug are felt within 30 minutes, peaking after approximately 60 to 90 minutes and lasting for 3 to 6 hours. Increasing the dose of foxy results in a corresponding increase in the intensity of its effects. Physical effects produced by foxy include dilated pupils, visual and auditory disturbances and distortions, nausea, vomiting, and diarrhea. Its psychological effects include hallucinations, talkativeness, and emotional distress. Foxy also diminishes user inhibitions, often resulting in high-risk sexual activity.

PSILOCYBIN – Mystical, Magical 'Shrooms

Certain types of bitter-tasting mushrooms containing psilocybin, a hallucinogenic substance, grow in the wild and are also readily available for purchase. Psilocybin mushrooms can be ingested orally; brewed as a tea; added to other foods; dried, crumbled, and put in capsules; or dried and laced in cigarettes or marijuana joints. Coating the mushrooms with chocolate can disguise them as candy. Psilocybin mushrooms are popular among teenagers and young adults at raves, techno parties, clubs, and on college campuses. Physical effects associated with psilocybin use appear within 20 minutes and last about 6 hours and include nausea, vomiting, muscle weakness, drowsiness, and lack of coordination. Tolerance for the drug develops when it is ingested continuously over a short period of time. Psychological consequences of psilocybin use include hallucinations and an inability to discern fantasy from reality. If a user ingests a large dose, panic reactions and psychosis also may occur. Individuals who mistakenly consume one of many varieties of inedible mushrooms instead of the intended psilocybin mushroom risk poisoning.

Street names for psilocybin include Boomers, Flower Flipping or Hippie Flip (MDMA used with psilocybin), God's Flesh, Little Smoke, Musk, Silly Putty, and Simple Simon.

COCAINE AND HEROIN: Old Drugs, New Faces

COCAINE

The use of cocaine among teenagers is increasing, and it is easy to obtain. As the most potent natural stimulant, even one-time use can result in seizures, heart attack, and sudden death.

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"Crack", a smokable form of cocaine that resembles a small white or tan rock, is more potent and lethal and almost immediately addictive. The euphoria, which occurs almost immediately, lasts about 30 minutes, and it is followed by a devastating depression which encourages repeated use.

- Cocaine is known as Coke, Blow, C, Snow, Nose Candy, Toot, Powder, Gak, Lines, Dust, Sneeze, Rock (crack), and many other names.
- Cocaine is sold as a fine white powder that can be snorted or dissolved in water and injected. Other stimulants or substances are known to be used to dilute pure cocaine powder.
- **Physical effects** include elevated heart rate, blood pressure, and respiratory rate; decreased appetite, alertness, aggression, paranoia, depression, chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, blurred vision, runny nose, tremors, twitching, fever, and irritability. At high doses, cocaine may produce hallucinations or delusions.
- **Psychological effects** may include elevated mood, inflated self-esteem, tactile hallucinations (such as bugs crawling under the skin), confusion, panic attacks, and paranoid thoughts.
- **Long-term effects** can include strong psychological dependence and physical tolerance, eating disorders, malnutrition, impotence, seizures, strokes, nasal passage problems, and severe withdrawal symptoms.

HEROIN

Heroin use is changing; its acceptability has entered the mainstream culture. For example, clothing designers promote a thin and sickly look called "heroin chic". High school and college students, lured by inexpensive, high-purity heroin that can be sniffed or smoked instead of injected, mistakenly believe that this new method of use is less addictive than "shooting up". ANY use of heroin is highly addictive and creates a craving for repeated use, with tolerance and physical dependence developing rapidly. There is a high risk of overdose, and severe withdrawal symptoms occur when use is discontinued. Heroin is one of the top three drugs reported by medical examiners in drug abuse deaths.

- Street names for heroin include Smack, Horse, Mud, Brown Sugar, H, Dope, Skag, Billie Jean, Gunpowder, Black Tar, and China White.
- Heroin is typically sold as a white to dark brown powder or as a black sticky substance ("Black Tar") that is more common in the western United States. Pure heroin is rarely sold on the street. In the past, purity of heroin ranged from 1% to 10%. Recently purity has been 1% to 98%, with a national average of 35%.
- **The effects** of heroin are varied, including dulling of pain sensations, euphoria, depressed respiratory rate, clouded mental functioning, nausea/vomiting, fatal overdose, spontaneous abortion, bacterial infections of blood vessels and heart valves, liver or kidney disease, and lung complications.
- In addition to the dangers of drug use itself, users of any age can expose themselves to HIV/AIDS, hepatitis, and other infectious diseases through use of shared or contaminated hypodermic needles.

For more information about cocaine and heroin, see www.usdoj.gov/dea/concern/concern.htm.

METHADONE – Illegal When Not Prescribed

Methadone is a synthetic narcotic used legally to treat addiction to narcotics and to relieve severe pain in patients who have cancer or terminal illnesses. Its ready availability has contributed to its emergence as a drug of abuse.

- Street names for methadone include Amidone, Fizzies, Wafer, and Chocolate Chip Cookies (methadone or heroin combined with MDMA).
- Individuals who abuse methadone risk becoming tolerant of and physically dependent on it. They may experience withdrawal symptoms when they stop using the drug, including muscle tremors, nausea, diarrhea, vomiting, and abdominal cramps.

- Overdosing on methadone poses an additional risk. Some individuals who abuse other narcotics such as heroin or OxyContin® turn to methadone because of its availability. Methadone, however, does not produce the euphoric rush associated with those other drugs, and users often consume dangerously large quantities of methadone in a vain attempt to attain the desired effect. Methadone overdoses are associated with severe respiratory depression, decreases in heart rate and blood pressure, coma, and death.

MAYBE A GROWING CONCERN

KHAT (catha edulis)

Khat (pronounced "cot") is a 10- to 20-foot flowering evergreen shrub. Khat is typically ingested by chewing the leaves, as is done with loose tobacco. Dried khat leaves can be brewed in tea or cooked and added to food. The user experiences an immediate increase in blood pressure and heart rate and reduction of fatigue and appetite. The effects generally begin to subside between 90 minutes and 3 hours after ingestion, although they can last up to 24 hours. Compulsive use may result in manic behavior with grandiose delusions, paranoia, and hallucinations, with some reports of psychosis. Abusers of khat typically experience a state of mild depression following periods of prolonged use. Taken in excess, khat causes extreme thirst, hyperactivity, insomnia, and loss of appetite, which can lead to anorexia. Frequent khat use tends to reduce motivation, which often leads to decreased productivity. Khat can cause damage to the nervous, respiratory, circulatory, and digestive systems.

Street names for Khat include Kat, Oat, Qat, Chat, GAT, Tohai, Tschat, Bushman's Tea, African Salad, Abyssinian Tea, Somali Tea, and Miraa.

JIMSONWEED (Datura stramonium)

Jimsonweed, a flowering annual, is a member of the poisonous nightshade family that grows wild throughout the continental United States, including Colorado. The plant has large, lobed leaves on woody stems and grows to a height of 5 feet, producing white or pale purple trumpet-shaped flowers and tiny black seeds in spiny capsules. Jimsonweed is abused for its hallucinogenic effects. It is ingested orally, usually as an herbal tea; the seeds, leaves, and flower nectar also may be eaten or smoked. Teenagers appear to be the principal abusers of the drug, as it is readily available and costs nothing to obtain. Effects, which generally occur within 30 to 60 minutes and may persist as long as 48 hours, include: dry mucous membranes, difficulty swallowing and speaking, blurred vision, painful sensitivity to light, hyperthermia, confusion, agitation, combative behavior, and hallucinations. Jimsonweed poisoning can result in seizures, coma, and death.

Some of the other names for jimsonweed are Moonflower, Stinkweed, Angel's Trumpet, Devil's Trumpet, Jamestown Weed, Loco Weed, and Thornapple.

SALVIA DIVINORUM

This perennial herb of the mint family resembles common sage. Growing in large clusters more than 3 feet high, it is identifiable by its large bright green leaves, hollow square stems, and white and purple flowers. The leaves of the Salvia Divinorum plant can be dried and then smoked or, while still fresh, wadded together and chewed. The drug also may be brewed and ingested as a tea or converted into a liquid extract to be vaporized and inhaled. This drug is primarily used by teenagers who have been influenced by Internet sites promoting it. The abuse of Salvia Divinorum can cause intense and debilitating hallucinations, and smoking quantities as small as l/4th gram can affect perception and senses. These effects can result in abusers harming themselves and others. Abusers report that negative long-term effects of Salvia Divinorum may be similar to those produced by LSD and other hallucinogens, including depression, schizophrenia, and flashbacks.

Other terms for Salvia Divinorum include Diviner's sage, Maria Pastora, Sage of Seers, and Ska Maria Pastora.

CHAPTER 8: ILLEGAL AND CLOSER THAN YOU THINK

URINALYSIS KITS

At-home kits that test urine for some illegal substances are available at pharmacies. Drug treatment counselors advise that a parent should carefully think about and discuss the options available to the child and the family if substance abuse is suspected. Using such tests on your child is very controversial because of the trust issues created and the turmoil and conflict which can arise once the test results are known. If the test is positive, who will be called for assistance? With most drugs, even those that are not addictive, a child may want to stop using, but will power is usually not enough. Drug counseling is often necessary for the child and can be even more effective if family members participate (see Pages 62-63 for resources). If a test is demanded by parents, the family relationship could be impacted.

If you suspect a serious drug problem, or if there are clear signs that drugs are an issue, and you are thinking about using a home urinalysis kit, consult a substance abuse counselor first.

For Reflection: Think about the use of home urinalysis kits. How might your relationship with your child be affected if you choose to take this approach? How will you deal with your child if there is a problem?

CAUTION: ALCOHOL AND OTHER DRUGS DON'T MIX, AND DRUGS DON'T MIX WITH OTHER DRUGS!

Mixing alcohol (which is a drug) and another drug or drugs can be fatal, because they can act on the same areas of the brain, intensifying the effects of both or all of the substances. Reactions may vary according to the age and weight of the person, the amount of alcohol consumed, and the type(s) and amount(s) of other drug(s) involved. One frequently used combination is marijuana and alcohol. Teens who drink excessively and then smoke a joint are more likely to experience alcohol poisoning. The marijuana inhibits nausea and vomiting – most people's natural reaction to too much alcohol.

Drugs remain in the body for varying amounts of time. Hours and even days later, harmful interactions between alcohol and other drugs can continue. Results of mixing these substances may include drowsiness, nausea, decreased alertness, impaired voluntary movements (motor skills such as walking or using hands), respiratory failure, internal bleeding, reduced blood pressure, and even death.

For Reflection: We hope this chapter has raised your awareness of the prevalence and availability of drugs in our children's culture, regardless of the schools they attend or their circle of friends. **Parents are the most effective influence** in their children's lives in the prevention of substance abuse. How will you discuss your concerns about drugs with your child?

CHAPTER 9: I NEED HELP NOW!

WHAT TO DO IF YOUR CHILD COMES HOME DRUNK OR HIGH*

RIGHT NOW: Work with **what** has happened, not **why** it happened.

Do Not Hesitate! Since this can be serious, think about whether to call a doctor or 911 or take your child to an emergency room if you have **any** questions about his or her physical condition.

- **Do** try to find out what substances your child has taken, how much, and under what circumstances.
- **Do** try to find out if other children were involved, and determine if they are safe.
- **Do** try to remain cool, calm, and non-judgmental.
- **Do not** question why this happened while your child is intoxicated or high.
- **Do not** shout at, accuse, or use physical force on your child.
- **Do** check your child's physical condition frequently for the next several hours.

THE NEXT DAY (See also Chapter 2: Communication and Networking):

- **Discuss** the situation with your child as soon as possible. It is more important to listen than to talk.
- **Postpone** the discussion if you are too angry to talk without losing your temper. Name-calling, scolding, blaming, or threatening won't be effective.
- **Review** the circumstances under which your child used alcohol or other drugs.
- **Explore** with your child the reasons for the abuse. Do not accept excuses. His or her feelings about home, friends, school, and other stressors are real but are not a justification to use alcohol or other drugs.
- **Work** with your child to develop mutually acceptable strategies to prevent repeated substance use.
- **Continue** to educate yourself and, if necessary, seek further help from community resources, such as drug treatment programs, mental health or medical professionals, self-help groups, other parents, and religious and/or legal counselors. If treatment is indicated, substance abuse experts tell us that **family involvement** is extremely important in the treatment process.

CONSIDER HOW YOU WILL:

- **Let** your child know that you do not condone his or her behavior but that you value him or her and will be supportive.
- **Talk** in a calm, reasonable way to enhance communication. Your child will gain respect and a feeling of safety if you can talk without "losing your cool".
- **Set** new guidelines and limits for your child's behavior.
- **Become** more aware of your child's activities and friends. If "friends" were involved in this episode, it might be a good opportunity to discuss with your child the influence of those friends.
- **Determine** whether consequences are appropriate for your child and, if so, whether or not to include him or her in deciding those consequences.
- **Present** a clear and consistent message about your expectations. Parents need to be in agreement on these issues.

*Some of the ideas and information in this chapter come from *Drawing the Line*, Holton-Arms School, Bethesda, MD, 1994.

CHAPTER 9: I NEED HELP NOW!

Child: "I don't have a problem. This is a one-time thing!"
Parent: "This is no big deal. He's a great kid, but he's been under so much pressure lately!"

- Denial is common in those facing substance abuse problems. It is a way of coping with painful situations but can prevent a person from dealing with the problem effectively.
- Saying "I can't do anything!" or "It's too late!" is a form of denial.
- Assess your situation. Do you accept your child's excuses too readily? Do you minimize the seriousness of the situation? Is your response in proportion to the severity of the problem?
- If others tell you that you may be in denial about your child's possible substance abuse problem, perhaps professional and/or community-based resources can assist you (see Pages 62-63 for some suggestions).

IF ANOTHER CHILD COMES TO YOUR HOME DRUNK OR HIGH

- If at any time a child appears to be drunk, high, or ill, do not let him or her leave.
- If you think the child needs immediate help, call 911 followed by a phone call to the parents.
- If you feel the situation is not an emergency, call the child's parents or other responsible adult and let them know what has happened. Ask them what they intend to do.

IF YOUR CHILD COMES TO YOU ABOUT A FRIEND

"Mom, I'm going to tell you something, but you can't tell ANYONE!"

- Recognize that by coming to you, your child is placing much trust in your relationship. Assure your child that you will do all you can to honor this trust, but the safety of the other child comes first.
- Ask your child about his or her concerns. Listen to what your child is telling you. Does he or she want you to be involved or just listen?
- Ways you can help your child:
  - Explain that a substance abuse problem is a health and safety issue.
  - Practice language your child can use with the friend when he or she is sober, such as "I worry about your driving when you are high," and "You are so much more fun when you are not drunk."
  - Suggest to your child that there are trained adults who can help, such as a teacher or counselor. Your child may want to accompany the friend to get help.
  - Advise your child that people who abuse substances often don't want help and surround themselves with people who will protect them from the consequences of their habit. As a result, your child may lose his or her friend.
- Do you as a parent need to take action? . . . call the other child's parents, school personnel, or the police?

For Reflection: What would you want other parents to do if they knew your child was using alcohol, tobacco, or other drugs? What would you do if you were aware of substance use by a friend of your child?

CHAPTER 10: THE TEEN BRAIN

Our heartfelt thanks to CHRISTIAN THURSTONE, M.D., for his review of and contributions to this section, as well as his presentation regarding marijuana and, among other things, its effects on the teen brain. We also thank Ken Winters, Ph.D., and Anita Duhl Glicken, M.S.W., for their presentations which led to better understanding of the growing research on the teen brain.

The teenage years can bring exciting and dynamic growth, development, and change. They can also be turbulent, troublesome, and trying for everyone in the teen's life, including the teen. What was once considered to be "acting out", or just plain bad behavior, is now being better studied and interpreted by scientists. Since the expansion of brain imaging techniques (CT, PET, SPECT, and MRI), observations of the brain have resulted in an explosion of information which helps to explain the bewildering behavior of our teens. At long last we are becoming better equipped to understand more thoroughly why that person who appears to be an adult is acting like anything but one! There are now more explanations being formed as to why some kids may take seemingly unnecessary risks and show little or no judgment in what they do.

Scientific research shows that teen brains are "works in progress", with the maturation process not being complete until about age 24. So much for previous beliefs that brain development was completed by the onset of adolescence! To the contrary, the brain's nerve cells continue to grow through late childhood, with up to a quadrillion neuron connections. Around ages 11 for girls and 12-1/2 for boys, some of these connections are "pruned off" and eliminated, resulting in use and maintenance of only the most efficient connections. Neurons are increasingly encased in an insulating tissue (myelin) that helps to speed the movement of electric impulses carried by brain cells. As a result, adult brains relay information from one part of the brain to another more rapidly than do the brains of children. Once the pruning is complete, the brain is faster and more efficient, but until that happens, the brain is not functioning at full capacity.

The pruning and maturation begin at the back of the brain and move toward the front. The cerebellum, the section of the brain responsible for physical coordination and sensory processing, is the first area to mature. This may help explain why kids are so adept at video games, making parents feel as if they are all thumbs! Next to mature in the limbic system are both the nucleus accumbens, which controls motivation and is thought to play an important role in reward, pleasure, and addiction, and the amygdala, the control center for emotions. The last portion of the brain to mature is the prefrontal cortex, which is responsible for judgment, planning, impulse control, and decision-making.

The youthful brain responds to novelty, is influenced by peer issues, and is primed for physical and sensory activities. It is developmentally challenged to exhibit optimal planning, weighing of negative consequences, and impulse control. Impulsivity, poor judgment, and emotionality are common. It is especially important that parents anticipate situations and use their judgment to protect teens during this formative time, when they may lack understanding of the outcomes of their behaviors. Parents need to explain to their children that it is the role of parents to keep children safe until they can make good decisions on their own. ***Scientists believe that adolescence is a period of many years of transition from dependence to independence.***

EFFECTS OF ALCOHOL ON THE BRAIN

The brain undergoes a considerable amount of development during the teen years. Research shows that alcohol – and likely other drugs – affects the young person more profoundly than it does adults, due partially to the immaturity of the prefrontal cortex. In adolescents, there are greater rates of alcohol use disorders at earlier ages, reduced sensitivity to intoxication, and decreased social inhibitions, among other things. More indirect evidence in support of the belief that youth are highly vulnerable to the effects of alcohol shows that neurodevelopment likely contributes to increased risky, impulsive behavior; decreased planning and judgment; and decreased ability to weigh consequences. As an example, think about trying to drive a car with a gas pedal and no brakes.

Repeated alcohol exposure may harm adolescent brain development. Based on studies of animal models, alcohol use during adolescence may have negative effects on the pruning of connections in the brain. Adolescent study subjects had difficulty with memory tasks, and their heavy alcohol use caused damage to the frontal regions of the brain. Research on adolescent human brains supports these animal studies, showing that the brain structure of youths with alcohol-use disorders is adversely affected. The hippocampus, which is responsible for forming new memories, was noticeably smaller in youth who abuse alcohol than in their non-drinking peers. Youth with alcohol-use disorders also performed worse on memory tests than did non-drinkers, further suggesting that the structural difference in hippocampus size was affecting brain function.

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Alcohol use during adolescence may have a direct effect on brain function, based on neuropsychological studies. Negative effects included decreased ability in memory, attention, spatial operations (the recognition of an object's physical appearance and its interactions with other things), and planning and executive functioning. Wikipedia.org defines executive functioning as the ability to differentiate between conflicting thoughts, determine good and bad, better and best, same and different, future consequences of current activities, working toward a defined goal, prediction of outcomes, expectation based on actions, and social "control" – the ability to suppress urges that, if not suppressed, could lead to socially unacceptable or illegal outcomes. All of these aspects are important to academic performance, future competencies, and quality of life.

Alcohol produces detectable impairments in memory after only a few drinks, and as the amount of alcohol increases, so does the degree of impairment. In addition, as alcohol is consumed, it is distributed throughout the body. The liver, which metabolizes alcohol, is one of the organs most affected; another is the brain, the seat of cognition and behavior.

It has become apparent through recent research that alcohol has numerous effects on the brain. One effect is that alcohol interacts with proteins found in cell membranes, particularly those involved in neurotransmission (the relaying, amplification, and modulation of electrical signals between neurons and other cells). Alcohol acts through the brain's reward pathway in the nucleus accumbens and the limbic system, as do all other drugs. The difference with alcohol is that it interacts with multiple systems in the brain, sometimes stimulating and at other times inhibiting neurotransmission. The physiological and behavioral changes associated with intoxication reflect the effects of alcohol on various parts of the brain:

- loss of coordination in intoxicated individuals may result from the effects of alcohol on the cerebellum, which functions in the control of movement;
- alcohol-induced memory lapses may result from impairment of the hippocampus, a part of the brain that helps store new memories; and
- excessive alcohol consumption can cause suppression of the brainstem activity that controls breathing and circulation, resulting in **death**; this is particularly true when alcohol is mixed with other substances.

See www.drugabuse.gov/students.html and www.thebrain.mcgill.ca/flash/index_d.html. For more specific information on how alcohol affects the brain, see the National Institutes of Health Teacher's Guide at www.science.education.nih.gov/supplements/nih3/alcohol/guide/info-alcohol.htm.

EFFECTS OF MARIJUANA ON THE BRAIN

Ongoing government, private, and university research continues to show that marijuana use profoundly increases the risk of mental diseases such as anxiety and schizophrenia. In the short term, marijuana can distort thinking, perception, and judgment and can lead to behaviors not normally exhibited. Since marijuana is a depressant, THC (the active ingredient in marijuana) greatly influences the limbic system and the nucleus accumbens in the brain, affecting emotional responses, learning, and memory. At the same time, the THC attaches to cannabinoid (CB) receptors in the brain, creating a memory or craving for the drug, which can lead to addiction. THC also attaches to CB receptors in the hypothalamus, the part of the brain which helps to regulate blood pressure and heart rate; metabolism; thirst and appetite; sleep cycles and wakefulness; and body temperature. As a result, blood pressure spikes, hunger occurs, and hormones are "out of whack". Marijuana can alter blood flow to the prefrontal cortex, which can affect judgment and ability to make decisions, leading to more risk-taking behaviors than normal. THC interferes with signals being sent to the cerebellum, making movements slow and difficult. Balance and coordination problems are common, together with a distorted perception of time.

THC in marijuana produces **physical** and **psychological addiction**. Animals in scientific research will self-administer the substance. THC produces compulsive use and tolerance and results in withdrawal symptoms. ***Biochemically, marijuana creates changes in the brain identical to all other addictive substances.***

In addition to using marijuana recreationally, kids may try marijuana to temporarily dull the pressure of the stress and demands in their lives. What they may not realize is that drugs can lead to significant mental and emotional health conditions which make dealing with problems even more difficult. Some facts and risks to ponder are:

CHAPTER 10: THE TEEN BRAIN

- Weekly marijuana use can double the risk of depression later in life. This risk is even higher for girls; female marijuana users are 5 times more likely to be depressed at 21 than non-users.
- Depression and stress are leading factors for drinking and drug use by girls.
- Marijuana use is linked to anxiety, panic attacks, and paranoia, which may not improve over time.
- 60% of teenagers in drug treatment programs are there because of marijuana.

For an interactive tour of the brain, go to www.abovetheinfluence.com/facts/test-your-brain.aspx. See also www.abovetheinfluence.com/facts/drug-effects-on-the-brain.aspx.

EFFECTS OF TOBACCO ON THE BRAIN

Nicotine taken in by inhaling smoke into the lungs requires only seven seconds to reach the brain but has a direct effect on the body for up to 30 minutes. Nicotine indirectly causes a release of dopamine in the brain regions which control pleasure and motivation, similar to the reaction seen with other drugs of abuse such as cocaine and heroin. Nicotine can also exert a sedative effect, depending on the smoker's nervous system and the dose of nicotine taken. Nicotine affects all six primary neurotransmitters, and there is an imbalance in the brain as a result of using tobacco.

Scientific research is beginning to show that nicotine may not be the only psychoactive ingredient in tobacco. Through the use of advanced neuroimaging technology, scientists can see the dramatic effect of cigarette smoking on the brain. They are finding a marked decrease in the levels of MAO, an important enzyme that is responsible for breaking down brain chemicals or neurotransmitters. Since it is known that nicotine itself does not substantially alter MAO levels, scientists deduce that the change in MAO must be caused by a tobacco ingredient other than nicotine. The decrease in MAO then results in higher dopamine levels and may be another reason smokers continue to smoke: to sustain the high dopamine levels that result in the desire for repeated drug use. There is also some evidence for a two-way connection between smoking and depression, and vice versa. There may be other unknown effects of altering MAO activity, especially in the developing brain.

EFFECTS OF OTHER DRUGS ON THE BRAIN

Although space does not permit a listing of the effects of all drugs on the brain, it would appear that the information regarding the substances most commonly abused by teens (alcohol, tobacco, and marijuana) should be sufficient to give parents cause for concern. The common underlying premise is that drugs are not fit for use by youth. The implications of possible damage to the developing brain, temporary or permanent, are far too great to ignore.

IN SUMMARY

The information that the brain doesn't fully mature until the early 20s might be helpful in explaining erratic or risky teen behavior. That knowledge is just a piece of the puzzle of adolescent behavior and should not be accepted as an excuse for kids to behave unwisely and make unhealthy decisions. It is an important aspect of parenting to communicate often and well with children about the dangers and consequences of drug use and to role model healthy and appropriate behaviors.

For additional information see: www.teacher.scholastic.com/scholasticnews/indepth/headsup/intro/index.asp?; www.abovetheinfluence.com; and www.teens.drugabuse.gov.

CHAPTER 11: THE INTERNET (WORLD WIDE WEB)

The purpose of this chapter is to educate parents about possible risks posed to their children by the Internet and other electronic media. Its intent is to enable parents to help their children make good decisions about the use of information systems, with particular emphasis on the Internet. This overview is not all-inclusive, but rather is intended to raise parents' awareness.

MONITORING YOUR CHILD'S INTERNET USE

In addition to being a useful tool, the Web provides limitless opportunities to seek out and learn all kinds of things, good and bad, age appropriate or not. A major drawback to uncontrolled access to the Internet by kids is the danger of unscrupulous people learning information about your child and family and using it in harmful, perverse, or even deadly ways. Sexual predators pretending to be young or otherwise attractive may attempt to lure your child to a meeting place without your knowledge. Many kids are innocent or unsuspecting; others may be seeking friends and choose to ignore the risks. There are many ways you can help make the Internet experience safer for your children.

CONSIDER THE FOLLOWING TIPS* TO GET YOU STARTED

- **Promote open communication with your children.** Talk openly with your children about the various aspects of Internet use and what they might see online.
- **Spend time with your children online.** Have them show you their favorite websites and the games they play.
- **Put your computer in a common room in the house.** Instead of having a computer in a child's bedroom, think about having it in the kitchen or family room to allow for easy viewing of what your child is doing online.
- **Anti-virus and firewall software are available for your home computer.**
- **Add filtering software to your home computer.** There are many programs available that filter violent, sexual, and hateful content. These tools are not foolproof, but they can add a layer of protection for your children.
- **Learn basic computer and Internet skills.** The more educated you are about the computer, the more you will be able to understand what your children are doing online.
- **Visit your child's "blog" (weblog) or postings on the Internet with your child.** Be aware that some savvy kids may set up two blogs: one that parents are shown, and another which may contain different material.
- **View computer history.** From time to time while online, click the History button to see what sites have been visited.
- **Create and post "Family Rules for Computer Use" at the computer area.** Help everyone in the family remember what the rules are by keeping them in an obvious place by the computer screen.

SOME SUGGESTIONS FOR CREATING RULES FOR COMPUTER USE BY KIDS ARE:

- Using gender-neutral screen names can be a safer practice.
- Talking to parents before giving out personal information or sending pictures to someone online may help avoid problems.
- Anything posted on the Internet is easily accessible by anyone anywhere in the world and can live on indefinitely. It may be a good idea to think twice before making a posting which could cause embarrassment or harm at any time in the future. For instance, information and/or photos may be and sometimes are seen by a potential employer, college, graduate school, or professional school admissions official, or other such person important to future advancement. Such searches are likely to become increasingly common.
- Anything written or sent by an unknown source over the Internet may be untrue or inaccurate.

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- Messages sent over the Internet, whether by email or instant message, need not be opened or answered if the sender is unknown or if the content is inappropriate.
- Writing harmful or gossipy postings about other people may create problems, and there could be repercussions at school, college, or work and even legal sanctions.
- Agreeing to meet in person with someone encountered online can be dangerous; talking with parents before acting could eliminate harmful situations.
- Taking risks online is no more appropriate than taking risks offline.
- Telling an adult is a good idea when something is read or seen online that feels uncomfortable or scary.

THE MOST IMPORTANT "SOFTWARE" IN YOUR HOME IS LOCATED IN YOUR HEADS

WHAT CAN I DO IF MY CHILD MISUSES THE COMPUTER?

Some experts believe that taking away a child's Internet privileges at home is not the best approach to computer safety. Building mutual trust with your child and sharing your concerns for his or her well-being, safety, and privacy are likely to have better results.

*The tips, recommendations, and suggestions in this section reflect the viewpoints of law enforcement agencies across the country and are based on:

- *Staying Safe on the Internet: A Guide for Parents*, provided by Sharon Zelle, School Liaison, Douglas County, CO, Sheriff's Office and The Rocky Mountain Regional Computer Forensics Laboratory, Centennial, CO.
- *Internet Safety*, provided by Investigators Mike and Cassandra Harris, Child Sex Offender Internet Investigations (CSOII), 1st Judicial District Attorney's Office, Golden, CO; and
- *Child Safety on the Information Highway*, provided by National Center for Missing & Exploited Children, US Internet Service Provider Association, and Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

JUST A CLICK AWAY . . .

We as parents find ourselves struggling to keep up with the advances in technology-driven gadgets which our kids seem able to master in an instant. In addition to our home computer, World Wide Web access is now available to our children through many avenues such as cell phones, PDAs, portable video games, Internet cafes, libraries, schools, and friends' homes. There is no end in sight to the expansion of such opportunities for communicating, connecting, and exploring. Unfortunately, anyone anywhere can post information that can be inaccurate, inappropriate, and misleading, and the possibilities for risky, uncomfortable, or dangerous outcomes or experiences for our kids are growing as well. Some parents may be unaware of the Internet subculture among kids which has its own language and street terms (see www.teenchatdecoder.com).

Educating ourselves about and being aware of the Internet and what it has to offer have become priorities. Just as conscientious parents would not allow their child to drive a car without adequate instruction and guidance, parents might consider helping their child develop appropriate knowledge to surf the Internet more safely. Balance your child's Internet use and time spent on the computer with other healthy and worthwhile activities or experiences that might provide more enrichment. Knowledge may increase parents' abilities to monitor and protect children from some of the more unsavory aspects of cyberspace, such as:

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- access to and availability and promotion of prescription drugs; there may be no way to check the age of the person ordering online by credit card;
- access to and availability and promotion of alcohol, tobacco, and other illicit drugs through websites which can ship c.o.d. without regard to the age of the purchaser;
- ready access to recipes for concoction of drugs, and information about ways to get "high;"
- cyberbullying;
- exposure to violence, bigotry, hate, pornography, gore, etc.;
- addiction to the Internet itself or to gambling or pornography on the Internet, with users becoming obsessed;
- access to information and materials used in violent acts (bombs, bomb-making information, and knives, guns, and other weapons, to name a few); and
- information regarding and promotion and/or reinforcement of undesirable and self-destructive behaviors.

ON THE POSITIVE SIDE, in addition to the tremendous advantages technology provides for speedy research and discovery of beneficial information, many parents find that communicating with their kids is sometimes easier through instant messaging, text messaging, emails, etc. Kids born from the early 1980s on have grown up with technology and are "wired" differently. Becoming comfortable with the Internet may enhance peace of mind for parents and may be another way to foster interaction with their children.

The following sections present information about some of the subjects of concern when the Internet is used by younger children, teens, and young adults.

CHAT ROOMS

Countless websites and "chat rooms" are available on the Internet, where kids can connect and share their ideas with others around the world. The premise of chat rooms may be good, but their use can have a negative side. Kids believe their chats are private, "just between friends", and parents may think chat room use can be restricted to friends only. That may not be the case, as kids are apt to pass along information from one friend to another, resulting in eventual access by unknown persons. The illusion of privacy can lead to undesirable consequences, including Internet stalking and cyberbullying. Experts compare the Internet of today to the playgrounds or street corners of the past, providing opportunities for social connection and interaction, but with inherent risks.

Even very young children may be online routinely, and their immaturity and lack of understanding of the ramifications of their actions can be of particular concern. ***Law enforcement officers say that it takes as little as three pieces of information posted about a child on the Internet (first name, school, team, or class) for a predator to be able to find the child. Officers believe that the Internet is such an easy and rich source of data about kids of all ages that the level of predation is increasing.**** Predators who in the past might not have been comfortable, confident, or bold enough to approach children are now very much at ease with their ability to contact kids anonymously over the Internet. While there is no set profile for online sex offenders, common characteristics are the willingness and drive to go to any lengths to convince children to meet them in person. Predators sometimes attempt to pass themselves off as peers of kids they meet on the Internet. Federal authorities believe that more than 750,000 predators are online on a daily basis, and that number is likely to increase.

*This information was provided by Mike Harris, Child Sex Offender Internet Investigations (CSOII), 1st Judicial District Attorney's Office, Golden, CO.
See www.co.jefferson.co.us/da/da_T99_R56.htm.

INTERNET CAMERAS

Some experts tell us that use of Internet cameras (webcams), a wonderful invention for transmitting live or still photographs to family members and friends, can be extremely dangerous for children. They suggest that webcams not be used without adult supervision. Pictures posted by kids can expose them to danger or embarrassment.

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ONLINE BULLYING

The anonymity of the Internet has created a fertile field for bullies to carry their tactics from the halls of the school or the playground to a much larger audience. Kids are able to ridicule, threaten, and potentially terrorize at will, and most victims don't tell their parents or anyone else. Bullies can be avoided much more easily in person than in cyberspace, as the Internet can follow you wherever you go. It can be difficult to identify someone who is sending bullying messages, and the victim can become increasingly vulnerable and defenseless. Size and strength are generally required for in-person bullying, but cyberbullies can come in all shapes and sizes. If you suspect your child is a victim of Internet bullying or harassment, talk with him or her to determine possible solutions, including changing his or her screen name, avoiding that site, not opening emails, or, if you are still concerned, contacting law enforcement. (See www.stopcyberbullying.org/prevention/parents_role.html; www.netbullies.com; and others.)

PORNOGRAPHY

Any child who surfs the Internet is likely to have seen pornography. Some sites attempt to verify the user's age in order to refuse access to kids. Content filters for your computer may help but are not foolproof, and education is once again the key to a better experience for your child. Pornography on the Internet may be titillating or exciting to some children as "forbidden fruit" and could become an obsession or addiction for some. It is feared that pornographic content will make its way to kids' cell phones and other electronic devices in addition to the Internet, despite efforts by providers to block access to it. (See www.inhope.org/en/index.html.)

SELF-HARMING BEHAVIORS

CUTTING

An issue of growing concern at middle schools, high schools, and colleges nationwide is that of self-injurious behavior: the deliberate, repetitive, impulsive, non-lethal harming of one's body. There are hundreds of websites on the Internet devoted to cutting, some of which help socially isolated kids feel like they belong. Others, however, glorify self-injury and include graphic photos that might trigger the behavior. While many who self-harm use multiple methods, cutting and/or scratching arms, legs, or abdomen are the most common practices. Self-injurers may try to conceal scarring with clothing or make excuses as to the cause of the injury. According to psychologists and researchers, this self-abuse is an extreme coping mechanism that seems to help some young people relieve stress, to make deep emotional wounds more visible, or to feel as if they have choice and control over their pain and distress. Repeat self-abusers are more likely to be female. Many self-injurers have alcohol or other substance abuse problems and engage in other risky behaviors. Self-harming behavior, which poses serious risks, may be a symptom of mental health illness. If someone displays the signs and symptoms of self-injury, a qualified mental health professional should be consulted.

Websites, recent books, and media coverage are helping to uncover the secretive practice of self-harming, and researchers are becoming better able to understand why some students as young as grade-schoolers are resorting to the behavior.

For additional information, see
www.teenagerstoday.com/resources/articles/mutilate.htm
www.aacap.org/ - search for Self-Injury in Adolescents
www.intheknowzone.com/self_injury
www.kidshealth.org/teen/your_mind/mental_health/cutting.html
www.myoptumhealth.com/ - search for Self-Injurious Behavior

CHAPTER 11: THE INTERNET (WORLD WIDE WEB)

THE CHOKING GAME

Kids, alert to new ways to get "buzzed" or "high", have a bottomless well of information on the Internet, including blogs and chat rooms. One of the more frightening practices spreading across the country is the "choking game", called "flatliner" or "pass out" game. Played alone or in the company of others, the object is to tighten a belt, cord, rope, towel, tie, etc., around the neck to cut off the air supply to the brain, which makes kids feel light-headed and dizzy. This behavior is dangerous and can result in unconsciousness, coma, and death. Speak frankly with your children about the hazards of games such as this, which they may think are harmless because drugs are not used. Signs and symptoms of "playing" this game include severe headaches, marks on the neck, bloodshot or red eyes, raspy breathing or voice, bruises or injuries from falling, closed doors, and a need for privacy.

For more information see www.connectwithkids.com/tipsheet/2005/235_jun29/choke.html and www.guidancechannel.com/default.aspx?index=1878&cat=13

ALCOHOL WITHOUT LIQUID

This paragraph is included as an example of a potentially dangerous product available to youth on the Internet. Alcohol Without Liquid (AWOL) is created by a machine which vaporizes alcohol and mixes it with oxygen, resulting in a fine mist to be breathed in by a consumer, usually over a 20-minute period. It is the equivalent of taking one shot of hard liquor. AWOL is said to produce a euphoric high and the effects of alcohol consumption without the high calories, carbohydrates, and hangovers. Hangovers are avoided because alcohol is delivered with oxygen to the brain. Legislation has been enacted in some areas of the United States to prohibit use of AWOL machines in public venues, but a portable version is available for purchase on the Internet.

MORE INFORMATION FOR SAFER INTERNET USE

In addition to the websites listed on Page 64 of this Guide, the following are valuable sites pertaining specifically to the Internet and its use:

- www.safekids.com
- www.safeteens.com
- www.ncmec.org
- www.netsmartz.org
- www.cybertipline.com
- www.kidshealth.org/teen/safety/safebasics/internet_safety.html
- www.staysafeonline.org
- www.onguardonline.gov
- http://www.sparkaction.org
- www.ala.org/ala/mgrps/divs/aasl/aboutaasl/aaslcommunity/quicklinks/el/elinternet.cfm
- www.familyguidebook.com
- www.wiredsafety.org
- www.netfamilynews.org
- www.getnetwise.org
- www.webwisekids.org
- www.microsoft.com/protect/family/age/stages.mspx
- www.pbs.org/parents/childrenandmedia
- www.mymobilewatchdog.com
- www.missingkids.com
- www.besafeonline.org

The websites listed in this Guide are provided for information purposes as of September, 2010.
Listing of any website does not constitute an endorsement.

CHAPTER 12: IT'S COLORADO LAW!

SOME VIOLATIONS	SOME TYPES OF OFFENSE	SOME LEGAL SANCTIONS
Conviction of Alcohol Consumption and/or Possession (under 21)	Petty Offense	Loss of license from 3 to 12 months; fine up to $250; community service up to 24 hours; alcohol education/treatment program; penalties escalate with each conviction, with 3rd offense facing up to 1 year in jail
Driving While Under the Influence (Alcohol and/or Drugs, under 21)	Alcohol Concentration .02 to .05 Urine or blood tests positive for drugs Class A Traffic Infraction	Loss of license: 1st offense, 3 months; 2nd offense, 6 months; 3rd or subsequent offense, 1-year revocation; points and fines assessed; up to 24 hours community service; alcohol evaluation and treatment
Driving While Ability Impaired – DWAI (Alcohol and/or Drugs)	Alcohol Concentration .05 to .08 Urine or blood tests positive for drugs Misdemeanor	Loss of license for 1 year if under 21; 8-pt. violation; fine of $100 to $500; jail term, 2 days to 6 months; community service 24 to 48 hours; alcohol and drug evaluation and treatment
Driving Under the Influence – DUI (Alcohol and/or Drugs)	Alcohol Concentration greater than .08 Urine or blood tests positive for drugs Misdemeanor	Loss of license for 1 year if under 21; 12-pt. violation; fine of up to $1,500; jail term up to 1 year; community service 60 to 120 hours; alcohol and drug evaluation and treatment
Abusing Toxic Vapors	Class 1 Petty Offense	1st offense, up to $500 fine; 2nd offense, up to 6 months in jail
False Reporting	Class 3 Misdemeanor	Jail term up to 6 months and/or fine up to $750
Forgery (Possession, manufacturing, and/or use of false identification, e.g., driver's license)	Class 2 Misdemeanor	Up to 12 months in prison and/or $1,000 fine; may be charged and convicted as a felony offense
Marijuana Possession, less than 1 oz.	Class 2 Petty Offense	Up to $100 fine
Marijuana Possession, 1 oz. to 8 oz.	Class 1 Misdemeanor	Jail term 6 to 18 months and/or fine of $500 to $5,000; community service of 24 hours
Marijuana Possession, greater than 8 oz. or any amount of marijuana concentrate	Class 5 Felony	Prison term 1 to 3 years and/or fine of $1,000 to $100,000*
Marijuana Distribution	Class 4 Felony	Prison term 2 to 6 years and/or fine of $2,000 to $500,000*
Schedule I Drugs (e.g., LSD, PCP, GHB, Ecstasy, heroin, psilocybin)	Possession and/or distribution, sale, etc. Less than 1 gram, Class 4 Felony	Prison term 4 to 12 years and/or fine of $3,000 to $750,000*
Schedule II Drugs (e.g., cocaine, methamphetamine, methadone, opium, morphine)	Possession, more than 1 gram, Class 4 Felony Distribution, Sale, etc., Class 3 Felony	Prison term 2 to 6 years and/or fine of $2,000 to $500,000* Prison term 4 to 12 years and/or fine of $3,000 to $750,000*
Schedule III Drugs (e.g., anabolic steroids, ketamine, certain concentrations/mixtures of codeine)	Possession and/or distribution, sale, etc. More than 1 gram, Class 4 Felony	Prison term 2 to 6 years and/or fine of $2,000 to $500,000*
Schedule IV Drugs (e.g., chloral hydrate, various tranquilizers, barbiturates, stimulants)	Possession and/or distribution, sale, etc. More than 1 gram, Class 5 Felony	Prison term 1 to 3 years and/or fine of $1,000 to $100,000*
Schedule V Drugs (e.g., cough syrup with codeine; other narcotics with low potential for abuse)	Possession of any amount Class 1 Misdemeanor	Jail term 6 to 18 months and/or fine of $500 to $5,000

*Mandatory drug offender surcharge may apply

NOTE: Violations, types of offense, and legal sanctions change from time to time. Consult your local law enforcement agency for current information and clarification.

Review of information on pages 60 and 61 as of July, 2008, by Frank Moschetti, Chief Assistant District Attorney, Eighteenth Judicial District, CO

CHAPTER 12: IT'S COLORADO LAW!

Many misconceptions exist among parents and minors about legal repercussions concerning the use of alcohol, illegal substances and "fake" IDs for anyone under 21 years of age. For instance, many kids believe that as long as they are not driving, they will not be ticketed for drinking. Most of us don't realize that teens have been charged with "possession" in some Colorado counties for simply being in the presence of alcohol. Some parents are unaware that underage drinking in their home may result in legal consequences from the police, the courts and other parents. Another misconception concerns giving false information to a police officer who stops a car full of teenagers. Misrepresenting one's name or personal information is a crime.

Across the nation authorities are becoming more willing to enact laws, to prosecute and to convict when unlawful underage consumption, obtaining or possession of alcohol occurs. For example, Colorado enacted a law lowering the legal alcohol concentration to .02 for minors for enforcement purposes. Violation of this law will result in revocation of the driving privilege. Parts of some Colorado Statutes are paraphrased below.

42-2-125 Mandatory revocation of license and permit: Anyone under the age of 21 who has been convicted of consuming, obtaining, or possessing alcohol or illegal drugs will have his or her driver's license or permit revoked or suspended. If a person is too young to have a permit, the courts can delay it.

42-2-127.6 Authority to suspend license: The Department of Motor Vehicles, upon notice by a court of a person's conviction for providing alcohol to any underage person, shall immediately suspend the license of that person for a period of not less than six months.

12-47-801 Civil liability: A social host who willfully and knowingly serves an alcoholic beverage to a person under the age of 21 could be liable for any injury, property damage or wrongful death caused by that intoxicated minor.

12-47-901 Unlawful acts – Alcohol: It is unlawful for any person to sell, serve, give away, dispose of, exchange, or deliver or permit the sale, serving, giving, or procuring of any alcoholic beverage to or for any person under the age of 21 years or to a visibly intoxicated person. If a person (of any age) is convicted of providing an alcohol beverage to an underage person, the penalty for that conviction may be lessened if, after consuming the alcohol, the underage person was in need of medical assistance as a result of consuming alcohol, and within six hours after the underage person consumed the alcohol the person convicted contacted the police or emergency medical personnel to report that the underage person was in need of medical assistance. An underage person and one or two other persons shall be immune from criminal prosecution if they establish (a) one of the underage persons called 911 and reported that another underage person was in need of medical assistance due to alcohol consumption; (b) the underage person who called 911 and, if applicable, one or two other persons acting in concert with the underage person who called 911 provided each of their names to the 911 operator; (c) the underage person was the first person to make the 911 report; and (d) the underage person and, if applicable, one or two other persons acting in concert with the underage person who made the 911 call remained on the scene with the underage person in need of medical assistance until assistance arrived and cooperated with medical assistance and law enforcement personnel on the scene.

It is unlawful for any individual to obtain or attempt to obtain an alcoholic beverage by misrepresentation of age (fake ID), or by any other method in any place where alcoholic beverages are sold.

It is unlawful for any person under the age of 21 to possess alcohol in any vehicle or public place.

18-13-122 Illegal possession or consumption of ethyl alcohol by an underage person: Any person less than age 21 who possesses or consumes ethyl alcohol may be arrested, charged and issued a summons to appear in court (with parent if under age 18) when violating this law, which applies to both PUBLIC and PRIVATE PROPERTY. Only three exceptions apply: 1) A person under 21 may possess or consume alcohol when on private property with the consent of the legal owner or possessor, and with the permission of the person's parent or legal guardian and when the parent is physically present; 2) the alcohol found in a person's body is due to the ingestion of a confectionery or medicine containing alcohol; or 3) the consumption or possession was for bona fide religious purposes.

18-6-701 Contributing to the delinquency of a minor: Any person who induces, aids, or encourages a child under 18 years of age to violate any federal or state law, municipal or county ordinance, or court order commits contributing to the delinquency of a minor, which is a Class 4 felony.

19-1-302 Children's Code Records and Information Act: In April, 2000, the Colorado legislature enacted an amendment that permits law enforcement agencies to release to schools information or records (of arrests, charges or convictions about underage/illegal consumption, vandalism, etc.) regarding students. When requested, schools are allowed to give law enforcement agencies information about students under certain conditions of confidentiality.

LOCAL AND NATIONAL RESOURCES

This list is a compilation of information as of September, 2010, and is not an endorsement. It is not intended as a complete representation of all programs available.

Addiction Research and Treatment Services
University of Colorado Health Sciences Center
Synergy Adolescent Services **303-934-1008**
Adult Outpatient Services **303-388-5894**
Substance abuse evaluation, outpatient, day/residential treatment services.
www.artstreatment.com

Al-Anon Service Center – Greater metro area **303-321-8788**
Support for friends and relatives of alcoholics. Alateen programs are available for children of alcoholics. www.al-anon-co.org; www.al-anon.alateen.org

Alcoholics Anonymous **303-322-4440**
An organization where men and women share their experiences with alcoholism to help them achieve sobriety. www.daccaa.org

Arapahoe/Douglas Mental Health Network **Crisis Line** **303-730-3303**
Youth 12 and older and adult outpatient drug and alcohol treatment. www.admhn.org **Intake** **303-730-8858**

Arapahoe House **303-657-3700**
Substance abuse treatment services for youth and families. Evaluation/detox/outpatient/ day treatment/residential. www.arapahoehouse.org

Aspen Education Group **303-369-9907**
For children, adolescents and young adults with substance abuse and/or co-occurring disorders/dual diagnoses; short-term intervention programs, residential treatment, therapeutic boarding schools, wilderness therapy, special needs summer camps, and weight loss programs. www.aspeneducation.com

Boulder Community Hospital
Inpatient detoxification facility for adults 18 years old and over. **303-440-2277**
Outpatient Services **303-440-0650**

Boulder County Public Health **303-441-1281**
Addiction Recovery Center. Crisis, inpatient detox and outpatient monitoring and treatment referrals and programs. For Boulder County teens and adults.

CeDAR Center for Dependency, Addiction and Rehabilitation at University of Colorado Hospital **1-877-999-0538**
Residential and extended care, detoxification, 12-step disease model, co-occurring issues, individual and group therapy. For adults and families with alcoholism, substance dependence and/or gambling issues. www.uch.edu/conditions/addictions/index_Cedar.aspx

Center for Behavioral Health – Porter Hospital, Denver **303-778-5774**
Outpatient chemical dependency treatment program for adults.

Children's Hospital, The – Adolescent Medicine Clinic **720-777-6131**
Diagnosis and treatment of drug and alcohol abuse, eating disorders, depression, STDs, adolescent gynecology issues, learning differences, and behavioral problems.
www.thechildrenshospital.org

Cornerstone Program, The **Centennial** **303-690-0082**
Enthusiastic sobriety program: 8- to 12-week outpatient. Individual and group counseling. 12-step program for ages 12-25. www.thecornerstoneprogram.com

Council, The (Choices For a Healthy Future) **303-825-8113**
Outpatient mental health and substance abuse treatment for youth and adults; prevention education in on-site school presentations; and referral services for other resources.
www.milehighcouncil.org

Creative Drug Education and **Center for Personal Responsibility** - Parental consultations. Workshops for substance abuse issues with adolescents and parent groups. **303-275-9426**

Denver Area Youth Services (DAYS) **303-698-2300**
Substance abuse, HIV and STD prevention and intervention services. Substance abuse treatment services for ages 13 and over. www.denveryouth.org

Devereux Cleo Wallace Center **303-466-7391**
Treatment and support for adolescents with primary mental health diagnosis and secondary substance abuse diagnosis. www.cleowallace.org **1-800-456-2536**

Division of Behavioral Health within the Colorado Department of Human Services/ADAD **303-866-7400**
Mission is to develop support and advocate for comprehensive services to reduce substance use and disorders and to promote healthy individuals, families and communities. www.cdhs.state.co.us/adad

Eating Disorder Foundation, The **303-322-3373**
EDF engages in education and advocacy initiatives together with timely support and help in identifying appropriate treatment options for individuals with ED and their families. EDF works to remove social stigma, secrecy and silence surrounding ED by dispelling misconceptions and providing current, accurate information.
www.eatingdisorderfoundation.org
National Eating Disorder Association Helpline **1-800-931-2237**
www.eatingdisorderassociation.org

LOCAL AND NATIONAL RESOURCES

Exempla West Pines at Lutheran Medical Center **303-467-4080**
Assessment and referral; residential dual-diagnosis recovery center and intensive outpatient treatment for adult substance abuse. www.exempla.org/body_WPBH.cfm?id=977

Institute for Substance Abuse Education **303-433-1900**
Drug/alcohol/tobacco educational classes for juveniles and parents. Court-ordered classes available. Classes in Spanish also available. www.isaeonline.com

Jefferson County Public Health **303-239-7162**
Substance abuse counseling program; evaluation; adolescent and adult outpatient groups. http://health.jeffco.us

Mapleton Counseling Center at Boulder Community Hospital **303-441-0560**
Outpatient behavioral services for adults 18 years old and over.

Narcotics Anonymous Help Line **303-832-3784**
Recorded information/voice mail. www.nacolorado.org

National Clearinghouse for Alcohol and Drug Information **1-800-729-6686**
www.ncadi.samhsa.gov

National Drug and Alcohol Treatment Referral Service **1-800-662-4357**
www.findtreatment.samhsa.gov

National Suicide Prevention Lifeline **1-800-273-8255**
Colorado and National 24-hour hotline for youth and adults going through emotional crisis or possible risk of suicide. Referrals. www.suicidepreventionlifeline.org

Rape Assistance and Awareness Program **303-329-9922**
24-Hour Rape Crisis Hotline **303-322-7273**
Spanish Hotline **303-329-0031**
TTY (Monday-Friday, 9 am to 5 pm) **303-329-9923**
Individual and group counseling for women and men 13 and over who are survivors of sexual assault/abuse; abuse prevention education; personal safety skills for females 9 and over; case management and victim advocacy for women/men 13 and over. www.raap.org.

REAL Parenting® **303-397-0646**
Parent coaching; Parenting classes: Becoming a Love and Logic Parent®; Love and Logic Early Childhood Parenting Made Fun™; REAL Parenting®; Active Parenting for Step Families/Step Families in 3; & Siblings Without Rivalry. www.REALparenting.net

Resolution Works **720-629-7028**
Mediation and other dialogue opportunities between parents and teens to resolve conflicts and restore relationships. Minors in Possession of Alcohol adjudication programs. Primarily serving Arapahoe and Douglas County families. www.yourresolutions.org

Rocky Mountain Center for Health Promotion and Education (RMC) **303-239-6494** **1-800-251-4772**
RMC disseminates comprehensive school health education programs, provides in-service training to educators committed to improving health, and provides technical assistance and training on national health education standards. www.rmc.org

Prevention Information Center at RMC **303-329-8633**
7525 West 10th Avenue, Lakewood, CO 80214 **1-888-251-4772**
A project of Rocky Mountain Center for Health Promotion and Education, PIC encourages and promotes health by providing access to current and reliable resources for Colorado individuals, organizations, and communities seeking to prevent the misuse of alcohol, tobacco, and other drugs by youth and adults. www.preventioncolorado.org

Rocky Mountain Poison and Drug Center **Emergency Line** **303-893-3784**
Consultation about prescription/non-prescription drugs. Denver County residents only. www.rmpdc.org

Rocky Mountain Poison Center **Serves Colorado** **1-800-222-1222**
Emergency telephone triage for accidental and non-accidental poisoning. www.rmpdc.org

STEP Program (Substance Abuse Treatment Education and Prevention Program) – Denver Health and Hospital Authority **303-436-5623**
Comprehensive mental health care and treatment for teen substance abuse problems. One-on-one counseling; integrated substance abuse treatment and primary care for treatment of the whole person. www.denverhealth.org/services/BehavioralHealthServices/ChildandAdolescentBehavioralHealthServices/STEPProgram.aspx

Suicide Prevention Coalition of Colorado **1-800-784-2433**
http://www.suicidepreventioncolorado.org **(1-800-suicide)**

University of Colorado Depression Center **303-724-3300**
Mission is to improve the lives of people with depression and bipolar disorder through clinical excellence, innovative research, community programs, and education. www.coloradodepressioncenter.org

Valley Hope Treatment Centers **Admissions** **1-800-544-5101**
Evaluation/residential facility **Parker** **303-841-7857**
Evaluation/outpatient treatment Center **Denver Tech Center** **303-694-3829**
Substance abuse treatment services for adults 18 years old and over. www.valleyhope.com

VIVE! **Admissions** **1-800-261-0127**
Boulder Headquarters **303-449-2516**
Therapeutic approach to under-achieving adolescents, young adults, and their families re: substance abuse, non-verbal learning disabilities, depression, attachment disorders, promiscuity, and academic and social challenges. Nationwide services. www.vivenow.com

MORE USEFUL WEBSITES

Additional websites specific to various topics are included in those chapters and sections.
This list is a compilation of information as of September, 2010, and is not an endorsement.

Adolescent Directory On-Line (ADOL) – Center for Adolescent Studies, Indiana University – www.education.indiana.edu/aboutus/AdolescenceDirectoryonLineADOL/tabid/4785/Default.aspx

American Academy of Child and Adolescent Psychiatry – www.aacap.org

American Academy of Pediatrics – www.aap.org

American Cancer Society – www.cancer.org

American Council for Drug Education, Children of Alcoholics Foundation (COAF) & Phoenix House – www.acde.org; www.factsontap.org; www.phoenixhouse.org

American Psychological Association – www.apa.org

Boston University School of Public Health – www.jointogether.org

Center for Eating Disorders – **Sheppard Pratt Health System, Baltimore, MD** - www.eatingdisorders.org

Center for Study & Prevention of Violence, Institute for Behavioral Science at University of Colorado, Boulder - www.colorado.edu/cspv

Centers for Disease Control and Prevention – www.cdc.gov

Colorado Coalition Against Sexual Assault – www.ccasa.org

Colorado Department of Human Services, Alcohol & Drug Abuse Division – www.cdhs.state.co.us/adad

Colorado Student Crime Stoppers – www.safe2tell.org

Drug Watch International – www.drugwatch.org

Eating Disorder Referral and Information – www.edreferral.com

Hazelden Foundation – **Alcohol & Drug Education, Treatment & Recovery** – www.hazelden.org

Health – www.myoptumhealth.com/portal/#multiStory0

HIV/AIDS Prevention, Testing and Facts – www.hivtest.org; www.hiv.drugabuse.gov

Leadership to Keep Children Alcohol Free – **Coalition of Governors' Spouses** – www.alcoholfreechildren.org

Love and Logic Institute, Inc. – www.loveandlogic.com

Mental Health America of Colorado – www.mhacolorado.org

National Center on Addiction and Substance Abuse at Columbia University - www.casacolumbia.org

National Clearinghouse for Alcohol and Drug Information – Prevention on line (PREVline) – www.ncadi.samhsa.gov; www.ncadistore.samhsa.gov

National Council on Alcoholism and Drug Dependence, Inc. – www.ncadd.org

National Crime Prevention Council – www.ncpc.org

National Criminal Justice Reference Service – www.ncjrs.gov

National Families in Action – www.nationalfamilies.org

National Highway Traffic Safety Administration – www.nhtsa.gov/

National Institute on Drug Abuse, National Institutes of Health – www.nida.nih.gov

National Institutes of Health, National Institute on Alcohol Abuse & Alcoholism – www.niaaa.nih.gov

National Youth Violence Prevention Resource Center – www.safeyouth.gov/Pages/Home.aspx

Nemours Foundation – www.kidshealth.org

Office of National Drug Control Policy – www.whitehousedrugpolicy.gov; www.theantidrug.com; www.mediacampaign.org

Partnership for Drug-Free America – www.drugfree.org

Rape, Abuse, and Incest National Network – www.rainn.org

Robert Wood Johnson Foundation – www.reclaimingfutures.org

Substance Abuse and Mental Health Services Administration – www.samhsa.gov; www.family.samhsa.gov; www.mentalhealth.samhsa.gov; www.findtreatment.samhsa.gov;

Center for Substance Abuse prevention (CSAP) - www.prevention.samhsa.gov

Center for Substance Abuse Treatment (CSAT) - www.csat.samhsa.gov

Suicide Prevention – **Suicide Prevention Resource Center** - www.sprc.org; **Yellow Ribbon International** - www.yellowribbon.org

U. S. Department of Education, Higher Education Center for Alcohol & Other Drug Use – Violence Prevention – www.higheredcenter.org

U. S. Department of Health and Human Services – www.healthfinder.gov; www.stopbullyingnow.hrsa.gov/kids

U. S. National Library of Medicine & National Institutes of Health – Medline Plus – www.nlm.nih.gov/medlineplus/sitemap.html

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United States Government *

- Consumer Product Safety Commission
- Department of Education
- Department of Health & Human Services
- Department of Justice, Drug Enforcement Administration
- Department of Justice, National Drug Intelligence Center
- Department of Justice, Office of Juvenile Justice and Delinquency Prevention
- National Clearinghouse for Alcohol and Drug Information
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Alcohol and Drug Information
- National Institute on Drug Abuse
- National Institutes of Health
- Office of National Drug Control Policy
- Substance Abuse and Mental Health Services Administration

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* Informational Publications
** Informational Presentations

IN APPRECIATION . . .

A Parents' Guide to Substance Abuse Prevention has been used in education and prevention endeavors by countless individuals in Colorado and across the country, as well as by schools, medical and mental health professionals, community groups, law enforcement agencies, and others, including:

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