Watch Out for the Snakes

A Guide to Equipping a Child to Walk Through a Drug-filled, Sex-crazed Violent World Safely

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Foreword

When I first met Van Houser, I had just finished speaking at a conference sponsored by the 'Texans War on Drugs.' We had known about each other long before the actual introduction took place. Nevertheless, when we finally met on a personal level, he came up to me and said, "My name is Van Houser, and I must tell you that after hearing your presentation to this group, you are no doubt the second best prevention speaker in America!"
I said, "Well, I appreciate that, and that's real good! But, who is the best?" He gave me this little grin and said, "I am, of course!"

That was how our relationship began. Coming from a background of intense involvement in the war on drugs in our country, Van Houser was a breath of fresh air. I immediately recognized that he was more in touch with real prevention than most of the 'so-called' experts that I had ever come in contact with. On top of that, when Van shared his prevention program that involved the total community, I knew instantly that we needed to coordinate our efforts and come together as a team.

The material in his new book, *Watch Out for the Snakes*, is the result of thousands of people who have attended Van's seminars and strongly urged him to put his practical insights into printed form. I am personally very thankful that he did. As a parent, I know full well that the practical and "easy to understand" information found within these pages has the potential to save the lives of untold numbers of teenagers around the world.

Thanks Van, for finally putting your knowledge in print so that all of the rest of us can be better equipped to parent our children in these perilous times.

Milton L. Creagh

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Watch Out For the Snakes

For over a decade I have spent my life fighting to help both youth and adults keep their balance in a world off-center. A part of that battle has been spent speaking to classrooms and auditoriums of children and youth from kindergarten to high school age. My message is not one of fear and gore. Rather, it is one of hope and encouragement. I truly believe in the youth of America today, and I believe that they have done a remarkable job protecting themselves until their protectors catch up.

I tell a story to children that I came across many years ago. It is one shared by the actor known as Iron Eyes Cody. He wrote this story for Guideposts in July of 1988. The article tells the story of a young Indian boy facing serious trouble. Many years ago, Indian youths would go away in solitude to prepare for manhood. One such youth hiked into a beautiful valley, green with trees, bright with flowers. There he fasted. But on the third day, as he looked up at the surrounding mountains, he noticed one tall rugged peak, capped with dazzling snow.

"I will test myself against that mountain," he thought. He put on his buffalo-hide shirt, threw his blanket over his shoulders and set off to climb the peak.

When he reached the top, he stood on the rim of the world. He could see forever, and his heart swelled with pride. Then he heard a rustle at his feet, and looking down, he saw a snake. Before he could move, the snake spoke:

"I am about to die." said the snake. "It is too cold for me up here, and I am freezing. There is no food, and I am starving. Put me under your shirt and take me down to the valley."

"No," said the youth. "I am forewarned. I know your kind. You are a rattlesnake. If I pick you up, you will bite, and your bite will kill me."

"Not so," said the snake. "I will treat you differently. If you do this for me, you will be special. I will not harm you." The youth resisted awhile, but this was a very persuasive snake with beautiful markings.

At last the youth tucked it under his shirt and carried it down to the valley. There he laid it gently on the grass, when suddenly the snake coiled, rattled and struck, biting him on the leg.

"But you promised--" cried the youth.

"You knew what I was when you picked me up," said the snake as it slithered away.

As you can imagine, the message is clear to all of the children. "You know the facts…now act rightly."

The notes I receive from children following presentations are often heartbreaking. Some share stories of their own personal snakes they are dealing with in their homes and communities. But I also receive strong commitments from some of these children. Large letters in red crayon or marker declare, "**Don't worry Mr. Houser. I WON'T PICK UP THE SNAKE**!"

I wish that I didn't worry, but I do. For so many of these children will find that a child's resolve is incapable of standing against the emotional turbulence of adolescence, the damaging rage of an abusive parent or the heart-wrenching pain of rejection from a group. For I have come to realize that kids can hate drugs, but not like themselves; despise drugs, but hurt so bad they don't care; not ever want to be involved with drugs, but need their friends to be somebody…and they would be surprised what they might do.

Prevention is not about a child's attitude toward drugs. It's about their attitude toward themselves and their life.

So what about their parents? Have they seen the snakes? It's time to **WAKE UP!**

WAKE UP

The mother and son were walking side by side through a section of town where many homeless individuals spent their days. The mother babbled on about things of no real concern to her son. Suddenly, a desperate homeless man stood directly in front of the mother blocking her path. Without the normal cordiality he displayed in most cases when he requested help from passersby, he blurted out, "Ma'am, I have not eaten in five days!" Without so much as missing a step, the woman said in a congratulatory tone, "Oh! I wish I had your willpower!" The son just ducked his head and moaned.

The lady just did not get it. She had translated the condition of the man from the context of her own world and immediately considered how embarrassed she would be at the next weight reduction meeting because she had not held to her diet. But the boy got it.

This simple anecdote may speak more than we would like to believe about how distanced we as parents may have become from the real world of our children. How different is their experience from our own on a daily basis? What issues may challenge them daily that give us little reason for even a glancing consideration?

CRITICAL ISSUES FACING TODAY'S YOUTH

Critical Issue #1 - DRUGS

Growing up in Tulsa, Oklahoma in the 50's and 60's, I never had to say no to illicit drugs. They were not in my world. As I speak to parents of middle and high school youth across America, I often ask the question, "How many of you had to deal with marijuana when you were twelve years old?" I reiterate that I am not asking how many "inhaled," just who had to deal with it. The hands are always few. And yet, all statistics of teen

exposure today tells us that illicit drugs are readily available to twelve-year-olds. Most would be able to get to the drugs in less than a day.

Drugs that were used by youth in the sixties and seventies cannot be compared to the potent garbage kids today are inhaling, snorting, injecting and ingesting with frequency. Kids today have a variety of substances that can so strike their brains that the phrase "one hit, you're hooked" has now become almost a slogan for drugs in general. Even the alcohol consumption of today's teens has shown every evidence of being beyond the reasoning of any of their parents'.

"NO FEAR!" That's what their bumper stickers say. And, unfortunately, that may also mean "No Respect" of these chemicals for many. Can drugs kill them? Sure. But they know so many of their peers that have been using for a long time, and they are doing just fine, thank you!

While some communities see their local adolescents cranked up on methamphetamines, others read weekly about another teen that drowned in their own vomit on a bad heroin trip. Too many give little regard to the ludicrous numbers of teens killed from alcohol abuse each year…far more than the drugs have or will ever destroy. All they know is it's not their kid.

Were drugs in your world? Did you live with a constant fear that another of your best friends would soon become involved, and you would have to walk away for your own safety? Did you bury friends semester by semester or see them hauled off to jail by a police cruiser parked by the school flagpole? How different is their world?

And what has been our response to this deadly infestation? Well, we first attempted to stop the drugs from coming into our nation from other countries. Spending hundreds of billions of dollars annually, we waged a gigantic effort and managed to push back almost **5%** of the flow! INTERDICTION, though absolutely basic to our war against drugs, will never win it. Why?

After working to build a prevention kit that displayed the common drugs of abuse (both legal and illegal), it dawned on me that if I could wipe out every one of them…just get

rid of them all including alcohol…within twenty-four hours someone would figure out a way to get high on avocados! Interdiction will not win the war.

Maybe TREATMENT will be the answer. When someone gets addicted or dependent (same thing in experience) to a drug, we will force them to undergo rehabilitation and stop their abuse and their selling of drugs. A noble idea, no doubt. Two problems exist. One, rehab has never worked on someone who was not ready to stop their behavior. Two, if all we are going to do is fix the people who fall off the wagon, and we never get around to fixing the wagon, won't we forever have this problem? No one should be denied help who is ready to get well, but this will not win the war.

What about INTERVENTION? It is absolutely imperative that we understand that the earlier we step in to intervene in a life being destroyed by alcohol or other drugs (AOD) the higher the chance of saving that life. However, too many times we teach intervention as prevention. We tell parents and managers the signs and symptoms of abuse so they can be aware when a problem develops.

I moved some years back. My definition of moving involves putting all of my treasures in cardboard boxes and putting them in a garage somewhere else. I had been working on the new home as we prepared to move in and stacked all of the boxes neatly around the garage. This was to get one car in the garage…my wife's. She noticed as we returned from eating one evening that the boxes were so soaked with water that there was now a puddle in the middle of the garage floor. I tried to consider what might have broken in those boxes to ruin my treasure…priceless items from my past. Then I remembered! On the other side of that garage wall was a refrigerator with an icemaker that I had repaired three months earlier…almost repaired! It had leaked for months under the wall and into the boxes. **BY THE TIME I SAW THE SIGNS, THE DAMAGE WAS ALREADY DONE!** Intervention can never replace prevention.

There is only one PROACTIVE response to the drug problem and all other negative consequence behaviors impacting our children…PREVENTION.

Critical Issue #2 - SEX (AIDS/STDs/Teen Pregnancy)

If drugs were the only life-threatening battle kids were fighting, it would be reason enough to challenge concerned parents to increased levels of involvement. But drugs are not the only danger. What about AIDS? Kids today have to be concerned about choosing an uninfected mate. That sure wasn't a problem when I grew up.

When I was growing up, AYDS was a diet candy. A small chocolate candy you ate to keep from eating. Imagine the shock on teen's faces when I state that when I was their age, my chubby little mother used to send me to the grocery store to get AYDS! They are shocked! But that was the only kind of AYDS I knew anything about besides the ones that worked in the principal's office or the library. It wasn't in my world!

Every parent should note that the number one drive in the human body is the sex drive. We are made that way by God to be sure that we procreate and sustain the species. If drinking water were equal to sexual pleasure, we would all be camels! A youth (or adult) out of control in this area of their life will be in great danger.

Sexually Transmitted Diseases (STD's) are becoming too many to number. Strain after strain of gonorrhea, syphilis, chlamydia, genital warts and herpes invade our children without regard to race, color or creed. Teen pregnancy rates, though decreasing slightly through the efforts of many community groups, continue to be the highest of any industrialized nation and stretch our welfare dollars to the limit.

Just to make it more difficult, we turn up the heat with music, television, movies and advertising. SEX, SEX, SEX! Internet porn, recruiting of teens by deviant sex groups, graphic lyrics on CDs and on MTV…no wonder are youth are confused.

While many parents today may proudly announce that it was their generation that invented the "sexual revolution," our children have become the casualties. They have to consider what I have seen happen. A young lady in love finds that she has to make a choice. Her special friend has AIDS. Deeply in love and driven by all that the emotions that accompany it, she tries to decide whether to walk away or take the risk! In your world growing up? I don’t think so.

Critical Issue #3 - EATING DISORDERS (Bulimia & Anorexia)

I was extremely naïve about the arena of eating disorders that plague primarily female teens in America. Bulimia and anorexia seemed to be problems locked away in the world of runway models and movie starlets. How wrong I was! The problem is EPIDEMIC…out of control among our youth. Ravaging the bodies of beautiful and energetic young ladies, this addiction is deadly!

I guess I was shocked into the reality of the magnitude of this problem almost a decade ago when I took a message off of my answering machine that it was time to report for the ol' annual physical. The unpleasantness of this event was compounded by the request to not eat an evening meal prior to coming and then to utilize a "fleet enema." Great news! I have realized over the years that the real problem with this series of events is not the utilization of the requested device. It is being seen on "that aisle" in the grocery store. Embarrassing! I have learned to quickly proceed and grab one as I pass by. I do not "comparison shop" on this aisle. While leaving the aisle, I turned the box over to review the night ahead only to have my attention caught by a small blue warning box. It read, "Caution. May be habit forming." Now, I felt I had to explain to the lady behind me in line that this was the first one I had used that year and that it was only for a physical! When we have to put warning labels on enema boxes, there is problem in America.

I do not ever remember being invited to a party where we would "binge and purge," yet it may not be uncommon for some youth in today's world. What kinds of kids are vulnerable? It is teens from high achieving, successful, controlling environments that stand at risk. Teacher's kids, preacher's kids, executive's kids. Young people who find one thing in life they can control. Watch one of these teens die as their brain loses its ability to process food, and you will feel it worth defending in your child's life. Was it in your world? Doubtful.

Critical Issue #4 - DEPRESSION & SUICIDE

Years ago a teen handed me the following poem. The details of what happened to the writer are not the issue here. The gripping fact that a teen could pen these words is frightening.

ANOTHER POEM

Once on a yellow paper with green lines he wrote a poem . . .

And he called it "Skip" because that was the name of his dog, and that's what it was all about. And his teacher gave him an "A" and a gold star, and his mother pinned it on the kitchen wall and showed it to his aunt. And that was the year that his sister was born, and his parents kissed all the time and the little girl around the corner sent him a postcard signed with a row of "Xs," and his father tucked him into bed each night and was always there.

Then on white paper with blue lines he wrote another poem . . .

And he called it "Autumn" because that was the season it was, and that's what it was all about. And his teacher gave him an "A" and told him to write more clearly. And his mother told him not to hang it on the kitchen wall because it has just been painted. And that was the year his sister got glasses, and his parents never kissed anymore, and the little girl around the corner laughed when he fell down with his bike, and his father got mad when he cried to be tucked in at night.

On a piece of paper torn from a notebook he tried another poem . . .

And he called it "?" because that was his big concern, and his professor gave him an "A" and a hard, searching look, and his mother didn't say anything at all because he never showed it to her. And that was the year that he caught his sister necking on the back porch, and the little girl around the corner wore too much makeup so that he laughed when he kissed her, but he kissed her anyway, and he tucked himself into bed at three in the morning with his father snoring soundly in the next room.

And that's why, on the back of a matchbook cover, he tried another poem . . .

And he called it "Absolutely Nothing" because that's what it was all about. And he gave himself an "A" in a slash on each wrist and hung it on the bathroom door because he couldn't make it to the kitchen. *An Unknown Student*

Every minute of every day a teenager gives up. The suicide rate for our teenagers is a black mark on our society. The pressures they are under are often overlooked when we see the opportunities that abound for them…but they are there, and they are powerful. Their loss of a sense of significance and importance to their world also contribute. I learned an important truth from H. Stephen Glenn as I viewed one of his videos on building capable people. **Human beings are the only creation of God that would rather die than be insignificant.**

A question that I often challenge adult groups with concerning depression is worth asking here. "What is depression? Not what does it look like or act like. What is treated when depression is diagnosed?" I usually get answers like "sadness or hopelessness." Some speak of chemical changes that certainly contribute. But one accepted definition of depression is **"ANGER TURNED INWARD**." Repressed anger is a violent, turbulent force that, like a cancer, can claim its host. Looking at many of our teens and even our children, we can see it. Look at their music. Check out their favorite movies. They address the anger on the inside providing a release.

Here is a basic truth that can change the very way we parent and live. This truth should be a foundation for our relationships with our children and ourselves. The truth…**WHAT WE DON'T TALK OUT, WE ACT OUT!** The whole field of psychology and psychiatry are based on this. So should the arena of parenting! Anger feelings with no positive outlet will find their way out through negative actions.

So where did kids learn such destructive behaviors? You may not be surprised to find that the teachers of the repressing of emotion are very close to the children. Possibly even in their own home! "Modeling" our own anger will be addressed in a later discussion. The question for us at present continues to be, "How different is this from the world in which I grew up?"

Critical Issue #5 - VIOLENCE - (Gangs & Guns)

When I was growing up, I never had to fear for my life at school. I never felt physically threatened when I played in my neighborhood. The kind of violence kids are facing today wasn't in my world. Today, many students do fear violent attacks traveling to and

from school as well as within school itself. This fear leads far too many young people to mistakenly conclude that a gun is their best means of defense. So, they carry them. In talking with hundreds of teachers, it has become clear to me that the threat of violence has a direct effect upon the learning ability of a student. Most parents simply did not face this kind of threat to their wellbeing when they were in school.

And gangs? Oh, I heard of them as a kid in Tulsa, OK, but I was never recruited. Today, gangs are no longer a bunch of kids with chains, zip-guns, ball bats and trash can lids having a rumble in some alley or park. Gangs range from a few young people who band together for the strength of numbers and the need for significance, to highly sophisticated street businesses dealing in the multi-billion dollar trade of drug trafficking. Today's gangs have branched out to encompass rural and suburban America alike. Gangs are affecting every segment of society, and they are growing at an alarming rate. Why? The experts tell us the obvious reasons include making money through a wide variety of illegal activities, gaining a sense of power and belonging, protection from rivals, excitement and adventure, or the replacement of family they never felt they had. Did you hear that? The replacement of family!

It is a fact that we live in the most violent civilized society on earth, and this is the world our kids are growing up in. This is what they are facing daily - gangs, guns, violence, suicide, homicide…far too much going on! Unaware of these terrible realities, blinded by denial, we fail to equip our children with tools to face these dangerous issues. We leave them at grave risk.

It's time to WAKE UP!

Add all of this together, and you will soon recognize the serious threats our children face as they negotiate the ocean of adolescence on their way to adulthood. These young people, brave and intelligent as they may be, need parenting that not only protects them, but also equips them to survive and succeed.

STEP UP

So, who is talking to our children to help them defend against all of these dangers? With all of the reports in the media, the average parent can feel fairly confident that the schools are dealing with these issues in a direct way in the classroom. And haven't our kids seen many television specials on the dangers? Law enforcement seems to be addressing many of these issues with direct action as well. And didn't the government just spend a lot of money on special programs to redirect troubled kids into alternative programs such as "Midnight basketball?" Besides, my child is active in many athletic activities and the church youth group. All of that surely is enough.

Such thinking is at the core of why we continue to see these problems destroy so many young people and families. For the very things listed are NOT able to adequately address the cause level of substance abuse, gangs, teen pregnancy and other issues. It is not true that teachers spend their classroom hours counseling our children. They teach them! The average teacher has little more knowledge about these issues than the average parent does! I know because I provide training for them. We watch the television specials, but do our children? No, not when a more entertaining show is on. And, special after-school programs for troubled teens or youth in high-risk environments don't involve the majority of our children. As for extracurricular activities, the youth in these activities are proving to be equally at risk for involvement.

Whose Job Is It Anyway?

Everybody thinks someone else is taking care of the problem. Blame for the problem flies like erratic gunfire. For too long, communities have placed the responsibility of prevention almost solely on schools and law enforcement agencies. The schools blame the parent while the parent waits for the school's program to take effect on their child. Law enforcement deals with the problems awaiting some social program to get in place to

take care of the kids roaming their beats. But there is a fact that all of us as parents must accept if we are to deal responsibly with this problem…

PREVENTION CANNOT BE DONE TO YOU OR FOR YOU!

This basic truth must be accepted before a parent or caregiver will STEP UP to active prevention. Prevention cannot be "applied" to families or individuals. You either do it in your family or your family remains at risk. No school, government agency, law enforcement group, social service agency or church can provide the prevention required for the safety and success of your family. Prevention is a family action! So, how active have parents been in supporting their children against these issues?

If the average child in America had to fight AIDS, drugs, bulimia, anorexia, gangs, occult, guns, depression, and suicide armed only with what their parents had told them,
WHAT WOULD THEY KNOW?

I have confronted parents across America with this direct question for years. The answer is the same wherever I go…**nothing**. Oh, occasionally there will be some who will acknowledge active involvement, but they are few. When I ask teens that question, they will almost laugh out loud.

In creating the video portion of a prevention package for a client, I interviewed teens across America. As they responded to the need of information for parents, there was a recurring statement. It was so consistent, I considered naming the product with the very words they used. Over and over again teens would say, "***They don't have a clue***!" Think about it. As they battle their environment, they fail to see parental awareness or relevance.

The Snakes

I am convinced that if there was a small white snake with an orange stripe on its tail that was biting kids at random, causing death to some and lifetime injury to others, it would not be hard to get parents to fight back! Communities would arm themselves and turn over every rock in the town searching for these venomous dangers. We would not rest until the threat was gone! So what are these threats? The "snakes" threatening our children today are not so easy to kill. AIDS, drugs, bulimia, anorexia, gangs, guns…they all maim and destroy. And what was it the teens said…"They don't have a clue!"

How can we explain this phenomenon? I ask parents to explain why they think this has occurred. Their answers are weak, especially in light of the consequences. Some would say, "We don't know what to say." Trust me, if there were snakes out there, we would learn all we needed to know and share it regularly with our children. Others acknowledge that they just are not aware of the crisis. And yet, when I ask them if they have known that these things exist and would agree that the threat is real in their community, they respond affirmatively.

DENIAL! For years I have scalded groups with this accusation only to have them look at me with a sense of innocence to my charge. As a matter of fact, if you tell someone they are in denial, do you know what they will do? They will "deny" it! How can they not see it? Well, guess what…it's very possible not to see it. I have been awakened to the fact that there is a unique type of denial that plagues our parents today. I now have a new equation for this denial that leads to silence.

PERCEPTION vs. REALITY = DENIAL

Our perception is our reality. We base all that we do on that perception. When our perception of the world and relationships of our children does not equal the reality they are experiencing, we parent AS IF we were in denial. That is, as if we did not want to see it or deal with it. The truth is, we truly may not see it.

It is a tale of two cities within one. Our "world" is really rather small. We pick and choose our close friends and spend our time with those who hold a similar value system to our own. We avoid places and people that we sense are not of the same "standards" as our own. Beyond those friends that we choose, we may be acquainted with some of their friends, and that closes out our "world" for the most part. It is quite conceivable that within this group, no one does drugs.

I have asked hundreds of adults in parent seminars at schools, churches, businesses and community rallies, "How many of you have actually seen drugs used or a drug deal executed in the past six months?" Out of a hundred people less than five hands will be lifted. "How many have **never** seen anyone use drugs?" Twenty-five percent of the people will raise their hands. Are their "worlds" free from drugs? They perceive them to be.

At the same time, I can go to a treatment center where individuals are attempting recover from the addiction to chemicals and ask the same question, and the results are quite different. As a matter of fact, I can ask them how many people they think use drugs, and the response will be "Everybody does it." Does everybody in their "world" use? They perceive so, and it may be true…in their "world."

You see, it is difficult for a parent to get concerned about something that they may not perceive as a viable threat. But the "reality" may be that it is a serious threat in the "world" of their child. It is easy to see how parents can be caught in the trap of "Perception vs. Reality = Denial." I believe that where parents sense a clear and present danger, they will respond with action. But these snakes are tough to see. And yet, parents must STEP UP to action!

Defining Prevention

It is absolutely imperative that parents and caregivers of our children understand what prevention actually is.

Prevention is NOT keeping drugs away from kids, and kids away from drugs; sex away from kids, and kids away from sex; and guns away from kids and kids away from guns.

Prevention IS equipping a child to walk through a drug-filled, sex-crazed, violent world SAFELY!

The first actions can be better described as **PROTECTION**. Effective prevention focuses not only on the issues, but on the child. This changes the entire paradigm of what must be accomplished and who is to do it. This is about learning how to make good decisions, assessing surroundings, building resistance skills, establishing personal values, knowing how to handle relationships and practicing how to protect themselves when confronted. These are skills best learned and modeled in the home.

In addition to serving their basic and more general roles as family leaders and nurturers of their children' s development, parents can play a variety of specialty roles in helping their children lead drug free lives. These additional roles require that parents look closely at their own alcohol or other drug use, that they become knowledgeable about an array of alcohol or other drug use issues, and, most important, that they make a drug free lifestyle a major child-rearing goal. The intended result – drug free, healthy youth – is a blessing to the parents, their immediate and extended families, and the nation.

Concerned Parents Must Be:

Aware of the Dangers - (WAKE UP)

Materials presented in the preceding section are provided to challenge every parent to closer observation of the physical and social environment of our youth. The dangers are real and must be addressed.

Responsible Role Models - (STEP UP)

We are our children's foremost role models regarding the use of legal substances such as tobacco, caffeine and alcohol, and illegal substances such as marijuana, stimulants, sedatives, cocaine and heroin. The attitudes and behaviors we demonstrate shape our children's attitudes and behaviors toward alcohol or other drug use.

Educators - (CATCH UP)

Parents must assume the primary responsibility of the education of their families about the dangers that threaten them and their social consequences. Alcoholic or other drug use family health histories are extremely important to our children. Also, it is important that parents speak up when messages entering the home are not accurate or promote drug use or other improper behaviors. This educational role requires that parents begin now to become informed.

Proper Examples - (SPEAK UP)

What the parent knows must be transferred to the child. Sharing important information is more than lectures. Behavior still speaks louder than words. Parents are role models regarding the use of legal substances such as tobacco, caffeine, alcohol, and illegal substances as well.

Communicators (LISTEN UP)

Communication is the key to proper relationships. Learning how to listen is mandatory for parents to know what needs attention in the life of their child. Significance and value is given through being heard.

Disciplinarians (CHECK UP)

Parents must be responsible to establish fair and clear rules for behavior, and then enforce those rules consistently. Discipline is not just punishment but guidance. The greatest deterrent in the life of a child is still consequence (just as when you grew up).

Ready to Help (FACE - UP)

Knowing the signs of alcohol or other drug use and how to confront a child about the use of alcohol or other drugs is a significant responsibility. The focus is on how to handle children or youth who are dependent on alcohol or other drugs and where to refer them for treatment. This also involves parents being managers of their own feelings about their children's alcohol or other drug use. Parents must work through these feelings so that they can take productive remedial action.

Supported and Sustained (LOOK UP)

Parents must not be alone. The role of parenting will bring great joy and sorrow. No parent has all of the answers, and no parent is perfect. Maintaining a personal relationship with God and keeping a support group nearby is imperative.

The remainder of this booklet is designed to assist a concerned parent in accomplishing these prevention steps for the protection of their family. Each of these elements is important and will be given its specific attention.

If you are ready to **STEP UP** and be responsible, then let's begin the process. Let's **CATCH UP**.

CATCH UP

Of all of the factors that have contributed to the silence of parents in responding to the dangers that face our children, none has been more influential that ignorance. Let's face it! We do not want to look stupid in front of our kids. Having little experience with these problems from our own world, there is lack of confidence in discussing AIDS, drugs, eating disorders and the other dangers. As a matter of fact, if a parent is parenting using only the information they have accumulated through their life experience, chances are they do not have the information they need to address the real world of their child.

Education equips a parent and protects a child. When a child is aware that you are aware and informed, you become a resource for the child. A parent should desire for a child to feel free to talk with them about any danger that threatens them. When a child feels that you are not aware of the issues that they are confronting, their immediate reaction is not to be the one to introduce the subject to you. They will seek out other sources to discuss their alternatives and responses. These sources may not be accurate or may merely become a "pooling of ignorance" as children seek out children for their knowledge.

When parents do not have facts, they tend to emotionalize the issue. These emotional tirades can be frightening to a child, and their desire to "protect" their parents may lead to the withholding of information. Listening to a father overreact upon learning that a friend of their child has been caught with marijuana and the father of that child busted for dealing, the child is quick to make a mental note not to bring this stuff up again because "dad can't handle it."

At the same time, young people have told me that their greatest fear in bringing up dangerous issues is that **they** get in trouble. It seems that even for knowing someone in his or her world that has been impacted there is a sense of guilt by contact. Restrictions are then placed on the child which limit his or her freedoms. All of this causes the child to be very hesitant to discuss the real world in which they live.

Much of the information that is communicated through media or community meetings is scary stuff! Drug deaths on the increase, sexually transmitted diseases among teens, gang activity and other crises are responded to with emergency meetings and news reports. While serving a good purpose, **parents cannot react in fear to every threat that emerges in the community**. As a matter of fact, good education will reduce the fear factor as we understand the issue more clearly and take preventive measures with our children.

Catching up can be accomplished by:

- **Paying attention to your local media.**
  Too many families see the news and fail to realize that this is about their neighborhood. Pay attention as information is provided about the world of teens in your city.
- **Tune in MTV**
  Music is a power as we will discuss later. It is imperative that parents know what their children are watching. Your kids might cringe when you flip the channel and they hear in front of you what they have been viewing when you were not around.
- **Check out the Movies**
  Movie ratings and advertisements do not always confer the true "message" of the movie. The heroes and heroines in today's flicks have some pretty bizarre lifestyles. Casual attitudes toward drugs, sex, and violence can be transferred even by the good guys.
- **Attend school and community information sharing sessions.**
  Opportunities for awareness are provided at parent meetings, neighborhood policing groups, local churches and local councils on alcohol and other drug abuse. If these are not being provided where you can attend, consider organizing a group for your community.
- **Internet**
  The information highway has many sites dedicated to information about teen dangers, drug abuse, gangs and other issues. Use your search engine to locate sites for your personal information. Also, drop into some teen chat rooms and just read what is going on…very revealing. Type in the name of the groups you recognize from the CDs your children are listening to or clothing they are wearing. The lyrics will be right there for your browsing…more than revealing!

DRUG INFORMATION

The information provided in the following pages is provided for you as a parent to familiarize yourself with the various drugs of abuse, how they are used and their impact on the individual. It should be noted that it is not important that parents become drug experts. Familiarizing yourself with the drugs of abuse and their impact creates an information base that enables parents to speak with confidence and authority. The information is also provided to provide close access to a quick reference should a specific category of drug become active in your community. Providing accurate facts about the drug and its dangers to your child combats misinformation from the street.

This section is critically important to establishing the knowledge base required when you SPEAK UP, LISTEN UP, CHECK UP, and FACE UP. As you read through this section, it is beneficial to realize how little (or much) you knew about these drugs. It may surprise you to see how much we have to learn to be effective protectors of our children.

NOTE: The decision to include the following material was a difficult one. The purpose of "WATCH OUT FOR THE SNAKES" is to provide a comprehensive overview of parental actions that can prevent substance abuse and other problems. Information on drugs of abuse is available in a variety of places. However, experience has shown that parents will seldom seek out information that is not readily available. For that reason, some information has been included in the book for immediate accessibility.

The Drug Overview Chart is followed by a description of some of the common drugs of abuse. Recognize that street names may vary and knowing what is actually in them may require additional investigation.

DRUGS AND THEIR EFFECTS

TYPE OF DRUG	NAME OF DRUG	HOW ADMINISTERED	EFFECTS	HEALTH HAZARDS
Cannabis	Marijuana/ Hashish	Most often smoked Can also be swallowed in solid form	Reduction of inhibitions, dilated pupils, euphoria, bronchitis, conjunctivitis, panic, impaired short-term memory, paranoia, loss of coordination, loss of interest and motivation, changes in perception	Interference with psychological motivation, possible sterility, may impair heart function and immune systems, psychological dependence
Alcohol	Beer Wine or Wine Coolers Liquor	Swallowed in liquid form	Decreased alertness, impaired judgment, and reflexes, loss of coordination, glazed eyes, depression, stupor, nausea, impaired memory, unconsciousness	Addiction, obesity, malnutrition, fetal alcohol syndrome, impotence, severe mental disorders, ulcers, brain damage, liver damage, delirium tremens, death
Other Depressants	Barbiturates Pentobarbital Secobarbital Amobarbital	Swallowed in pill form or injected	Decreased alertness, slurred speech, dilated pupils, confusion, drowsiness, irritability, poor coordination and judgment	Loss of appetite, sleeplessness, nausea, addiction, death
	Narcotics Dilaudid, Percodan Demerol, Methadone Morphine Heroin Codeine	Swallowed in pill form Injected Injected into veins Smoked Swallowed in pill or liquid form	Decreased alertness, confusion, hallucinations, stupor, apathy, respiratory depression, slurred speech, nausea, vomiting, unconsciousness	Constipation, temporary sterility, and impotence, hepatitis and AIDS from dirty needles, convulsions, addiction, coma, death
Stimulants	Amphetamines Amphetamine Dextroamphetamine Methamphetamine	Swallowed in pill or capsule form Injected into veins	Excitation, increased respiration, sweating, restlessness, rapid speech, irritability, loss of appetite, convulsions	Insomnia, excitability, hallucinations, severe mental disorders, malnutrition, death
	Cocaine Free-based cocaine Crack	Most often inhaled (snorted) in powder form, Injected or swallowed, smoked in free-base or 'rock' form	Excitation, bursts of energy, increased respiration, sweating, restlessness, rapid speech, irritability, loss of appetite, convulsions	Damage to lining of nose and blood vessels when sniffed, insomnia, excitability, hallucinations, severe mental disorders, malnutrition, death

DRUGS AND THEIR EFFECTS				
TYPE OF DRUG	**NAME OF DRUG**	**HOW ADMINISTERED**	**EFFECTS**	**HEALTH HAZARDS**
Hallucinogens	LSD Mescaline Peyote Psilocybin	Swallowed, chewed, absorbed through skin, sugar soluble	Confusion, agitation, mood swings, changes in perception, disorientation, impaired memory, anxiety, paranoia, hallucinations, loss of coordination, vomiting, panic, mental disorders	Delusions, increased panic, severe mental disorders, flashbacks, death
	PCP (Phencyclidine)	Most often smoked, can also be inhaled (snorted), injected, or swallowed in tablets May be found in marijuana cigarettes	Same as LSD but without paranoia and with added propensity for violence, rigid muscles, strange gait, deadened sensory perception, dilated or floating pupils, feelings of superiority or power	Same as LSD with added danger of violent death
Inhalants	Gasoline Glues (n-hexane) Solvents (toluene) Freon	Inhaled or sniffed, often with use of paper or plastic bag or rag	Poor coordination, stupor, impaired thought processes, unconsciousness, violent behavior, rash around the nose and mouth, respiratory problems, breath odor, body odor	Hallucinations, damage to liver, kidneys and bone marrow, brain death
	Nitrous Oxide	Inhaled or sniffed by mask or cone		Neuropathy, muscle weakness, death by anoxia
	Nitrites Amyl & Butyl	Inhaled or sniffed from gauze or ampoules		Anemia, death by anoxia
Steroids	Anabolic Steroids Anavar Anadrol - 50 Winstrol Maxibolin Dianabol	By mouth or injection	Acne, nausea, vomiting, diarrhea, easily excited, power delusions, insomnia, paranoid episodes, chills, impotence, rage and violence	Excessive muscle development, baldness (men), irreversible hairiness (women), iron-deficiency anemia, heart disease, liver ailments, sterility, coma, death

Categories of Drugs (Excerpted from the National Institute of Drug Abuse)

Controlled substances fall into one of four categories of drugs: stimulant, depressant, narcotic or hallucinogen.

Stimulants

Stimulant drugs excite bodily functions, especially those that excite the brain and central nervous system. They are sometimes referred to as "uppers" because they reverse the effects of fatigue on both mental and physical tasks. Stimulant abuse is characterized by increased alertness, excitation, euphoria, insomnia, increased pulse rate, increased blood pressure, loss of appetite, violence, and mood swings. A number of stimulants are available by prescription for legitimate medical use in the treatment of obesity, narcolepsy and attention deficit hyperactivity disorders.

As drugs of abuse, stimulants are frequently taken to produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, produce prolonged wakefulness, and to "get high." They are recognized as being among the most potent agents of the reward and reinforcement syndrome that underlies the problem of drug abuse. Tolerance can develop rapidly, and both physical and psychological dependence will occur.

Abuse of stimulants is often associated with a pattern of binge use; that is, consuming large doses sporadically. Abrupt cessation, even after a weekend binge, is commonly followed by depression, anxiety, drug craving and extreme fatigue ("crash").

In overdose, unless there is medical intervention, high fever, convulsions and cardiovascular collapse may precede death. Because accidental death is partially due to the effects of stimulants on the body's cardiovascular and temperature-regulating systems, physical exertion increases the hazards of stimulant use.

1. Cocaine

Pure cocaine was first isolated in the 1880s. It was particularly useful in surgery of the nose and throat because of its ability to provide anesthesia as well as to constrict blood vessels and limit bleeding.

Cocaine causes the strongest mental dependency of any known drug. Users are attracted at first when small amounts of cocaine decrease their fatigue and increase their mental awareness. When taken in larger amounts, cocaine may produce digestive disorders, weight loss, sleeplessness, irritability, depression, and hallucinations or paranoia.

Users experience extreme mood and energy swings. They may have lapses in attention, ignore warning signals or react violently to sudden noises. These behaviors greatly increase the potential for accidents. Performance is characterized by forgetfulness, absenteeism, tardiness and missed assignments. The high cost of cocaine and need for increased dosages frequently leads to theft and/or dealing**.**

Cocaine is usually distributed as a white crystalline powder or as an off-white chunky material. Cocaine is used as cocaine hydrochloride (snorting coke) or cocaine base (rock, crack or free-base). Any method of ingesting cocaine produces compulsive use, and drug dependency may develop in a relatively short time. Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days (crack) or within several months (snorting coke). It is estimated that 75% of crack users become addicted.

Powdered cocaine, cocaine hydrochloride, is generally inhaled or “snorted” into the nose, rubbed on the gums or dissolved in water and injected in veins. It is chopped into a fine powder before use. It is rarely smoked. It can cause ulceration in the nasal cavity because it constricts blood vessels. The effect is felt within minutes and lasts 40 to 50 minutes per "line" (about 60 to 90 milligrams).

Common paraphernalia includes a single-edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine.

2. Crack

Crack cocaine is a ready-to-use freebase. It boils at a low temperature, will not dissolve in water, and is up to 90 percent pure. It is heated in a glass pipe, and the vapor is inhaled. The effect is felt within seconds.

Common paraphernalia includes a "crack pipe" (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp or small butane torch for heating. Smoking delivers large quantities of cocaine to the lungs, producing effects comparable to intravenous injection; these effects are felt almost immediately after smoking, are very intense and are quickly over.

Cocaine reaches the brain through the snorting method in three to five minutes. Intravenous injection of cocaine produces a rush in 15 to 30 seconds and smoking produces an almost immediate intense experience.

The euphoric effects of cocaine are almost indistinguishable from those of amphetamine, although they do not last as long. These intense effects can be followed by a restless, agitated “crash." To avoid the fatigue and the depression of "coming down," frequent

repeated doses are taken. Excessive doses of cocaine may lead to seizures and death from respiratory failure, stroke, cerebral hemorrhage or heart failure.

3. Ephedrine

Over the past few years a new over-the-counter diet aid has been gaining more and more popularity. Ephedrine is intentionally marketed as a stimulant effective in the control of weight and for asthma relief. This compound is a natural central nervous system stimulant obtained from the plant species *Ephedra*. It is also produced by chemical synthesis and is sold as ephedrine sulfate.

Ephedrine sulfate is a white crystalline powder with a bitter taste. It is soluble in water, extremely soluble in alcohol and is closely related to methamphetamine in chemical structure.

Ephedrine is sold in products labeled as 357 Magnum, Efedrin, Go-Power, Heads Up, Max Alert, Maxephedrine, Mini-Things, Thin-Edrine-Turbo Tabs. Also look for products which contain the dangerous herb "*ma huang*." (Another form of ephedrine.) They are labeled as dietary supplements and are marketed as being safe and "all natural," although they may contain 50 to 100 mg of ephedrine in combination with caffeine. There are varying levels of quality control in the manufacture of these products, and the amount of ephedrine in a capsule can vary by individual package. Some products included are Herbal Ecstasy, Herbal X, GWM, Cloud 9, Herbal Bliss, and Ritual Spirit.

One of the primary concerns relating to this relatively new form of stimulant is marketing terms such as, "all natural," or "all herbal". These terms imply a safe level of use, when in fact, just the opposite is true. Side effects include cardiovascular stimulation with skin flushing, an abnormally fast heartbeat, heart palpitations, increased blood pressure which may cause cerebral hemorrhage, heart beat irregularities, and angina (spasms) in patients with heart problems. Ephedrine products are sometimes marketed as legal or "natural" versions of the illegal hallucinogenic substance MDMA or Ecstasy.

Urinary retention can occur, especially in males with enlarged prostates, and gastrointestinal side effects can include nausea, vomiting, diarrhea, and constipation. It also stimulates contraction of the uterus.

4. Amphetamines

Amphetamine, dextroamphetamine, and methamphetamine are collectively referred to as amphetamines. Their chemical properties and actions are so similar that even experienced users have difficulty knowing which drug they have taken. Amphetamine was first marketed in the 1930s as Benzedrine in an over-the-counter inhaler to treat nasal

congestion. During World War II, amphetamine was widely used to keep the fighting men going.

As use of amphetamines spread, so did their abuse. Amphetamines became a cure-all for helping truckers to complete their long routes without falling asleep, for weight control, for helping athletes perform better and train longer, and for treating mild depression. Intravenous amphetamine abuse spread among a subculture known as "speed freaks." With experience, it became evident that the dangers of abuse of these drugs outweighed most of their therapeutic uses.

Amphetamine ("speed") is sold in counterfeit capsules or as white, flat, double-scored "mini bennies." It is usually taken by mouth.

5. Methamphetamine

"Meth," "crank," or "crystal" is nearly identical in action to amphetamine. It is often sold as a creamy, white, granular powder or in lumps and is packaged in aluminum foil wraps or sealable plastic bags. Methamphetamine may be taken orally, injected or snorted into the nose. The addition of "ice," the slang name for crystallized methamphetamine hydrochloride, has promoted smoking as another mode of administration. Just as "crack" is smokable cocaine, "ice" is smokable methamphetamine. Both drugs are highly addictive and toxic.

The effects of amphetamines, especially methamphetamine, are similar to cocaine, but their onset is slower and their duration is longer. Regular use produces strong psychological dependence and increasing tolerance to the drug. The euphoric (extremely pleasant) stimulation increases impulsive and risk-taking behavior, including bizarre and violent acts.

In general, chronic abuse produces a psychosis characterized by paranoia, picking at the skin, preoccupation with one's own thoughts, and auditory and visual hallucinations. Violent and erratic behavior is frequently seen among chronic abusers of amphetamines.

Chronic use may cause heart and brain damage due to severe narrowing of capillary blood vessels. Withdrawal from the drug may result in severe physical and mental depression.

Depressants

Depressant drugs depress nerve transmission and reduce coordination between various nerve centers. The depressing of nerve transmission results in the reduction of normal physical and mental abilities.

Historically, people of almost every culture have used chemical agents to induce sleep, relieve stress and allay anxiety. While alcohol is one of the oldest and most universal agents used for these purposes, hundreds of other substances have been developed that produce central nervous system (CNS) depression. These drugs have been referred to as "downers," sedatives, hypnotics, minor tranquilizers and anti-anxiety medications. Depressants, except for methaqualone, are rarely produced in clandestine laboratories. Generally, legitimate pharmaceutical products are diverted to the illicit market.

Although a number of have been important players in the world of depressant use and abuse, two major groups of depressants have dominated the licit and illicit market for nearly a century, first barbiturates and now benzodiazepines.

There are similarities among the withdrawal symptoms seen with all drugs classified as depressants. In its mildest form, the withdrawal syndrome may produce insomnia and anxiety, usually the same symptoms that initiated the drug use. With a greater level of dependence, tremors and weakness are also present, and in its most severe form, the withdrawal syndrome can cause seizures and delirium. Unlike the withdrawal syndrome seen with most other drugs of abuse, withdrawal from depressants can be life-threatening.

1. Inhalants

Lighter fluid, gasoline, paint thinner, hair spray, vegetable cooking spray, liquid paper, whipped topping and felt-tip marking pens are all subject to abuse by inhaling.

Inhalant abuse is one of the primary "Gateways" to drug abuse by youth. If you have ever smelled gasoline while filling your car, smelled the glue that you have used to repair something, or smelled the paint you've used in a closed room, you are already familiar with inhalants. They are the chemicals that are made to glue, paint, polish and fuel things, but which can also produce intoxication when used improperly or abused. They are generally organic solvents and are extremely toxic!

Inhalants are used by either sniffing through the nose, or by a process known as "huffing" -- inhaling the fumes through the open mouth. Glue sniffing is as easy as opening a tube of glue, placing it by the nose, and breathing in.

Often "sniffers" and "huffers" spray the chemicals into a plastic bag to carry with them. They may wet a cloth with the spray contents and breathe in from those. Or, they may spray the paint or cleaner into a soda can and breathe in the fumes. This way they appear to be drinking from the can.

In small doses, these spray aerosols and solvents give a brief feeling of light-headedness. The greater the quantity inhaled, the more relaxation occurs. Like alcohol, large amounts produce a depressed state and finally, sleep. The "high" is usually short, lasting between

15 minutes and one hour. This is why an inhalant user "sniffs" several times a day. Even if a "sniffer" quits, most of the serious effects, such as brain, liver, and kidney damage, cannot be reversed.

2. Alcohol

Alcohol is the most commonly abused substance is the United States. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimates that alcohol abuse costs American workplaces $54.7 billion dollars annually. People who abuse alcohol are reported to have an accident rate 2-4 times higher than that of other workers. Alcohol abuse causes an estimated 500 million lost workdays per year. According to the most recent National Household Survey on Drug Abuse, more than 70 percent of adolescents aged 13-14 have consumed alcohol by eighth grade.

Alcohol affects the body by slowing down the central nervous system. Ethyl alcohol, the psychoactive ingredient in beer, wine and distilled liquor, is a colorless liquid. It is often mixed with soft drinks, fruit juices or water.

A 12-oz. bottle of beer, a 5-oz. glass of wine or an ounce of 100 proof liquor all contain about the same amount of alcohol.

Initially alcohol produces feelings of relaxation, reduces anxiety and lowers inhibitions. As a result, the person may judge situations and risks poorly, increasing the likelihood of an accident. Increased consumption often causes aggressive tendencies, and in very large quantities, coma and death.

Alcohol and Teens

(Excerpted from 12 Steps to Prevention: ALCOHOL)

There is no family unaffected by the problem of alcohol abuse. If all illegal drugs were stripped from the nation today, the problem of addiction would see only a minor decline because alcohol is the major contributor to substance abuse for all ages and cultures. Alcohol is a legal drug for adults and is found in many homes. As a result, it is often the first drug that most young people try. It is also the major drug creating addiction and family dysfunction.

How Do Kids Handle Alcohol?

Not well! 92% of high school seniors surveyed have used alcohol with 66% having used it in the past month. Nearly 50% of senior boys and 25% of senior girls reported "bingeing" (5 or more drinks in a row) on at least one occasion within two weeks of the survey.

Remember these Facts About Teenagers and Alcohol

- ➔ Alcohol is a **drug**.
- ➔ Teens tend to drink like **alcoholics** rather than adults. Note terms like wasted, blitzed, party" when referring to alcohol use.
- ➔ Alcohol is the **most frequently used** drug among youth and adults.
- ➔ Alcohol is the most common **contributing factor** in auto accidents and accidental teen death.
- ➔ Responsible drinking is **impossible** by irresponsible teens.
- ➔ **When teens drink to escape problems:**
  - They don't learn how to cope with problems.
  - They inhibit the natural maturation process.

Why Youth Drink Alcohol

- ➔ **Youth drink to mimic "adult" actions.**
  Before a child graduates from high school, he will have seen nearly 100,000 commercials advertising the pleasant social and physical effects of alcohol. While the advertising is supposedly aimed at adults who can legally purchase the beverage, the scenes depicted invariably include young adults at play. The overall impact will be one of acceptance of the drug as not only socially acceptable but socially necessary for entrance into adulthood.
- ➔ **Youth drink to get high.**
  Most young people will also admit that they drink to escape their problems. Family conflict, stress of adolescence, rejection and depression lead to binge drinking.
- ➔ **Youth drink because of "peer pressure."**
  All youth want to "fit in" with their friends. A youth that drinks often feels more at ease with others who are doing the same. The companionship of drinking together and taking the risk of being caught is often mistaken for acceptance.

➔ **Youth drink because of family histories and traditions.**
Some youth are at greater risk than others because they are the children of alcoholics or families that abuse alcohol. Studies have shown that a youth that has addicted parents or a family history of individuals whose lives have been negatively affected by alcohol have a much higher risk of addiction than those who don't.

ALCOHOL USE PREVENTION IS MANDATORY FOR TEENS

The dangers of drinking for youth are numerous. Prevention begins with awareness of the dangers of teenage drinking and then sharing these facts with the family. Alcohol is a "gateway drug" through which a youth may be more likely to try other drugs. The facts previously presented and those that follow should be shared to prevent a youth from being caught in the trap of chemical dependency or addiction.

Facts About Teens and Alcohol

1. **DRINKING IS ILLEGAL FOR ANYONE UNDER THE AGE OF 21.** Willingly and knowingly violating the law at this point leads to casual disrespect for authority in other areas of life.
2. Alcohol is the major cause of teenage traffic accidents. Three quarters of all deaths in the 16 to 25 year age range are caused by motor vehicle crashes, other accidents, suicide and homicide, most of which are alcohol related.
3. Alcohol decreases attention, concentration, judgment and memory retention causing problems in education and work.
4. Alcohol breaks down inhibitions and heightens aggression. The results are fights, petty crime and increased risk-taking in the life of a normally non-violent or destructive teen. Such behavior can further diminish their usually low self-esteem.
5. Alcohol lowers normal personal restraints and values causing teens to do the things they would not normally do. This can lead to early sexual activity, unwanted teenage pregnancies and sexually transmitted diseases. Fetal Alcohol Syndrome has proven to be a major cause of birth defects. Drinking by pregnant women,

even at moderate levels, is associated with increased risk of spontaneous abortion, pre-maturity, and lower birth weight infants.

6. The use of alcohol by a teen retards normal physical and psychological development. The development of coping skills and personal convictions are greatly affected by substance abuse in a teen as is physical maturation.

Alcoholism = Addiction

Alcoholism is a progressive condition that eventually leads to uncontrollable drinking habits. Alcoholism is an addiction, marked by the drinker's consistent inability to stop drinking once they have started. There is also a need to increase doses to produce the desired effect. The body becomes dependent upon alcohol to function normally. There is no difference between the treatment for alcohol addiction and the treatment for addiction to other psychoactive drugs. Alcoholism occurs in ONE OUT OF EVERY TEN persons who decide to drink. Teen drinking greatly increases the chances of a lifetime problem.

MOST TEENS DO NOT UNDERSTAND THE TRUTH ABOUT ADDICTION.
IT DOES NOT MEAN A PERSON WON'T STOP...
IT MEANS THEY CAN'T STOP.

Alcohol and the Body

THE BRAIN - You have heard that drugs affect brain cells. Alcohol is no exception. Alcohol is a depressant slowing the activity of the brain and central nervous system. Alcohol can destroy brain cells; in fact, heavy drinking over a long period of time can result in permanent brain damage and loss of memory and coordination.

THE HEART - Alcohol weakens the pumping of the heart muscle and reduces the amount of blood to the heart. It is a common cause of high blood pressure (hypertension) in the United States.

OTHER ORGANS - Alcohol is poisonous to the pancreas, increases the chance of cancer of the esophagus, is the most common cause of gastritis (inflammation of the stomach) and ulcers, affects the cells of the liver and can lead to cirrhosis (scarring of the liver) which can result in death. Heavy and chronic alcohol consumption by adult men diminishes production of the male "sex" hormone and sexual performance.

This is not a moral issue, it is a society survival issue. Every parent has the right to address it. The parent that condones the violation of the law in one arena has difficulty defending it in another. Kids are in treatment centers primarily because of alcohol abuse. Other drugs are secondary. Alcohol will be as serious an issue as you make it in your family.

3. Barbiturates

Barbiturates (derivatives of barbituric acid) were first introduced for medical use in the early 1900s. In moderate amounts, these drugs produce a state of intoxication that is remarkably similar to alcohol intoxication. Symptoms include slurred speech, loss of motor coordination and impaired judgment. The effects of barbiturate use ranges from mild sedation to coma.

Barbiturate abusers prefer the short-acting and intermediate-acting barbiturates pentobarbital (Nembutal), and secobarbital (Amytal). Other short- and intermediate-acting barbiturates are butalbital (Fiorinal, Fioricet), butabarbital (Butisol), talbutal (Lotusate) and aprobarbital (Alurate). After oral administration, the onset of action is from 15 to 40 minutes and the effects last up to 6 hours.

Long-acting barbiturates include phenobarbital (Luminal) and mephobarbital (Mebaral). Effects of these drugs are realized in about one hour and last for about 12 hours. They are used medically for daytime sedation and the treatment of seizure disorders or mild anxiety.

One can rapidly develop tolerance, physical dependence and psychological dependence on barbiturates. With the development of tolerance, the margin of safety between the effective dose and the lethal dose becomes very narrow. That is, in order to obtain the same level of intoxication, the tolerant abuser may raise his or her dose to a level that can produce coma and death.

4. Benzodiazepines

Benzodiazepines were first marketed in the 1960s. Touted as much safer depressants with far less addiction potential than barbiturates, these drugs today account for about 30% of all prescriptions for controlled substances. Only recently has awareness developed that benzodiazepines share many of the undesirable side effects of the barbiturates. Their use results in reduced inhibition and impaired judgment, slurred speech, disorientation, and drunken behavior. Concurrent use of alcohol or other depressants with benzodiazepines can be life threatening.

Individuals who abuse benzodiazepines often maintain their drug supply by getting prescriptions from several doctors, forging prescriptions or buying diverted pharmaceutical products on the illicit market. Although the abuse of benzodiazepines alone is well documented, most people abuse them as part of a pattern of multiple drug abuse. For example, heroin or cocaine abusers will use benzodiazepines to augment their "high" or alter the side effects of over-stimulation or narcotic withdrawal.

Of the drugs marketed in the United States that affect central nervous system function, benzodiazepines are among the most widely prescribed medications and, unfortunately, are frequently abused. They are used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms, and to prevent seizures. Prolonged use can lead to physical dependence even at recommended dosages. Like the barbiturates, benzodiazepines differ from one another in how fast they take effect and how long the effects last.

Shorter-acting benzodiazepines, used to manage insomnia, include estazolam (ProSom), flurazepam (Dalmane), quazepam (Doral), temazepam (Restoril) and triazolam (Halcion).

Benzodiazepines with longer duration of action include alprazolam (Xanax), chlordiazepoxide (Librium), clorazepate (Tranxene), diazepam (Valium), halazepam (Paxipam), lorazepam (Ativan), oxazepam (Serax) and prazepam (Centrax). These longer acting drugs are primarily used for the treatment of general anxiety. Clonazepam (Klonopin) is recommended for use in the treatment of seizure disorders.

Flunitrazepam (Rohypnol), which produces diazepam-like effects, is becoming increasingly popular among young people as a drug of abuse. Often called "The Date Rape Drug", it is not marketed legally in the United States, but is smuggled in by traffickers.

The withdrawal syndrome of benzodiazepines is similar to that of alcohol withdrawal. It is generally more unpleasant and longer lasting than narcotic withdrawal and frequently requires hospitalization.

Hallucinogens

Hallucinogen drugs distort how we feel, hear, see, smell, taste, and think. They are called hallucinogens because users often hallucinate, or experience nonexistent sensations. These drugs are also known as psychedelic, or mind-bending, drugs.

Hallucinogens are among the oldest known group of drugs that alter human perception and mood. For centuries, naturally occurring hallucinogens have been used for medical, social, and religious practices. In more recent years, a number of synthetic hallucinogens have been produced.

The biochemical, pharmacological and physiological basis for hallucinogenic activity is not well understood. Even the name for this class of drugs is not ideal, since hallucinogens do not always produce hallucinations. However, taken in non-toxic dosages, these substances produce changes in perception, thought and mood. Use is

characterized by poor perception of time and distance, relaxed inhibitions, euphoria, increased appetite, and disoriented behavior.

Physical effects include elevated heart rate, increased blood pressure and dilated pupils. Sensory effects include perceptual distortions that vary with dose, setting and mood. Psychic effects include disorders of thought associated with time and space. Time may appear to stand still and forms and colors seem to change and take on new significance. This experience may be pleasurable or extremely frightening.

It needs to be stressed that the effects of hallucinogens are unpredictable each time they are used. The abuse of hallucinogens in the United States reached a peak in the late 1960s. A resurgence of use of hallucinogens in the 1990s, especially at the junior high school level, is cause for concern. The most common danger of hallucinogen use is impaired judgment that often leads to rash decisions and accidents.

1. Cannabis (Marijuana)

Cannabis sativa L., the hemp plant, grows wild throughout most of the tropic and temperate regions of the world. Cannabis contains chemicals called cannabinoids that are unique to the cannabis plant. One of these, delta-9-tetrahydrocannabinol (THC), is believed to be responsible for most of the characteristic psychoactive effects of cannabis. Research has resulted in development and marketing of dronabinol (Marinol), a product containing synthetic THC, for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer, and to stimulate appetite in AIDS patients.

Cannabis products are usually smoked. Their effects are felt within minutes, reach their peak in 10 to 30 minutes, and may linger for two or three hours. The effects experienced often depend upon the experience and expectations of the individual user, as well as the activity of the drug itself. Low doses tend to induce a sense of well-being and a dreamy state of relaxation, which may be accompanied by a more vivid sense 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 coordination.

Stronger doses intensify reactions. The individual may experience rapidly fluctuating emotions, fragmentary thoughts with disturbed 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, a loss of personal identity, and fantasies and hallucinations.

Three drugs that come from cannabis--marijuana, hashish, and hashish oil--are currently distributed on the U.S. illicit market. Marijuana is a tobacco-like substance produced by drying the leaves and flowering tops of the female cannabis plant. Hashish is a tar-like substance that may be slightly gold in color to black and often sold in small foil packets.

Marijuana is the most commonly used illicit drug in America today. It is usually sold as dry, crushed leaves in plastic bags. The leaves may be green to light tan. A 500% to 800% increase in THC potency in the past several years makes smoking three to five joints a week today, equivalent to 15 to 40 joints a week in 1978.

Most marijuana users smoke it in small homemade cigarettes, called joints, which are twisted at each end. The aroma is sharp and "sweetish." In an effort to cover the very distinctive aroma, users often burn incense while smoking.

Paraphernalia associated with marijuana use include cigarette papers, metal tong-like holders (called "roach clips") and pipes of a wide variety which allow users to inhale larger volumes of the smoke.

Marijuana is also sometimes smoked in the form of hollowed out commercial cigars called blunts. Joints and blunts may be laced with a number of adulterants including phencyclidine (PCP), substantially altering the effects and toxicity of these products. Street names for marijuana include pot, grass, weed, Mary Jane, and reefer.

2. LSD

LSD is odorless, tasteless and colorless. It can be taken orally in tablets or capsules, or in impregnated liquids. It is commonly sold on pieces of paper resembling a postage stamp and is often named after the picture on the paper, i.e., lightning bolt, alien, rainbow, or cartoon characters. It may also be placed on clear cellophane and called "windowpanes." At least in the early stages of usage, these drugs are generally taken in a group situation under special conditions designed to enhance their effect.

3. Phencyclidine (PCP)

In the 1950s, phencyclidine was investigated as an anesthetic but, due to the side effects of confusion and delirium, its development for human use was discontinued. It became commercially available for use as a veterinary anesthetic in the 1960s under the trade name of Sernylan. In 1978, the manufacture of Sernylan was discontinued. Today, virtually all of the phencyclidine encountered on the illicit market in the United States is produced in clandestine laboratories.

Phencyclidine, more commonly known as PCP, is illicitly marketed under a number of other names including Angel Dust, Supergrass, Killer Weed, Embalming Fluid, and Rocket Fuel, reflecting the range of its bizarre and volatile effects.

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 contaminates as a result of makeshift manufacturing, causing the color to range from tan to brown, and the consistency from powder to a gummy mass. Although sold in tablets and capsules as well as in powder and liquid form, it is commonly applied to a leafy material, such as parsley, mint, oregano or marijuana, and smoked.

The drug's effects are as varied as its appearance. Numbness, slurred speech and loss of coordination may be accompanied by a sense of strength and invulnerability. A blank stare, rapid and involuntary eye movements, and an exaggerated gait are among the more observable effects. Auditory hallucinations, image distortion, severe mood disorders, and amnesia may also occur.

Users experience many responses to PCP including acute anxiety, a feeling of impending doom, paranoia and violent hostility, and a psychosis indistinguishable from schizophrenia. PCP use is associated with a number of risks and many believe it to be one of the most dangerous drugs of abuse.

Narcotics

Narcotic drugs produce relief from pain, a state of stupor or sleep, and eventually addiction, or physical dependence. Their main therapeutic use is for pain relief. The term narcotic, derived from the Greek word for stupor, originally referred to a variety of substances that induced sleepCocaine and coca leaves, which are classified as "narcotics" in the Controlled Substances Act, are technically not narcotics, they are stimulants.

Narcotics can be administered in a variety of ways. Some are taken orally, transdermally (skin patches) or injected. They are also available in suppositories. As drugs of abuse, they are often smoked, sniffed or self-administered by the more direct routes of subcutaneous ("skin popping") and intravenous ("mainlining") injection.

Aside from their clinical use in the treatment of pain, cough suppression and acute diarrhea, narcotics produce a general sense of well-being by reducing tension, anxiety, and aggression. These effects are helpful in a therapeutic setting but contribute to their abuse.

Narcotic use is associated with a variety of effects including drowsiness, inability to concentrate, apathy, lessened physical activity, constriction of the pupils, dilation of the subcutaneous blood vessels causing flushing of the face and neck, constipation, nausea and vomiting and, most significantly, respiratory depression. As the dose is increased, the effects become more pronounced. Except in cases of acute intoxication, there is no loss of motor coordination or slurred speech as occurs with many depressants.

With repeated use of narcotics, tolerance and dependence develop. The development of tolerance is characterized by a shortened duration and a decreased intensity of analgesia, euphoria and sedation, which creates the need to administer progressively larger doses to attain the desired effect. Tolerance does not develop uniformly for all actions of these drugs, giving rise to a number of toxic effects. Although the lethal dose is increased significantly in tolerant users, there is always a dose at which death can occur from respiratory depression.

Among the hazards of illicit drug use is the ever-increasing risk of infection, disease and overdose. Medical complications common among narcotic abusers arise primarily from adulterants found in street drugs and in the non-sterile practices of injecting. Skin, lung and brain abscesses, endocarditis, hepatitis and AIDS are commonly found among narcotic abusers. **Since there is no simple way to determine the purity of a drug that is sold on the street, the effects of illicit narcotic use are unpredictable and can be fatal.** In general, narcotics with shorter duration of action tend to produce shorter, more intense withdrawal symptoms, while drugs that produce longer narcotic effects have prolonged symptoms that tend to be less severe.

The withdrawal symptoms from heroin/morphine-like addiction are usually experienced shortly before the time of the next scheduled dose. Early symptoms include watery eyes, runny nose, yawning and sweating. Restlessness, irritability, loss of appetite, tremors and severe sneezing appear as the syndrome progresses. Severe depression and vomiting are not uncommon.

The heart rate and blood pressure are elevated. Chills alternating with flushing and excessive sweating are also characteristic symptoms. Pains in the bones and muscles of the back and extremities occur as do muscle spasms and kicking movements, which may be the source of the expression "kicking the habit."

1. Opium

There were no legal restrictions on the importation or use of opium until the early 1900s. In those days, medicines often contained opium without any warning label. Opium is used in the form of paregoric to treat diarrhea.

Natural and natural derivative forms of opium are morphine, codeine and heroin. Synthetic forms include meperidine (Demerol), oxymorphone (Numorphan) and oxycodone (Percodan).

2. Morphine

Morphine is the principal constituent of opium. It is one of the most effective drugs known for the relief of pain, and remains the standard against which new pain relievers are measured.

Morphine is marketed in a variety of forms including oral solutions, sustained-release tablets, suppositories and injectable preparations. It may be administered orally, subcutaneously, intramuscularly, and intravenously, the latter method being the one most frequently used by abusers. Tolerance and physical dependence develop rapidly in the user.

3. Heroin

Pure heroin is a white powder with a bitter taste. Most illicit heroin varies in color from white to dark brown because of impurities left from the manufacturing process or the presence of additives. Pure heroin is rarely sold on the street. A "bag" (slang for a single dosage unit of heroin) may contain 100 mg of powder, only a portion of which is heroin; the remainder could be sugar, starch, powdered milk, or quinine. The purity of heroin in a bag once ranged from 1 to 10 percent. Current heroin purity ranges from 1 to 98 percent, with an average of 35 percent.

Another form of heroin known as "black tar" has become increasingly available in the western United States. The color and consistency of black tar heroin result from the crude processing methods used to illicitly manufacture heroin in Mexico. Black tar heroin may be sticky like roofing tar or hard like coal, and its color may vary from dark brown to black. Black tar heroin is often sold on the street in its tar-like state ranging in purity from 20 to 80 percent. Black tar heroin is most frequently dissolved, diluted and injected. A more recent method of use is the production of "chiva." Black tar heroin and over-the-counter antihistamines are ground together in a coffee grinder and put into capsules.

Until recently, heroin in the United States almost exclusively was injected either intravenously, subcutaneously (skin-popping), or intramuscularly. Injection is the most practical and efficient way to administer low-purity heroin.

The availability of higher purity heroin has meant that users now can “snort” or smoke the narcotic. Evidence suggests that heroin snorting is widespread or increasing in those areas of the country where high purity heroin is available, generally in the northeastern United States. This method of administration may be more appealing to new users because it eliminates both the fear of acquiring syringe-borne diseases such as HIV/AIDS and hepatitis, and the historical stigma attached to intravenous heroin use.

4. Codeine

Most codeine used in the United States is produced from morphine. Compared to morphine, codeine produces less sedation and respiratory depression. It is frequently taken orally.

Codeine is medically prescribed for the relief of moderate pain. It is made into tablets either alone or in combination with aspirin or acetaminophen (Tylenol). Codeine is an effective cough suppressant and is found in a number of liquid preparations. Codeine products are also used to a lesser extent as an injectable solution for the treatment of pain.

It is used in medical treatment worldwide much more than any other naturally occurring narcotic. Codeine products are used illicitly, frequently in combination with other drugs.

"Hard" or "Soft" Drugs?

There have been those who have attempted to make the distinction between the drugs of abuse as being either "hard" or "soft." This distinction was based on whether a drug had the potential of causing the user to easily become physically dependent or not. It was understood that heroin and other opiates, for example, could cause severe physical problems for a user. Drugs such as marijuana were seen to be "soft" because withdrawal from the drug did not create such a condition.

A clear distinction was made between psychological dependence and physical addiction. The "hard" drugs causing physical addiction became the ones associated with those called "junkies" and "addicts."

Further study finally determined that there is no life experience difference between dependence and addiction. Both of these can have the same disabling effect on a user. Therefore, there is no such thing as a "soft" drug. Any of these drugs can cause an individual to lose control of their life.

SPEAK UP

The young boy was out fishing with his father. Sitting there in the boat, the young boy was wondering. Seeking answers to his musings, he asked his father, "Dad, how do fish breathe under water?" "Don't rightly know," the father answered. Another question arose. "Dad, why is the sky blue?" "Don't guess I ever learned that," the dad replied. "After sitting quietly for a moment, another question came to mind. "Dad, how does this boat keep from sinking with all of the weight in it?" the boy asked. "Don't know how to explain that son," the old man said. "Gee Dad," said the youth, "I hope you don't mind me asking all of these questions." "No son," the father said. "How else ya' gonna' learn?"

It's Your Job

Now that you know what you know, what do you do with it? It is a fact that many American parents have remained silent about the dangers that lurk in the environment surrounding their teen. This silence is deadly. There seems to be a feeling among some parents that somehow school, media, or government will provide the information their child needs to keep them from being the next victim of drug abuse, AIDS, violence or teen pregnancy. The truth is that **nobody can do prevention to or for your family** except you. Schools do not exist to educate our children, but to assist us in the education of our children; neither do they exist to protect our children, but to assist us in protecting them. Don't take the chance that your child might fail to receive this important information or, worse, turn to peers and get misinformation. Communicate the facts!

Communicating important information to our children is **not** best accomplished in a classroom situation. As a matter of fact, that is exactly why much of the information schools attempt to pass on to youth today doesn't seem to take effect. As I tell students, it

is one thing to learn the four basic steps to making a good decision and something else entirely to try to apply those steps in the front seat of a pickup with three friends on Friday night at 11:00 p.m. Who stops to apply principles? The way teens live their lives is pretty much by impulse. Our goal is to make sure the right impulses are in control.

Speaking up involves a great deal more than effective lectures on the dangers of drugs, gangs, premarital sex or guns. It must always be remembered that parents lecture logically and kids listen emotionally…two very different languages. When our kids feel that we are getting ready to go into "lecture mode," they are quick to fill their minds with some other form of entertainment.

But the information we possess is important, and it must be communicated so our children are dealing with the facts. I am amazed when a teen asks a parent to explain why marijuana is dangerous, and the parent is unable to explain beyond the fact that it's illegal. While that should be enough, there is so much more to share. GET THE FACTS AND SPEAK UP! That very information may equip the child to defend himself or herself against the misinformation from their friend's music and media.

Home is the place I go to sort out the "stuff" in my life.

Children should be able to freely discuss all of the dangers, fears and concerns that confront them without fearing rejection or feeling shame for bringing them up. Remember – a child will seldom introduce a subject at home that the parent has not previously discussed or voiced in the child's presence.

Sharing the Facts About Alcohol and Other Drugs

Many parents hesitate to discuss alcohol and other drug use with their child. Some believe that their child couldn't become involved with illegal substances because of a number of reasons. Others delay because they don't know what to say or how to say it, or they are afraid of putting ideas into their child's heads.

Don't wait until you think your child is involved. Begin talking about alcohol and other drugs early, and keep the lines of communication open. Don't be afraid to admit that you

don’t have all the answers. Let your child know that you are concerned, and that you can work together to find answers.

Speak Up About "GATEWAY DRUGS"

Young people who experiment with drugs usually begin with specific drugs which “lead to” or “open the gate to” increased drug use. By helping a child avoid the use of gateway drugs, you increase the chances that he or she will remain drug free.

Tobacco, alcohol, marijuana and inhalants *are identified as gateway drugs!*

The Center on Addiction and Substance Abuse at Columbia University (CASA) released a study showing that children (12 to 17 years old) who use gateway drugs — tobacco, alcohol and marijuana — are up to 266 times more likely to use cocaine than those who don’t use any gateway drugs. Compared with those who used only one gateway drug, children who used all three are 77 times more likely to use cocaine.

The number of American children and teens who believe there is little risk in chugging a beer or smoking a tobacco or marijuana cigarette is increasing. This attitude, and the increased usage that accompanies it, must be a wake-up call for parents and care givers to increase their efforts to discourage children from smoking and drinking.

Speak Up About ALCOHOL

Different families have different values, attitudes and feelings about the use of alcohol. Many religious groups have views on the subject. Take time to share with your child your own thoughts and beliefs. Sooner or later your child will face a situation that involves alcohol. You must teach your child the risks of alcohol use. Because many adults drink alcohol without encountering problems, some children may be confused about the risks they face if they drink alcohol. They need to know the facts. Encourage attitudes toward alcohol that decrease the chances of a problem and help them resist peer pressure. Above all, the legal use of alcohol should be stated and enforced. A “no-use without parental supervision until 21” rule should be clearly communicated.

Helping Youth to Identify First-Time Use Situations

A child needs to understand that individuals do not choose to become addicted but merely **choose to use**. Assisting a child to recognize when drug use begins is very important. Youth should recognize these facts about first-time use:

FRIENDS GIVE FRIENDS DRUGS

While youth may be wary of strangers, strangers are not normally the first supplier of drugs to a non-user. In most cases, peers, siblings, or older siblings of peers will initially offer drugs. The natural reason for such involvement is to offset the possibility of "tattling" or as a source of income to support their own habit.

CHOICES ARE MADE WITHOUT ASSISTANCE

It is easy for a youth to tell teachers, authority figures, church leaders, or parents that he will say no. And the truth is he really does mean it. But when the time comes to make a choice, there is no "McGruff the Dog," star athlete or leader present to encourage the youth. The decision is theirs alone.

THE SITUATION WILL BE UNCHAPERONED

Walking into an unchaperoned situation is the first danger signal. While it is true that some parents are responsible for passing drugs to their children, the norm is not so. Youth should be taught that the longer they remain in such a situation, the weaker their defenses become.

THE CHOICE WILL NOT BE TO "BECOME A USER" AS MUCH AS TO "EXPERIMENT"

Seldom do youth plan to repeat the experience again. It is normally meant to be a one-time experiment. While the group may never use together again, there will be those who repeat the experience in private. Even though it may not have been pleasant, it was an "experience."

FIRST-TIME USE OFTEN OCCURS OUT OF "BOREDOM"

Boredom is a powerful emotion. It is equal to the feeling of depression in the mind of a child. Changing this feeling becomes very important to a child. When the life of a youth is filled with other activities, less opportunity is there for the entrance of drugs. Even when there is a choice between using drugs and some other activity that is fun, drugs will seldom win out in first-time situations.

FIRST-TIME USE NORMALLY INVOLVES "GATEWAY DRUGS"

Major drugs of choice for first-time users are tobacco, inhalants, alcohol and marijuana because of their availability. This same availability leads to repeated use. Getting by without getting caught leads to a further confidence in use without consequence.

Inoculation

Concerned parents know that it is important to have their children inoculated. Simply put, inoculation gives a controlled amount of the disease to the host so that the host can begin to build up antibodies to the disease. This same principle can serve us well in prevention.

In a discussion with your young daughter before she goes to her sixth-grade party at a friend's house, you raise some questions about what might happen there.

> "Honey, what kinds of bad things can you think of that might happen that you should be prepared to handle?" (If the answer is "none" then she surely can't go if she is not aware of the possibility of danger.) "When I was your age some kids brought some alcohol from their parents' cabinet. Do you think someone might do that?" (Again, if the answer is no it is time to talk about what really can happen even with kids she knows.) "How would you handle that, honey?" Discussion can continue with you committing to be available if you are needed.

In this quick example you can begin to see the opportunity for exploring the child's capabilities and insights as to how to protect herself. But there is more! In these discussions, a child of any age learns that we are AWARE of the reality of their world! Without lecture, we are merely sharing our recognition that they are dealing with some potentially dangerous situations, and we know it. This shares TRUST! In exploring their capabilities for handling the problem, they are able to demonstrate the reason for the trust. The end result is less fear in the parent and a recognition by the child that the parent is a resource should a problem develop.

Talk "AROUND" Them As Well As "TO" Them

There are times when the seriousness of the situation calls for a family meeting to give information about a danger in the community. But, for the most part, the information which parents need to share must come in pieces small enough to be digested by a child. Information overload can occur pretty quickly as we lecture through the impact of marijuana on the various receptors in the brain.

Now if you really want a child to hear you, what should you do? Answer…talk on the phone. And if you REALLY want them to hear you…go into another room and close the door. My point? Indirect information is non-threatening.

If Dad starts talking to Junior about sex, Junior's greatest concern is not what he is saying but is he going to make it without a heart attack? He sees his red face and sweaty palms. He knows about his blood pressure. Junior is as uncomfortable as Dad.

Sitting around the dinner table, however, Dad and Mom may enter a conversation about how the AIDS virus is transmitted. No pointed questions to the kids. Information flows between adults, and the kids hear it all. A discussion about what each has learned about marijuana and its impact on the brain may be most enlightening. Point being…this is an open topic in this house. Possibly, if one is old enough to have studied this, they might be included with a "Have you learned anything in school about this?" type of request. Talk around them. Talk with friends, family, or in the car. But SPEAK UP!

There are some things, however, that should be stated directly. The family rules and standards and the consequence for violation should be clearly presented and discussed. More on this will be presented in the CHECK UP chapter.

Modeling

There is more to SPEAKING UP than verbalizing facts. Parents are often in attendance at workshops with pen and paper in hand ready to hear what they need to do to their child to equip them for success and safety. They are shocked to find out that I don't spend a great deal of time listing things to do to the child, but to themselves. Why? Because that is who the parent has control over. The most effective training is based on this simple principle:

80% of all behavior is modeled behavior.

I can change my child by changing me!

How do you handle anger, depression, rejection, weariness, frustration, failure, financial setbacks, death, job loss or other life issues? Do you turn immediately to chemicals for relief of stress or pain? These life realities are the times when we provide some of the most important life lessons our children will ever learn. If these life crisis points cause us to blame, become physically or verbally violent, insulting, or turn to chemicals for relief, it may not be too surprising to see the same behaviors in our children**. Children are receptors and reflectors.** Recognizing that, every parent becomes painfully aware that some of the very attitudes and actions we don't like in our children are the same that we don't like in ourselves.

Athletic stars are condemned when they fail to be proper "role models" for children today. The truth is, they are really not the important role models that teach children how to handle life and its success or setbacks. They are heroes. Parents, teachers, neighbors, uncles and aunts, grandparents, coaches and others who spend time with them daily are the real "role models" for living. These teach them how to handle life by example.

Watch a child's eyes when a parent is confronted with a crisis point in life and the lesson is quickly driven home. They watch their parent – intently observing their every action and emotion. This is a "teachable moment" for certain.

I looked at the split in the trunk of the tree and realized that the large limbs pulling at the trunk had to come off. I had watched as a professional trimming crew had cut down a large cottonwood tree on the East side of the house and was convinced I could handle this with the help of my 15 year old son. I had never tried this before and had little idea how heavy a fifteen-foot-long limb could weigh. I had tied a rope to the limb and tossed it through a higher crook in a limb creating a pulley means of lifting the limb when severed. I had cut into the limb and was preparing to finish the cut. I told my son that his job was to apply all of his 165 pounds to the rope when I cut through and thus pull the limb up and let it drop safely to the ground…missing the wires that carried electric, phone and cable services into the house.

You guessed it! When the limb was cut through, I saw it start down…but not at the angle I had planned. The next thing I saw was my son lifting off the ground approaching my position in the middle of the tree. Intelligent young man that he is, he let go before being pulled through the branches. I heard the lines start snapping. Guess where his eyes were…right on mine. It was time for a life lesson.

The powerful lesson for parents in regard to the issue of modeling is simple. **Live what you want them to learn.** Parents often wonder why children pick up negative traits such as a "bad temper." They often do not realize that children indiscriminately imitate what they see. Parents may know that they model responsibility and other positive behaviors but are unaware that they model some negative traits as well. There is one person in the equation of parenting that you do have power over and that is yourself. If you do not desire for your child to be rude when angry, hold your tongue. If you want your child to set goals, share yours. If you don't want your child using chemicals to change their moods, bolster their courage, or kill their pain, then don't behave in that way yourself. **Children learn what we live**.

Modeling Alcohol and Other Drug (AOD) Use

The best defense parents and leaders of young people can provide is found in the way life is lived everyday. Drug prevention requires a close look at the attitude toward drug and alcohol use demonstrated in the home. Every child knows what will not be tolerated in the home and society. When young people see their parents and other adults using alcohol or other drugs heavily, they say, "Why can't I use?" As long as the statement of

prevention is that "*some people* can't handle this," the youth will test to see if he is one of those who can. **Only a no-use message can protect children today.**

Parents who drink alcoholic beverages, smoke, or drink a lot of caffeinated coffee may not think of these as drugs, nor do they always realize the influence these practices can have on their children. They may offer a child a sip of beer or wine at family parties and think there is no problem with drinking – especially if they abuse alcohol. You can...

- Monitor your own use of drugs such as alcohol and prescription and over-the-counter medicines.
- Promote health by appropriate eating and exercise habits.
- Be consistent in your attitudes about drug-influenced behavior. (Many parents become incensed about alcohol-impaired driving but laugh at drunken behavior in a television comedy skit.)
- Explain when over-the-counter or prescription drug use is appropriate and inappropriate. When a child has a headache, for example, could a warm washcloth or heating pad relieve the pain? Many headaches are tension and stress related. You might ask the child about his/her day to see if something upsetting happened.
- Discuss television commercials that advocate the use of over-the-counter drugs. Find out what your child thinks the commercial is trying to say and solicit their ideas about the appropriate use of medicine and the other options available for common problems such as headaches, stomachaches, and insomnia.

Modeling the Expression of Feelings

A primary purpose of alcohol or other drug use is to alter emotions. Children need to learn not to be afraid of emotions and to express them in appropriate ways. An effective way to model the expression of feelings is to use an “I message.”

An "I message" is a statement about the impact on the speaker of another person's behavior. A parent might say, "When I find mud on the rug that I have just cleaned, I feel discouraged because now it has to be cleaned again." The parent has not blamed the child but simply communicated his or her feelings about the consequences of the child's behavior. “I messages,” coupled with reflective listening, help children learn to express their own feelings.

In reflective listening, the parent demonstrates an understanding of the child's feelings and the circumstances that cause them. The parent communicates this understanding in words such as these: "You feel sad because your friend is moving"; "Sounds like you're angry because I won't let you do that." Simple ways of communicating understanding are "you feel _____ because _____, " "sounds like you're _____," and "looks like you feel _____."

Modeling Decision-Making

Using or not using alcohol or other drugs is a decision. Parents should teach decision-making as early as possible by allowing children to make choices consistent with their age and level of maturity. Decision-making begins with low-risk choices such as whether to have an egg or cereal for breakfast. Once the choice is made, the child is expected to accept the positive or negative consequences of the decision. With practice, the child learns to predict the negative consequences of decisions. This ability is especially important when deciding whether to engage in behaviors such as using alcohol or other drugs.

Parents can also teach decision-making by involving the child in decision-making processes. Exploring alternatives is a useful model for making decisions. You can model the process by using the following steps to help the child solve a problem:

- ➔ Help your child clarify their feelings. Problems often remain unsolved if feelings are not expressed.
- ➔ Explore alternatives through brainstorming. Encourage creative thinking. Solicit the child's ideas without evaluating them.
- ➔ Help the child to choose a solution. Ask your child to evaluate each alternative listed in the brainstorming process.
- ➔ Discuss the probable results of their decision. Help your child examine the likely consequences of each decision. This is especially important when a potentially harmful behavior is being considered.
- ➔ Obtain a commitment from your child to follow through with the chosen solution.

➔ Plan a time for evaluation. The solution is tested for a specific period of time – a week, for example – and then discussed ("Shall we talk next Tuesday about how it's going?").

Parents are the primary role models of alcohol or other drug use, the expression and acceptance of feelings, and decision-making. These are areas which have been found to be influential in a child's decision to use or abstain from using alcohol or other drugs. Parents must begin to exert their positive influence before the onset of peer pressure.

Parental Past and Family History

Dealing with Past Use

Many parents, especially those who were in college in the 1970s, are struggling with the fact that they engaged in behaviors that they are now discouraging in their own children. This is coupled with the fact that so many from the "baby boomer" population, which questioned authority, are now the authority — at least in the role of parenting. Parents are also faced with overwhelming outside pressures from today's society, which sends mixed messages to young people regarding drug use.

So how is a parent to respond, especially when asked by an adolescent about the parent's drug-using (or non-drug-using) history?

While these issues are important, they should not distract you from the primary task of prevention for your child. **The most important issue here is not the parent's past behavior, but the child's present and future behavior.** It is perfectly acceptable to delay a discussion of your past. For example, if a child is told that you used, they may resort to using your history as a defense, stating, "But, you did it. You are no better than me." However, if a parent states that they did not use, the response of the child may be, "You don't know what you are talking about." Therefore, a parent may choose to explain these facts and turn the issue back to the child's behavior and their concern for their world.

Do not lie to your child about your use or non-use of illicit drugs. If you feel they are not mature enough to deal with the information, or that they are not looking for something to use against you, it is appropriate to let them you know that when they are older you will be glad to discuss it with them.

Use results of research that were not available in the 1970s. The harmful effects of alcohol, tobacco and other drug use on young people have been heavily documented. Emphasize that although you "turned out O.K.," there were many from the 70s who did not. Although you may not be able to convince your adolescent that the voice of wisdom also comes from experiences you would just as soon forget, continue to hold the line in communicating a no-use expectation of your child.

Additionally, it is vitally important to recognize that the purity and strength of the drugs of the 1970s was far different from the street drugs of today. A "joint" of marijuana, for example, may be 10 to 20 times more potent than the same joint twenty-five years ago. While the parent may have "smoked pot" when they were younger, they did not do these drugs.

Also, young people who dare to experiment with drinking and using other drugs are doing so at a much younger age than those of the "boomer" generation. Today, first use occurs in pre-high school years instead of in late high school and college as it did in the previous generation. Early use may cause a child not to develop effective natural coping skills and therefore to turn more and more to chemicals to handle stress, deal with depression and have fun.

Of equal importance is the fact that some families have had little, if any, problems with chemical addiction, while others have a history of abuse. Children who have a family history of alcoholism or other drug problems are at high risk for developing these or similar problems. Families need to communicate the family history of alcohol and other drug problems to the children, so they are aware of their own risks. Many adults do not know their own family history, and many are reluctant to drag family skeletons from the closet. It helps to realize that most families have difficulty talking about the rough times in their past. Yet most families discover that, when they do face their memories, it helps them to understand each other better.

"Breaking the Cycle" - Children of Alcoholics

At least seven million American children have alcoholic parents. Child and adolescent psychiatrists know these children are at greater risk for having emotional problems than children have whose parents are not alcoholics. Alcoholism runs in families, and children of alcoholics are four times more likely than other children to become alcoholics. "Breaking the cycle" requires extensive prevention action by concerned parents and extended family.

Although the child tries to keep the alcoholism a secret, teachers, relatives, other adults or friends may sense that something is wrong. Child and adolescent psychiatrists advise that

Issues of Children of Alcoholics:

Guilt. The child may see himself or herself as the main cause of the mother's or father's drinking.

Anxiety. The child may worry constantly about the situation at home. He or she is afraid the alcoholic parent will become sick or injured, and may also fear fights and violence between the parents.

Embarrassment. Parents may give the message that there is a terrible secret at home. The ashamed child does not invite friends home and is afraid to ask anyone for help.

Inability to have close relationships. Because the child has been disappointed by the drinking parent many times, he or she often does not trust others.

Confusion. The alcoholic parent will change suddenly from being loving to angry, regardless of the child's behavior. A regular daily schedule, which is very important for a child, does not exist because bedtimes and mealtimes are constantly changing.

Anger. The child feels anger at the alcoholic parent for drinking, and may be angry at the non-alcoholic parent for lack of support and protection.

Depression. The child feels lonely and helpless to change the situation.

the following behaviors may signal a drinking problem at home:

- Failure in school, truancy
- Lack of friends, withdrawal from classmates
- Delinquent behavior, such as stealing or violence
- Frequent physical complaints, such as headaches or stomachaches
- Abuse of drugs or alcohol
- Aggression towards other children

Some children of alcoholics may act like responsible "parents" within the family and among friends. They may cope with the alcoholism by becoming controlled, successful "overachievers" throughout school, and at the same time be emotionally isolated from other children and teachers. Their emotional problems may show only when they become adults. Their probability to become involved in substance abuse as adolescents is alarmingly high. Families with histories of abuse must be aware and active in prevention.

Positive Communication About Family History

There are some rewarding ways to help older family members open up and talk about family histories. Look at family photograph albums and scrapbooks with older relatives and ask questions about the people depicted. Create a family genealogy or "tree" and document anecdotes, professions, living conditions, socioeconomic levels, nicknames, health conditions, and reasons for death.

Children and adults who learn their family histories do much more than simply learn facts. They confirm their own identities and existence in the context of a family. They discover the power of "heritage" and now belong. They see their family in terms of reality and continuity.

The most important ideas to convey to an adolescent on family abuse issues can be communicated in these two messages:

- People who have a family history of alcoholism or other drug problems are at high risk of developing those or similar problems. The best choice for them is never to drink or use other drugs, ever.
- The earlier a person starts drinking, the shorter the time it takes to become addicted to other drugs and start getting into trouble.

Get the Word Out

Speaking up includes talking to others in your community. Establish relationships with the parents of your children's schoolmates and friends. Share information you learn about drug abuse and other dangers with parenting groups at local schools or at your church. Discuss the environment that the children are dealing with to gain a complete picture.

A Parent Team

I often challenge parents to build a network of friends and relatives who "team" to protect their children. You cannot be everywhere your child is. But remember how you were constantly aware that even though your parents were not around, one of their friends might be? Here it is…the power of community!

Gather a group of parents and their children for a special meeting. Inform the kids that all of those present have made a commitment to protect each others' family. That means that if a child is seen acting up or involved in a potentially dangerous place or situation, they have committed to inform the parent. Let the children see you exchanging phone numbers, and then take them outside and let them see what kind of car each family drives! Do you get it yet? Every like car in the city will prove to be a deterrent or at least provoke a quick thought about their present behavior. Hey! It's no different than when you grew up.

LISTEN UP

In the introduction, a statement was made that we must refocus our attention on:

> *"For I have come to realize, and share with them (young people), that you can hate drugs, but not like yourself, hurt so bad you don't care, or need your friends to be somebody and you will be surprised what you might do.* ***Prevention is not about a child's attitude toward drugs. It's about their attitude toward themselves and their life****."*

Communication is the lifeblood of successful relationships. It serves as the single most important component for a successful business, a fulfilling marriage and, especially, effective parenting. Good communication builds trust, love and significance between individuals. It therefore remains that poor communication can destroy the very same things. When communication breaks down, the result is doubt, fear and insecurity. In such an environment, there is little chance of a parent providing the influence and direction every child needs.

Good parent-child communication provides the ongoing basis for children to see parents as a source of support, information, and help in facing the many hurdles associated with growing up. Parents may not always feel they are communicating effectively with their children, especially as the children approach preadolescence and adolescence. But it is imperative that the parental effort to listen continues regardless of the attitude of the child.

Listening is done with eyes and ears. It involves attention to body language, voice inflection, word choice, and eye contact as well as words. There is possibly no greater act for prevention than that of listening attentively to the mind, heart and soul of our children.

Basic Tools for Effective Communication

Be a good listener. Listening is the greatest skill a good communicator possesses. Pay attention while your child is speaking. Don't allow your mind to wander to other things such as problems at work, dinner preparations or the evening news on television. Don't interrupt. Listen carefully to what is being said and try to understand your child's concerns. Don't prepare your response while your child is speaking.

Initiate communication when needed. If the child does not tell you about problems you know exist, take the initiative and ask questions about what is going on at school or in other activities. Don't allow anger at what you hear to end the discussion. If necessary, take a 5-minute break to calm down before continuing. Take note of what your child is NOT saying, as well.

Be aware of your own and your child's facial expressions and body language. Actions often do speak louder than words. Be aware of what your eyes, hands, and body are communicating. Is your child nervous or uncomfortable — frowning, drumming fingers, tapping a foot, looking at the clock? Or does your child seem relaxed — smiling, looking you in the eye? These signs may provide more information about how the child is really feeling than the words that are said.

Acknowledge what your child is saying. Be an "active" listener. During a conversation, move your body forward if you are sitting, touch a shoulder if you are walking, or nod your head and make eye contact. Reserve judgment until your child has finished and has asked you for a response. Resist the temptation to give an opinion on every topic. Do not take notes while they are speaking. Sometimes your child just needs to talk about a problem in order to see how to fix it. Allowing your child to arrive at a solution by himself or herself helps build self-confidence and decision-making skills.

Choose your responses thoughtfully. "I am very concerned about..." or "I understand that it is sometimes difficult..." are better ways to respond to your child than beginning sentences with "You should..." or "If I were you..." or "When I was your age..." Speaking for yourself is less likely to be considered a lecture or an automatic response.

If your child tells you something you don't want to hear, don't ignore the statement. Children often hint at more than they say. Be alert for casual comments that may indicate a deeper problem. Some examples of comments that should be pursued are: "My friend's father sure acts strange," "Karen has really gotten wild," or "Sometimes I think life isn't worth living." The comments may mean nothing, or they may be your child's attempt to call attention to a problem without breaking a confidence or appearing to ask for help.

Make sure you understand what your child means. Repeat things to your child for confirmation. Ask for an explanation if you aren't sure you understand what your child means.

Be available to discuss even sensitive subjects. Young people need to know that they can rely on their parents for accurate information about subjects that are important to them. If your child wants to discuss something important at a time when you can't give them your full attention, explain why you can't talk, set a time to talk later and then carry through with it!

Give lots of praise. Emphasize the things your youngster is doing right instead of always focusing on things that are wrong. When parents are quicker to praise than to criticize, children learn to feel good about themselves, and they develop the self-confidence to trust their own judgment.

Give clear messages. When talking about the use of alcohol and other drugs, be sure you give your child a clear no-use message, so that the child will know exactly what is expected. For example, "In our family we don't allow the use of illegal drugs, and children are not allowed to drink."

Model good behavior. Children learn by example as well as by teaching. Make sure that your own actions reflect the standards of honesty, integrity and fair play that you expect of your child.

Listening And Significance

Giving a child our undivided attention is a significant act that builds significance. Children and adults need to know that someone is listening. The power of words is amazing. Think right now of the last person that gave you more than two minutes of uninterrupted opportunity to talk about what was happening in your world…and LISTENED ATTENTIVELY! I am sure you see that person as special to your life.

Talking cures many an illness. Our own words reentering our own mind through our own ears can give a new perspective to a situation, relationship or emotion. Remember…

What We Don't Talk Out, We Act Out

Children who have **ONE** significant adult who will listen and respond to their feelings and life situations are much more likely to avoid negative consequence. Sometimes, our children are fearful or inhibited in talking with us as their parents. That is why it is imperative that we introduce them to other concerned adults who they may choose to open up to. If we fail to help them find significance in a positive manner, they will find another way to get it. Unfortunately, they will seek attention as a replacement through a variety of behaviors (few of which are positive).

HOME:

Where I can admit my greatest weakness and failure and still feel accepted.

If there is a definition of what "HOME" feels like, this has to be it. When I am in this place I am secure. When I am in this place, I am safe. When I am in this place, I am loved. We all seek this place.

If we do not find this in the midst of our physical family, we will find a "home" somewhere to talk about all the "stuff" that is going on and be accepted, weaknesses and all. Accepting someone with their weakness does not mean we accept their weakness. It

merely positions us to help them overcome it. Children have enough places that evaluate their behavior and criticize their choices. Every parent and caregiver must remember that **kids flee from people who consistently tell them what they are not and flock to people who share with them who they are and who they can be.**

The Danger of Insignificance

A young person who feels insignificant will **DO SOMETHING** to **BE SOMEBODY**. They replace their **human being** by becoming a **human doing.** The behaviors they will often choose are those which are seen to be "adult" behaviors. A fifth-grader might smoke cigarettes**.** Next, they drink beer or possibly begin to experiment with drugs. Then they become sexually active. All of this is what I discuss with the youth in assemblies as **STINKIN' THINKIN'!** None of these make youth an adult. They end up getting nothing they are looking for. There are a lot of substitutes kids are buying today.

The Need	The Substitute
Significance	Attention - Pity
Respect	Intimidation - Fear
Responsibility	Rights - Freedom
To be loved	Sex
Power	Blaming - Victim actions

What does this have to do with drug abuse, gangs and teen pregnancy …

EVERYTHING!

"Susan's" Story

The following story may help you better understand the part that significance can play in the behaviors of our children. "Susan's" story is not something that is new. After sharing this story with parent groups across the country, it is not uncommon to have women speak to me afterward and identify themselves as "Susan." They tearfully recount almost the identical circumstances and mindset.

She came into my office with a problem. As we dealt with some details of the problem, I asked her some questions seeking to understand how she got into this situation. I asked about her family, and she told me about her two older siblings, mother and father. She also spoke of a cousin who had gotten pregnant at almost seventeen and missed her high school graduation. Susan was twelve years old at the time. Talking about it, she reflected on the grief she had seen this cause in the lives of her cousin, uncle, aunt and even mother and father. She made the statement, "I thought then that I did not like that, I did not want that and I would not do that."

Her brother was almost five years older and her sister three. Further questions about her relationship to her siblings extracted some rather painful memories of how they put her down. "My brother called me 'ugly' and my sister called me 'geek' all the time." she said. I asked her how she responded to them and she said that she always said, "I am not!" but really kind of felt that way inside. She did not feel like she fit in at school and ran with a group that was outside the mainstream.

I asked her how she thought we ended up dealing with this situation in my office. She told me about a friend of her brother who she met when she was fifteen. She immediately fell in love. He paid her no real attention, especially when her brother was around, but she fantasized about him. One day, when she was sixteen, he came over to see her brother. Finding out he was not around, he began to talk with her about a date. She was elated! They went out to eat, to a show and then he said, "Let's go to…" and named the very spot where her cousin had gotten pregnant! She told me that she knew she should not go, but felt that the young man would dismiss her if she did not. She then thought it was safe because she was not like her cousin…she didn't like it, didn't want it, and wouldn't do it.

Tears then came to her eyes as she told me what happened. He stopped the car and shut off the engine. He turned on the music and put his arm around her. Tears began to stream as she said, "He said two words and I melted. He said, 'You're beautiful.' And for the first time in my life somebody that I thought was somebody saw me as special!" And she broke down.

The reason this young lady was in my office was to complete the adoption papers for the baby she had at seventeen.

Effective prevention is not just about getting kids to hate drugs, sex and guns. It is not about getting them only to fear them either. It is about developing personal skills and significance through meaningful relationships and proper modeling.

LISTEN UP!

CHECK UP

DISCIPLINE

Everyone has their favorite story of a parent or caregiver's futile attempts to correct a child's improper or dangerous behavior. Parents have been known to stretch their own creativity to extremes in an attempt to bring structure to the life of their child. While discipline may not be the most exciting part of parenting, it is certainly one of the most important. All other lessons in an individual's life fail to compensate for a lack of discipline.

To "discipline" means to teach or guide...to "disciple." The mental picture of a leader and disciple could be a beautiful picture of parent and child. If only the child wanted to be like the parent! Unfortunately, the child is often seeking to be just the opposite. And yet, the parent still bears the responsibility of communicating the importance of these protective behaviors to the child. To many people, discipline means punishment. Rather than punishment, however, discipline should be a positive way of helping and guiding children to achieve successful lives through self-control, awareness and responsibility to both natural and social laws.

Why Children Need Discipline?

You, as parents, are your child's first teachers. Disciplining your child may be difficult, so understanding the reasons for it is important.

For protection

Often parents discipline children to protect them from danger. A parent may teach a young child not to touch the hot stove by removing him from danger while saying, "No, no, stay away. The hot stove will burn you and it will hurt!"

To get along with others

Discipline can help children learn to get along with others and develop self-control. This is seen when a twelve-year-old reminds her friend of a school rule and helps both of them avoid a conflict.

To understand limits

Discipline can help children understand limits and learn acceptable behavior. The six-year-old learns to take turns in class because the teacher and students have set rules for how to behave.

The purpose of discipline, then, is to teach children acceptable behavior so that they will make wise decisions when dealing with problems.

Discipline is not Punishment

Discipline is not the same as punishment. Studies have shown that physical punishment, such as hitting, slapping, and verbal abuse, is not effective. While such punishment may seem to get fast results, in the long term it is more harmful than helpful. Physical punishment can discourage and embarrass children and cause them to develop low self-esteem.

Some experts argue that it also promotes physical aggression in children by showing them that violence is acceptable and that "might makes it right." Instead of using punishment to correct behavior, children need to learn what behavior is allowed and why. Parents should stress "dos" rather than "do nots". An example of positive discipline would be telling your son, "Please pick your clothes up off of the floor because I have to vacuum in here," rather than saying something negative like, "I'd better not catch you throwing your clothes on the floor anymore, or else!"

The Danger of Anonymity

What was the number one reason you did not do the bad things some other kids around you were doing when you were growing up? Your answer is probably the same as the hundreds I get from parents across the land…"**My parents would have killed me!**" CONSEQUENCE! The greatest deterrent in your world as a teen was parental awareness and involvement. And if your parents weren't aware by their own observation, a thousand other eyes from the community made sure they knew. Think about it! You were not anonymous…like too many kids are today.

The following demonstrates the power of anonymity:

> The young man arrived to take his final exam in the auditorium classroom with 400 other freshmen students. The professor strode through the door and announced that a change in his plans required that the previously announced time limit of one hour was to be cut to forty minutes. Knowing he could not do well when rushed, the young man decided to take his time and run the risk of a problem. All other students turned their papers in at the announced time while he continued to work. Ten minutes after the time had expired the young man walked his paper to the front. The angry professor held out his hand and announced, "Give me your paper. I am sure you know what your grade will be for turning it in late!" The young man held his paper back, looked at the professor and said, "Sir, do you have any idea who I am!" "Of course not. How could I? There are over 400 students in this class." "That's what I thought the young man said." He then separated stack of papers already turned in, placed his in the middle of the stack and walked out of the room.

Consider how you might have acted if your parents would not have been able to find out what you did while away from their sight. There must be a commitment to get in your child's way wherever they are for their protection. **An informed and involved parent is a child's greatest asset in surviving the dangers that threaten them.**

It is a concerned and aware parent that makes a conscious effort to maintain a visible presence in the world where their children exist on a daily basis. When young people say, "They don't have a clue," when referring to adult awareness, it is evident that they have recognized parental absence from their world. When parents do give advice or comment on something related to their world, it is greatly discounted by the their recognition that it must be speculation on the part of the parent.

What's in their room? When was the last time you looked at the CDs in the rack or the clothing in the closet? And what about those posters? Who are those people anyway? All of these are evidence of who your child is and what is influencing his or her life at the moment.

Governing the Family

Just as laws govern American society, rules and guidelines must govern families so that throughout a child's developmental stages he or she becomes used to following rules to keep out of trouble. This teaches them, when they are out from under your wing, to adopt their own set of guidelines inclusive of our society's laws. Then, throughout adult life, they can base all of their decisions, big or small, on what falls within their guidelines and what is outside them. By making decisions as to what is acceptable and what is unacceptable according to their rules, children learn the discretion needed to survive in today's world and the character to make a positive impact on society.

The laws that govern families are called rules or guidelines. You should sit down with your child and discuss these rules, working together to formulate a list of family guidelines that will keep the entire family on the right track. Once the child has committed the rules to memory and knows them well, he or she can be allowed a certain amount of discretion and the ability to make a reasonable number of his/her own decisions. It gives your children a sense of what is right and wrong so that, when they are breaking a rule, they are fully aware of it, and are not surprised by you - the angry parent. This gives your child an anchor, so to speak; a vantage point from which he or she can

begin to understand the way freedom versus responsibility works in society and learn how to make good decisions and develop good judgment.

Music

Another extremely serious danger is the incredible power of today's music. Music is addicting. Music has the ability to literally capture the mind. It can lead, drive, create, direct, seduce and allure. But, one of the more profound aspects of music is its extraordinary ability to teach. Music is without a doubt one of the most effective methods for dispensing information ever devised. People are capable of doing almost anything in an atmosphere created by music. When you add drugs to the equation, things can become extremely dangerous

Music can stir emotions, capture minds, and affect choices. It can cause riots or calm fears. It can create feelings of love or hate. Music can drive virtual masses of kids into states of frenzy or completely warp the thinking processes of a single young person who sits alone in his room with the headsets on. In fact, occult leaders in very high positions have gone on record to say that music is their greatest tool for recruiting young people into Satanic cults and other destructive groups.

I knew a young man from Oklahoma City named Sean Sellers who was profoundly influenced by music and a fantasy role playing game called Dungeons and Dragons. He began a Satanic cult in high school and later shot and killed a convenience store clerk just to say that he had blasphemed God by breaking all of the ten commandments. Five months after the murder, he performed a ritual in his bedroom late one night in an atmosphere of heavy metal music. Afterward, he walked to where his mother and father were sleeping and shot them both in the head. At one time, at the age of 17, Sean was the youngest person on death row in America. He was executed on February 4, 1999 at the age of 29. In all of the hundreds of taped interviews and untold numbers of published pages, Sean talked about how powerful the dark side of music really is, and how many young people are lured into potentially deadly circumstances by something that is concealed under the shadowy guise of entertainment.

Parents, all you have to do is listen to the same lyrics that your children listen to. These words can even penetrate the very soul of a child and radically alter their personality. You might not even know where the change is coming from if you don't wake up to the source. Check out their CD collection. Look at the names of the bands. Listen to the music itself. Watch MTV for an hour. Get on the Internet and look up the lyrics on the web page of the group. Don't think for a single second that this tremendously influential force cannot have a dramatic impact on your children.

Understanding Freedom vs. Responsibility

In American society, laws protect our freedom - but they can also limit that freedom. One of the most important lessons parents can teach their children is the relationship between freedom and responsibility. As long as we handle our freedom responsibly, we may pursue happiness as we choose. However, should we freely choose to break the law, society judges us to have behaved irresponsibly, and we must suffer the consequences. In order to provide your children with a background that will allow them to lead healthy and productive lives, it is imperative that you create rules and guidelines for them to follow throughout their development.

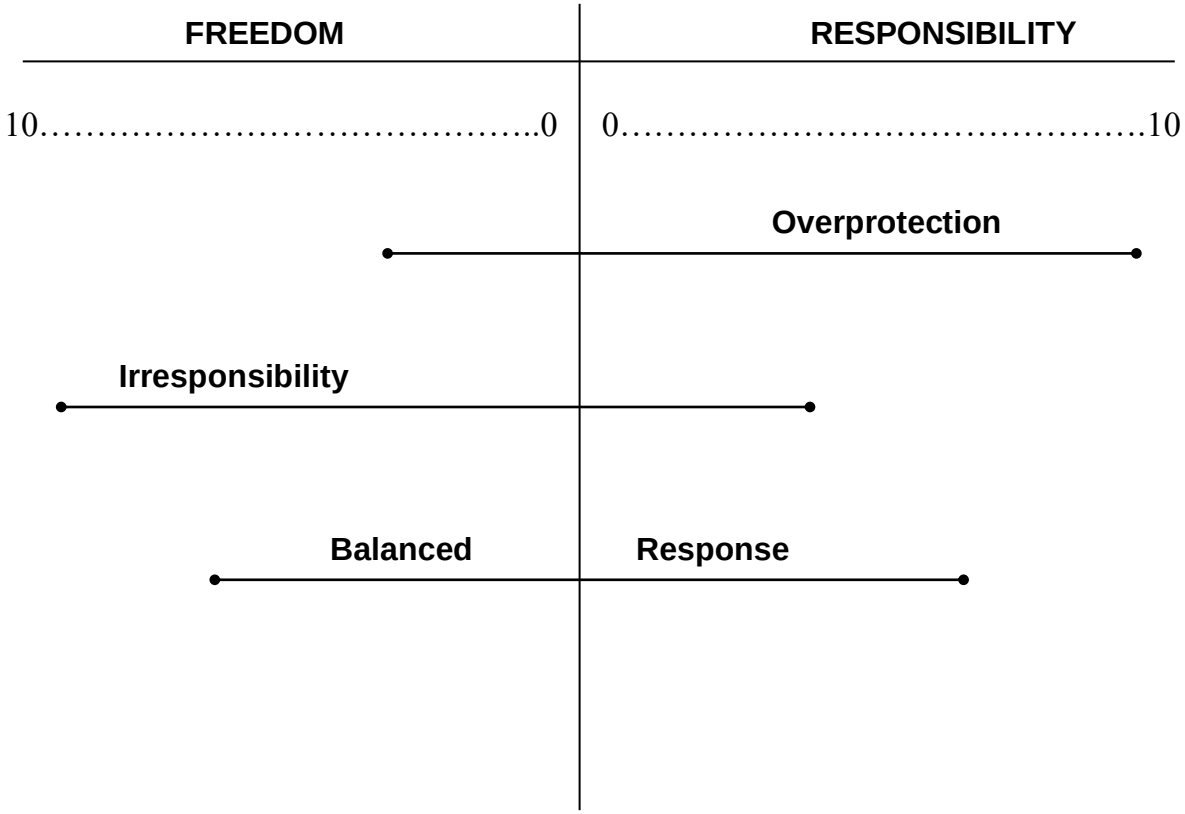
Freedom vs. Responsibility Model

There is a simple model that can be used with children and teenagers to explain the role of parents. It explains how freedom can be earned and the basis by which parents will be willing to grant it. It also shows the child how their behavior can control the amount of freedom they will enjoy.

At birth, a child has no freedom and no responsibility. We place them in tiny cages and move them where we want them to be. In that little cage, they can do whatever they wish. As parents, we are totally responsible for their safety and health.

As the child grows older though, things change. It is the goal of parenting to release this new citizen into the culture gradually. It is our responsibility not to allow the child, nor the community, to be endangered by "early release." How do we monitor that?

THE FREEDOM vs. RESPONSIBILITY MODEL



As the child shows responsibility, we grant freedom. (*Balanced Response* on the model.) Violation of this formula in either direction can create problems.

The obvious example is the seventeen-year-old with the responsibility level of a fifth-grader who is allowed a weekend vacation to the nearest beach. Driving a 300 horsepower car with two others of like kind aboard, he wreaks havoc on the locals there. The result is a child and a community in danger.

But there is another violation. If a child shows great responsibility, but the parents withhold freedom, the child is not able to adjust to freedom when it occurs. This is best seen when a highly protected teen goes to college. When introduced to freedom without restriction from the outside, they often self-destruct. The problem is one of not being given opportunity to develop their own values and skills to deal with the influences around them. This is the child who was well-behaved under a "controlled environment."

Control Does Not Change People

Following a community presentation, a man and his young son approached the platform area where I was greeting the participants. The dad wore a heavily-starched western shirt, well-polished boots and perfectly creased jeans with a big shiny buckle. In his hand was a wide-brim Stetson hat. The nine-year-old boy looked like a smaller version of the original.

The man commented about how he enjoyed the program and the information. He then surprised me by reaching down and grabbing the left ear of the young boy in his hand and pulling it toward the ceiling. The boy stood on his toes beside his dad. Dad looked at his son and said, "You're not gonna' do any of those drugs and stuff are ya' boy?" "No sir!" the young boy said.

I looked at the man and said, "No, he sure won't. Not as long as you have a hold on his ear."

Too often we determine whether or not a child is prepared to face the dangers in this world based on whether or not they can **BEHAVE**. Control does not change people. If control worked, our prison system would be turning the lives of thousands of people around every year. I have met many young people in treatment centers and detention facilities who functioned fine as long as they were not in control of their lives. What they needed to learn was **how to walk through a drug-filled, sex-crazed, violent world safely.**

FACE UP

How To Tell If Your Child Uses Drugs

Knowing for certain whether your child is or is not using drugs can be difficult for parents. Always begin by trusting your child, but do not blind yourself to the possible painful reality that your child is involved in substance abuse. There are common signs of drug use, but they are not usually obvious until use is occurring at a frequency of three times a week or more, and usually not until it has continued at that level for six months to two years.

Parenting is not the only influence on a child's development. One of the difficult lessons of parenting is learning to accept the difference between influence and control. Although we can be a powerful influence in the lives of our children and teenagers, the actual controls are in their hands. For this reason, even responsible and capable parents can have a teenager who chooses to become involved with alcohol or another drug. Effective parenting skills decrease the likelihood of this happening, but cannot absolutely prevent it.

As with any other problem that life poses, how we handle a teen's involvement will influence whether the problem is solved or worsens. Responsible parents must equip themselves to be able to detect violations of the family "no-use" rule and develop a firm and caring method of confronting their teenager's possible violation.

Getting Involved in Prevention and Detection

For any rule to be effective, you must be willing to expend the energy to detect violations. This includes the following:

- ➔ Imposing curfews
- ➔ Knowing where your children are
- ➔ Staying awake until your children come home at night and observing their behavior
- ➔ Remaining informed and current in your knowledge of specific drugs (including alcohol) and their signs of use
- ➔ Learn about the extent of the alcohol and other drug problem in your community and schools
- ➔ Meet with parents of your children's friends or classmates
- ➔ Establish a means with other parents of letting each other know which children are using alcohol and other drugs and who is supplying them
- ➔ Become familiar with the common signs of abuse and share that awareness with your children

Many young people in treatment programs say that they had used alcohol and other drugs for at least two years before their parents knew about it.

While active involvement in the primary prevention of drug abuse will enable most children to avoid becoming ensnared, any child can be drawn into the drug web at a point of weakness. Secondary prevention is being able to intervene in the earliest stages of use and respond in a proper manner.

Substance Abuse: Signs and Symptoms

Substance abuse of any kind is dangerous. Persons of all ages can quickly or over time become victims of their own negative behavior. Age, economics, social or ethnic group, peer pressure, and other personal and societal factors often determine the substance abused. It also should be remembered that some of the listed signs of abuse might signify normal behavior variability or health problems.

Behavioral Characteristics Associated with Substance Abuse

- Abrupt changes in work or school attendance, quality of work, work output, grades, discipline
- General attitude changes and/or irritability
- Withdrawal from responsibility
- Deterioration of physical appearance and grooming
- Impaired performance on the job or in the classroom
- Wearing of sunglasses at inappropriate times (to hide dilated or constricted pupils)
- Continual wearing of long-sleeved garments (to hide injection marks) particularly in hot weather or reluctance to wear short-sleeved attire when appropriate
- Association with known substance abusers
- Unusual borrowing of money from friends, co-workers, or parents
- Stealing small items from employer, home, or school
- Secretive behavior regarding actions and possessions; poorly concealed attempts to avoid attention and suspicion such as frequent trips to storage rooms, closets, restrooms, basements (to use drugs)

Signs Characteristic of Use of Specific Substances

Alcohol

- Odor on the breath
- Intoxication
- Difficulty focusing; glazed appearance of the eyes
- Uncharacteristically passive behavior; or combative and argumentative behavior
- Gradual development of dysfunction, especially in job performance or school work
- Unexplained bruises and accidents
- Flushed skin
- Loss of memory (black outs)
- Availability and consumption of alcohol becomes the focus of social or professional activities
- Impaired interpersonal relationships (troubled marriage, unexplained termination of deep relationships, alienation from close family members)

Note: Behavioral and physiological signs or alcohol abuse may emerge in as little as six months for adolescents and the elderly or take as long as 15 years for some adults.

Marijuana

- 🗀 Rapid, loud talking and bursts of laughter in early stages of intoxication
- 🗀 Sleepy or stuporous in the later stages
- 🗀 Forgetfulness in conversation, (i.e., "What was I saying," or may simply trail off)
- 🗀 Inflammation in whites of eyes; pupils likely to be dilated
- 🗀 Odor similar to burnt rope on clothing or breath
- 🗀 Tendency to drive cars slowly, below speed limit
- 🗀 Distorted sense of time passage, tendency to over estimate time intervals
- 🗀 Use or possession of paraphernalia, including "roach clips" for holding the cigarette, packs of cigarette papers, pipes or "bongs"

Note: Marijuana users are difficult to recognize, unless they are under the influence of the drug at the time of observation. Casual users may show none of the general symptoms. Marijuana has a distinct smell and may be the same color or greener than tobacco.

Stimulants

- 🗀 Dilated pupils (when large amounts are taken)
- 🗀 Dry mouth and nose, bad breath, frequent lip licking
- 🗀 Excessive activity, difficulty sitting still, lack of interest in food or sleep
- 🗀 Irritable, argumentative, nervous
- 🗀 Talkative but conversation often lacks continuity; changes subjects rapidly
- 🗀 Runny nose, cold or chronic sinus/nasal problems, nosebleeds (for cocaine users)
- 🗀 Use or possession of paraphernalia (cocaine users) including small spoons, razor blades, mirror, little bottles of white powder, plastic, glass or metal straws, glass pipes and miniature blow torches

Depressants

- 🗀 Symptoms of alcohol intoxication with no alcohol odor on breath (remember, however, that depressants are frequently used along with alcohol)
- 🗀 Slurred speech
- 🗀 Lack of facial expression or animation flaccid appearance

Note: Although there are few readily apparent symptoms, abuse of depressants may be indicated by activities such as frequent visits to different physicians for prescriptions to treat "nervousness," insomnia, stress, or "tension;" and by having prescriptions filled at numerous pharmacies that may be widely separated in distance or even outside local community.

Narcotics

- 🗀 Lethargy, drowsiness
- 🗀 Constricted pupils that fail to respond to light
- 🗀 Redness and raw nostrils from inhaling heroin in powder form, possibly traces of white powder on nostrils
- 🗀 Scars (tattoos) on inner arms or other parts of body, from needle injections
- 🗀 Use or possession of paraphernalia, including syringes, bent spoons, bottle caps, eye droppers, rubber tubing, cotton and needles. Such items may be left in lockers, etc. at work/school, or hidden at home.

Inhalants

- 🗀 Substance odor on breath and clothes
- 🗀 Runny nose, watering eyes
- 🗀 Poor muscle control
- 🗀 Drowsiness or unconsciousness
- 🗀 Presence of bags or rags containing dry plastic cement or other solvent at home
- 🗀 Discarded whipped cream or similar chargers (users of nitrous oxide)
- 🗀 Small bottles labeled "incense" (users of butyl nitrite)

Hallucinogens

- 🗀 Extremely dilated pupils
- 🗀 Warm skin, excessive perspiration and body odor
- 🗀 Distorted senses of sight, hearing, touch; distorted image of self and time perception
- 🗀 Mood and behavior changes, the extent depending on emotional state of the user and environmental conditions

Note: At least in the early stages of usage, these drugs are generally taken in a group situation under special conditions designed to enhance their effect. LSD is odorless, tasteless and colorless. It can be taken orally in tablets or capsules, or in impregnated liquids. It is commonly sold on pieces of paper resembling a postage stamp and is often named after the picture on the paper, i.e., lightning bolt, alien, rainbow, or cartoon characters. It may also be placed on clear cellophane and called "windowpanes."

Parents Can Detect Possible Drug Use By Watching The Eyes

Kids must know that their parents can communicate intelligently with them concerning drugs. One major part of prevention is knowing what to look for when we are talking to our children about whether or not they have been using alcohol or other drugs. When erratic behavior signs cause concern, look at the eyes. Abnormal eye signs may indicate either substance use or a medical or genetic condition that may be impairing the individual affected.

Drugs cause changes in behavior because they impact the brain. The ophthalmic system (which controls the eyes) is one of the first systems to be impacted by a chemical change in the body. Since proper eye function requires the extremely precise coordination of very small nerves and muscles, even small dosages of some drugs may disturb normal physiologic process and produce physical signs. The individual cannot override these changes by will. Therefore, changes in the function of the eye are an indicator of possible substance abuse.

When an individual's behavior becomes erratic,
look into their eyes for these occurrences which may be signs of impairment:

Redness, excessive watering, and swelling of the eyelid

Heavy redness of the white of the eye which is not mere "contact scratch" or allergy lines will commonly occur with drunkenness or marijuana abuse.

Droopy eyelid

The eyelid does not normally rest on the pupil (black center) of the eye. Marijuana, for example, impacts the brain in such a way as to consistently cause this condition.

Retracted eyelid

This is referred to as “whitewall” or being “wide-eyed.” The white of the eye is visible all the way around the colored area (iris) of the eye. This condition is usually apparent under the influence of some hallucinogens and amphetamines.

Pupil Dilation

In normal room light, the pupil will be about the same size as one third of the iris (colored portion) and will react to changes in light. A pupil which will not constrict in response to direct light stimulus is abnormal. A greatly enlarged pupil in average to bright light is also abnormal. This is a common brain response to marijuana. A very small pupil (pin-point) which seems fixed and non responsive is a strong indicator of opiate (heroin) use.

Rapid eye movement

Rapid side-to-side movement of the eye without the ability to fix for any period of time on an object is a sign of possible abuse of amphetamines or cocaine. The individual, who under normal conditions is able to look at you when being spoken to, seems unable to do so.

Impaired Tracking

A normal tracking of the eye across the iris will be smooth and non-impaired. Under the influence of certain chemicals, the eye will not be able to move without bouncing. This is called “nystagmus” and is a common condition of the abuse of alcohol or marijuana.

Non-Convergence

A normal eye should be able to cross and hold the crossed position for two to three seconds. An impaired condition exists when the eye cannot hold the crossed position for that period of time, but instead floats back to the center of the eye.

It should be remembered that eye signs alone are not evidence of substance abuse. They may, however, trigger further investigation that may reveal a substance problem. Any confirmation should be done with a drug test.

Searching for Evidence

If you have reasonable grounds to believe that your child is involved with alcohol or other drugs, you have the right and the responsibility to go through your child's belongings in search of hard evidence with which to confront them. However, you should show your children and teenagers the same respect as the law, in general, shows you. A police officer may not come into your home and go through your belongings without probable cause and a search warrant. Similarly, you should not make a routine habit of searching your children's belongings.

One reason that searches are sometimes justified is that it's almost impossible to find out whether teenagers are involved in alcohol or other drugs by asking them. Often, when a child is confronted by a parent or authority figure and asked about his/her involvement with drug use, this only presents an opportunity for the child to lie. Lying is one of the most damaging aspects of the drug dependence process. Such behavior can cause an immediate loss of trust and, if not dealt with properly, begin a game of hide and seek which can destroy a family. While the truth may be difficult to deal with, it is always easier to handle than lies and distrust. Children will often lie if they feel that physical or emotional harm will be the result of their telling the truth. Our children should always know that we do not exist to hurt them, but to help them deal with the problems in life which they may encounter.

Confronting A Child or Teenager

Parents frequently deny the evidence and postpone confronting their children. The earlier an alcohol or other drug problem is found and faced, the less difficult it is to overcome. If you suspect your child of using alcohol or other drugs, you must first deal with your anger, resentment and sense of guilt. Do not take your child's alcohol or other drug use as a sign that you are a bad parent. Remember that parenting is not the only influence on a child's development.

In a two-adult household, it is essential that you present a unified front. The child, to deflect the issue away from their problem, will use any disagreement between the two of you.

Do not try to confront your child while he or she is under the influence of a drug. Also, if your child is heavily intoxicated, do not make the mistake of allowing your child to "sleep it off." Take the youth to a detoxification center or a hospital emergency room immediately. Intoxication (alcohol or other drug poisoning) can have dangerous medical consequences. Therefore, it is of the utmost importance that your child be taken to a properly equipped medical facility, where he or she will be under the close supervision of qualified medical personnel. This action also sends the clear message that alcohol or other drug use is serious business and is not going to be taken lightly.

Another guideline to keep in mind during the confrontation is to act more and talk less. Parental lectures almost always fall on deaf ears when a child is already involved in alcohol or other drugs. The logical consequences that you devise and enforce will get your child's attention.

Critical Guidelines for Confrontation

1. Deal With Your Own Emotions First

Whether or not you can control your child, you can control your response to the situation and the child. Be careful not to react with rage or excessive anger. Although you may feel justified in becoming angry, a calm, firm response produces the best results. Trying to embarrass or humiliate your child will most likely be counterproductive. Bribery does not work. The child will accept the rewards, but continue to use alcohol or other drugs. Threats and unreasonable discipline tend to drive the child further into alcohol or other drug use.

2. Exit Rather Than Explode

Sometimes you may be too upset with your child to deal rationally with the problem. By physically leaving the situation, you can keep from saying things you would later regret. Take a walk, yell and scream in a closed room, beat on a pillow, or call a friend to talk things out. Separating your emotion from the facts will help to increase the chances for success when you confront your child.

3. Listen Without Accepting Excuses

There is a difference between listening to what children have to say and accepting their excuses. Rejecting their rationalizations and excuses enables both parent and child to deal with the real issue – the child's alcohol or other drug use. To accept those excuses (for your benefit or theirs) is to enable them.

4. Stand Firm

It hurts to see your child hurt. But you must stand firm on your family's drug-free commitment. To allow your child's pain to compromise your views on the consequences of their behavior is to enable them.

5. Forgive

Parents and children alike need to know that there is hope – both for themselves and for their family unit. Once feelings have been appropriately expressed and consequences for the child's behavior have been applied, it is time for the relationship to be restored. Forgiveness is the first step in the healing process for both you and your child.

Recovery is not just an individual's responsibility. It is a family affair. Denial and enabling are dangerous enemies of the abuser. Taking action involves a commitment to address the family's role as well as the victim's.

NOTICE:

Do not attempt to discuss the issue of abuse while the child is impaired or intoxicated. Their inability to reason due to impairment would create an exercise in futility. Also, beware of impairment that requires detoxification. Withdrawal from any drug may require the assistance of a medical doctor. Respiratory, cardiovascular and other problems may result from improper withdrawal.

What About Drug testing?

How Drug Screening Works

While drug screening is not the most fundamental part of family-based drug abuse prevention, it is one of the most controversial, and therefore merits careful review. Urine can be screened for many commonly-used illicit drugs. This screening will not, however, confirm the use of alcohol, LSD, inhalant abuse, or many over-the-counter drugs abused today. Drug screens will be positive (showing recent drug use) for periods ranging from a few hours after use until several days afterwards. Results depend on many variables, including the specific drug used, the amount used, the concentration of the urine, and the sensitivity of the particular screen employed. The closer to the time of suspected drug use the sample is taken, the more likely it is to be valid.

It should be remembered that drug screening alone, however, is not an adequate response to the overall problem of drug use. Drug screening can be no more than one of the several important steps in the total family program needed to solve a drug problem.

Most families who have not been hit by a drug problem find even the discussion of drug screening to be unpleasant, if not positively offensive. If you do not need drug screening in your family, fine. Consider yourself fortunate. But if drug use is a problem, and if you believe you need to know the facts, as a practical matter there is no alternative.

Why Do This?

If your children know that you may screen at any time, they are provided with an opportunity to avoid peer group pressure and "just say no." Screening is a deterrent. The fear of being caught and confirmed is a real fear.

Drug screening a family member, however, is a somewhat controversial subject due in some part to the abuse of drug screening by parents who arbitrarily use it to threaten or control their child. The arbitrary screening of a child who has shown no real signs of the use of alcohol or other drugs may seriously impair the parent/child relationship. Such behavior can create a feeling of distrust that undermines healthy family relations.

Voluntary Screening

It may be, however, that the child or other family member may request drug screening as a means of validating their being drug-free. Many young people today are actually requesting drug screening in their schools and at home. Their desire is that there be no doubt in the minds of their parents or other authorities that they are free from drugs. Voluntary drug screening may also allow a child to remove questions about the screening process prior to application for employment. Above all, voluntary should be just that… voluntary.

Random Screening

In other families, children and parents have come to an agreement that random drug screening will be a part of their family prevention program. Parents who feel that their child is in a high risk environment for drug abuse may discuss with the child the importance of their knowing that the child has not become involved at all.

Random screening can encourage a child who has poor resistance skills and has proven to be easily swayed by peers to get involved in other negative consequence behaviors. Also, random screening is an accepted part of the recovery program for an individual recovering from abuse. Again, the gains of this type of screening only outweigh the losses when clear and respectful communication is present in the family.

For Cause Screening

When behavior signs develop which closely resemble those associated with substance abuse, drug screening may become an important tool for detection and treatment. The decision to drug screen a family member may not be an easy one. The fact that a screen is necessary may be a sign that something disturbing is already happening to the family. Distrust, poor communication, fear and rejection may already be taking a toll. The use of a screen may be necessary to assist in determining whether the problem is or is not substance related, but it is seldom without cost.

How to Approach Alcohol or Drug Screening

The approach taken when requesting screening may be as important as the screen itself. Before confronting your child to request that they submit a urine specimen for screening, you may want to contact a family counselor for advice.

Substance abuse detection is primarily a behavior observation process. And yet, the early behavioral indicators of possible substance abuse may also be the signs of a number of other social or emotional problems common to adolescence. Also, there is the almost certain tendency of an abuser to lie in order to cover drug use.

When behaviors seem to indicate a possible abuse problem, a child should be confronted directly about possible drug use. While many parents fear this confrontation, every day that abuse continues puts the child in more and more jeopardy, and closer to serious, long-term harm. If use is suspected and denied, there is a way to settle the issue...alcohol or drug screening.

What you enter into upon encountering behavior that indicates possible alcohol or other drug use is **early intervention**. Basic principles of effective intervention must be followed. Carefully review the steps below before confronting your loved one.

Suggested Steps:

- Secure a private and quiet location for this discussion being sure that you have firm control over your emotions. Have other concerned family members available if needed.
- Restate the family no-use policy and consequences for violation. Emphasize that these were established out of love and concern for their safety and that this meeting is in the same spirit.
- Discuss your suspicions, concerns and fears with the child calmly and objectively. Avoid accusations! State the facts that have led to the family's concern about alcohol or other drug use. Bring in other members of the family to help, if necessary.
- Request that the child submit to an alcohol and/or drug screen in order to settle the issue of suspected use. Remind the child that if there is no use, there should be no fear on their part to agree. Ensuing argumentation should be considered a sign of probable use in most cases. Refusal to submit should lead to direct consequences reserved for drug use.

- Follow the instructions found in the alcohol or drug test used for your child.
- Lastly, impose whatever discipline your family has decided on for violating the rules and stick to it. Don't relent because the youngster promises never to do it again.

Many young people lie about their alcohol and drug use. If you think your child is not being truthful and the evidence is pretty strong, you may wish to have your child evaluated by a health professional experienced in diagnosing adolescents with alcohol- and drug-related problems.

After the Test is Done

What if the results are positive?

Do NOT ignore positive test results. A positive drug screen, indicating recent use, should lead to direct, reasonable punishment. These penalties should continue until screens are negative (indicating no recent drug use) and behaviors indicative of drug use are corrected. Drug screening can then be done occasionally, and may even be stopped completely once trust is reestablished.

What if the results are negative, but I still suspect drugs?

A negative test does not guarantee drug abstinence. If the behaviors that concern you continue, you should retest. The presence of continuing problem behaviors signifies a problem of some type exists. Seek professional help and find out why.

Understanding the Stages of Abuse

Parents need to understand that the use of a substance for mood alteration constitutes substance abuse. Dependence on a substance usually occurs over a period of time, and follows a pattern. Treatment providers have determined that the earlier the detection occurs, the greater the chances for recovery are, and they have identified four basic stages relevant to the abuse of chemicals.

STAGE 1 — EXPERIMENTATION

The use of substances out of boredom or for recreational purposes may lead to dependence. Use at this stage may not result in negative consequences and may be difficult to detect. A child may, however, be establishing a lifelong pattern. Too many youngsters and adults believe that the first use of alcohol and other drugs is safe. For youths, using drugs such as tobacco and alcohol is often, unfortunately, viewed as normal. However, because young bodies are particularly susceptible to alcohol and other drugs and their effects, there is no such thing as totally "safe" use of any mind altering-drug by a youngster. In stage one, however, there may be no outward behavioral changes caused by the use of drugs. Still, such experimentation should not be tolerated.

STAGE 2 — MORE REGULAR USE

The second stage involves more frequent use of alcohol or other drugs as the person actively seeks the euphoric effects of a mind-altering drug. At this point, the user establishes a reliable source, and may add mid-week use of alcohol or other drugs to previous habits of weekend use at parties. This stage is marked by behavioral changes, lying, deterioration of friends and planning of times to use. Intervention at this point is imperative in order to avoid allowing the child to slip into dependency. Significant to this step is not the amount or frequency of use as much as its effect on the user.

STAGE 3 — DAILY PREOCCUPATION

In stage three, there is intense preoccupation with the desire to experience euphoric effects. Living will begin to center around drug availability and use. Problems with parents, police, and friends will begin to increase. More and more time, energy and money will be devoted to abuse. The user may feel they can quit at any time, but it is evident that they choose not to.

STAGE 4 — DEPENDENCY

In the fourth stage, increasing levels are needed just to feel OK. Physical signs such as coughing, frequent sore throats, weight loss and fatigue — which may have begun to appear earlier — are now common. Being high becomes normal. Blackouts and overdosing also are more common, family life is a disaster, and crime may be becoming a way of life to obtain money to buy drugs. The user's failure to admit the negative impact or destruction occurring causes continued and increased abuse.

Chemical Dependency - A Family Problem

Many families will have to cope with friends or family members who abuse drugs. The spouses, friends and children of those who are dependent on drugs share a tendency to deny the problem. Denial can turn into a downward spiral for both the user and the people who love him/her.

While placing the blame on the one who is involved in substance abuse, the family often fails to realize its own "dysfunction." The recovery of a chemically dependent individual is nearly impossible without the cooperation and "recovery" of the family as a whole. While no one would knowingly contribute to the destruction of someone they love, certain attitudes and behaviors actually do just that. One of the greatest priorities in freeing the dependent individual is to identify and assist those who are "co-dependents" addicted to the individual. Just as a person is addicted to drugs, the family can be addicted to caring for the drug dependent person.

Every chemically dependent individual has one or more well-meaning friends or family members who unknowingly assist them in maintaining their destructive behavior

Co-dependents are normally guilty of two major wrongs in relating to the abuser: **DENIAL** - The refusal to admit or to deal with the reality that a family member or friend is abusing a substance and needs help and **ENABLING** - Knowingly or unknowingly assisting an abuser in continuing his/her destructive behavior.

Family, friends and professionals who do not force the drug abuser to face the consequences of his/her behavior are helping to prolong the abuser's problem. While we are not directly responsible for the behavior of another, we are responsible for our own behavior in relation to that individual.

Signs of Denial and Enabling

Sometimes the love of a parent, church, teacher or friend is merely "misdirected." They intend to help someone by protecting them from the natural consequences of their behavior. Instead, they assist the user to continue to abuse drugs. This occurs in a variety of ways, all involving either denial or enabling:

OVERLOOKING FACTS

Parents, teachers and friends may justify what the user is doing by looking beyond their actions. But it is dangerous for them to overlook obvious signs of drug use (drugs or items related to drug use or the secretive behavior of his/her friends) out of fear that confrontation may jeopardize their relationship with the abuser, or create unpleasant conflict.

DISCOUNTING ACTIONS

To assume that drug use is normal for teens or that experimentation is "just a part of growing up" is to misjudge its destructive power on the child and the family.
Rationalizing to keep from dealing with the truth is never constructive.

PROJECTING BLAME

Parents who search for an excuse for their child's behavior by blaming the school, church or friends can easily find one. The family can easily blame other family members, thus further dividing itself. This merely encourages drug use by taking the focus off of the real problem…the person who is abusing drugs. Blaming never heals.

MINIMIZING CONSEQUENCES

Parents often excuse teens when they find them drinking, smoking marijuana or abusing substances because they don't want to get the teen into trouble or embarrass the family. Denial is fueled by the myth that there are "soft" and "hard" drugs. In reality, if any drug causes a problem, it is a "hard" or dangerous drug. Whether or not a drug is legal does not remove it from the "hard" category and place it in the "soft" group**. ANY MOOD ALTERING DRUG IS A DANGEROUS DRUG.** Any drug use must be responded to with appropriate, enforced consequences.

ENABLING CHECKLIST

Check all boxes that apply to your relationship to the one you suspect of substance abuse.

- ☐ I find myself covering up for the trouble that they are getting into.
- ☐ I defend when I know they were wrong.
- ☐ I minimize their drug use as "normal."
- ☐ I find it difficult to say "no" or to discipline them.
- ☐ I find myself assuming the role of "peacemaker" or "caretaker" for the individual.
- ☐ I find myself abusing substances or having difficulty controlling my own work habits.
- ☐ I find myself doing the tasks normally assigned to them to relieve responsibility.
- ☐ More and more of my thoughts and moods are centering around their problem.
- ☐ I accept empty promises, refusing to judge them by their behavior.
- ☐ I feel guilty and responsible for their problem.
- ☐ I work to hide the problem from others.
- ☐ I have made idle threats or decisions affecting my relationship with the user and failed to follow through.
- ☐ I feel that everything would be fine on the job if the abuser would just stop using.
- ☐ I often feel that I am the only one who "really understands" the person I am protecting.
- ☐ I try to control the person I am protecting.
- ☐ I often have feelings of being unappreciated for all I do to hold things together.
- ☐ I tend to "smother" others and lose myself in their lives.
- ☐ I have withdrawn from others for fear of having to answer questions about the problem.
- ☐ I lose sleep because of the problem.
- ☐ I am guilty of "checking up" on or "playing detective" because of a lack of trust.

ENABLERS KILL ADDICTS!

You cannot have an addict without an enabler. Someone has to keep things together while the person self-destructs. **Don't be guilty of loving someone to death.**

Seek Professional Help

When the realization that they can no longer live with the problem hits a family, where can they turn? It is very important to secure professional help when substance abuse strikes a family member. A family physician, the police, a rehabilitation center, or the clergy may all be helpful for support and knowledge. Help is also available from social agencies and other sources. Special "family intervention" workshops are designed to teach survival skills for family members.

AL-ANON Can Help

But what if the abusing child will not confront his/her problem? You can control only your own actions. Your child's actions (and the resulting consequences) are his/her responsibility. Many times, parents want help and relief from the problems associated with alcohol or other drug use long before the adolescent does. Parents who seek help for themselves, regardless of their child's behavior, can learn to relinquish their feelings of guilt and anger and build healthier attitudes. Through support groups, therapy, or both, parents can learn to focus on the child's behavior rather than his/her character and identify and stop behaviors that enable or help the user to continue alcohol or other drug use. This rebuilds the family's mutual respect and support, which inevitably suffers in a chemically controlled environment.

Deterrence for a child is strongly supported by the realization that use will be detected. Your child's recognition of your ability to recognize and confirm drug use will provide them with a powerful reason to reject drugs. Love your child enough to confront them when dangerous behavior is suspected.

LOOK UP

Spirituality

It is a proven fact that children who are actively involved in a structured religious group have less incidence of negative consequence behavior than those who are not. It is also worth recognizing that the initial steps of most recovery programs (12 Step Programs, etc.) guide the individual toward the development of a spiritual life and recognize these steps as critical to effective recovery. **What is required for recovery is certainly important in prevention.**

Families actively involved in religious groups find a foundation for their beliefs and values which is supported and encouraged by others. The strength they find in their faith and the fellowship of support become vitally important factors in times of stress and instability. The very realization that others are depending on them will cause young people to think twice about their behavior. The need to belong and be accepted is often met by their religious group involvement, as well.

The parent of today who has a desire for their child to discover the same support and comfort that they have known from their God must not assume that the child will discover that source without guidance. The assortment of religions and cults which confront our children today can become more a source of confusion than support without the help of their parents. When religion and spirituality are not discussed, children will seldom introduce the subject to the parent. **Sadly, parents today discuss their spiritual lives with their children even less than they talk to them about sex, gangs or even drugs.**

The facts are clear. Children with an internalized standard of right and wrong, a sense of a responsibility to God and others for their behavior, and a supportive fellowship with which to interact are far less likely to become a victim of alcohol or other drug abuse.

Values

Here are some ways to help make your family's values clear:

• Communicate values openly. Talk about why values such as honesty, self-reliance and responsibility are important, and how values can help your child make good decisions. Teach your child how each decision builds on previous decisions as one's character is formed, and how a good decision makes the next decision easier.

• Recognize how your actions affect the development of your child's values. Simply stated, children copy their parent's behavior. Consider how your attitudes and actions may be shaping your child's choice about whether or not to use alcohol or other drugs.

• Look for conflicts between your words and your actions. Remember that children are quick to sense when parents send signals by their actions that it's all right to avoid unpleasant duties or to be dishonest.

• Make sure that your child understands your family values. Parents assume, sometimes mistakenly, that children have "absorbed" values even though they may rarely or never be discussed. Discuss clearly why these are important to you and why you choose to live by their direction

Prevention Principles from the Bible

WHAT KIDS REALLY NEED TO LEARN
Ephesians 4:25-31

Serious and deadly crises confront the youth of today which were nearly non-existent in the world of their parents. The desire of any parent is to make certain that their youth does not fall victim to any one of these threats…Drugs, Occult, AIDS, Depression and Suicide, Bulimia and Anorexia, or Gangs.

While much is said about assertion skills that enable a young person to "JUST SAY NO" to drugs and other dangerous behavior, it is clear that such skills require a certain attitude toward life, self, authority and others to be successful. A deadly lie is "If I don't like drugs, I won't do them" or "If I don't want to get pregnant before I marry, I won't."

A child will never say "NO" to drugs or other threats consistently until he or she has said "YES" to life, their life, and "YES" to God.

Those serious about being an effective resource for their children in addressing these problems must address the root causes. To address the symptoms is akin to applying a topical ointment to an organic infection. Many parents fail to realize that it is tunnel vision to fight to keep your children off drugs and not address the other threats to their lives. It is just as futile to address all the "SAY NO'S" in their world and never teach them to "SAY YES."

Prevention that works is found in God's Word

In Ephesians, the writer addresses what the Christian has become in a new relationship with Christ. His listing gives us the very things that every parent desires in the life of their children. These attributes and attitudes are the basics of real prevention.

Teach Your Child to Tell the Truth v.25a

"***Speak the truth***," encourages honesty. A child who has to lie about his/her life shows an early sign of the development of shame that leads to low self-esteem. Honesty creates healthy self-esteem and allows compassionate, understanding response to mistakes from people who love them. This allows the person to realize that what I **do** may be wrong but what I **am** is not.

Honesty about life goes much further than admitting a wrong. It involves a determination to live above hypocrisy. The beginning of problems for teens is when they feel the need to hide weaknesses or actions that they feel others would not approve of or understand. Facades become the only person they feel is accepted. They may become better at living the false than real self.

It is also vital for every parent to understand that a child is not going to confess a wrong if they fear abuse. Their natural response will be to hide the truth to protect themselves. **When a child is fearful of admitting mistakes to a parent, the parent needs to review their reactions.**

Be Considerate v.25b, v.31

"***We are all members one of another****."* A child who feels that all of life revolves around their desires is not properly equipped for life. When you see a mother wearing a $7.00 dress with dyed shoes walking through a mall with her daughter dressed in designer clothes and entering another teen designer shop, you can rest assured the child is in trouble. Consideration regards others needs, desires and rights as equal to my own. A considerate child learns to relate to others and realize their personal importance. Why is this important to negative consequence behavior prevention? Because a child with significance doesn't need to "do something" to "be somebody."

Express Your Emotions v.26-27, v.31

"***Be angry and sin not."*** Emotional disorders are often created by improper "learned" responses to normal emotions. A common definition of depression is "anger turned inward" and anxiety as "the repression of a truth about life." Teaching children proper ways to express emotions is providing a powerful prevention tool.

Emotions are barometers of our inner feelings. Not to respond to them is like ignoring yourself when talking. To say "go to your room" when a child is angry without assisting them in dealing with the emotion is to say "stuff it!" Children deserve to be taught how to express all emotions. Without learning this skill, a child will "act out" not "talk out" their feelings.

Accept Responsibilities v.28a

"***Everyone should work with their own hands."*** A child with appropriate responsibilities finds increased identity and enhanced self esteem. If I ask a parent who they are, they will give me their responsibilities to validate their identity and significance. Kids with responsibilities (jobs) have something to share with others about their worth.

It is also important to teach a child how to work their way out of boredom. Boredom occurs by not taking responsibility for our own personal happiness. A parent who takes this responsibility for their child creates a child dependent on external stimulation and a prime candidate for drug use.

Be Benevolent v.28b

"***…That they may give."*** The value of life is best discerned in how we benefit others, not how many we can control. Teach a child to spend money on the needs of others to learn the pleasure of sharing and the fulfillment of being a blessing. Allow them to have a part in the giving makes them a part of God's work on earth.

Speak Positive Words to Others v.29

"***Let no unwholesome word proceed from your mouth…but edification."*** "Home" is where I reaffirm my value and identity when I am assaulted by the world around me. Tell kids "who they are" not "what they are not," and they will desire relationship. Kids today need to know that their input is important. Siblings need to share the responsibility for building positive self-concept in younger brothers and sisters. No one else may have any greater power in his or her life.

Be a Spiritual Person v.30

"***Do not grieve the Holy Spirit."*** To "grieve the Holy Spirit" can be defined as ignoring God's voice. The least discussed area of life between parent and child is God and faith. We leave this to the preacher, and we hear it together and confess it together, but we never discuss it directly. This is due to the intensive intimacy of faith and our relationship with God.

Parents are often uncomfortable talking about weakness, and that is what talking about real faith is all about. Our children need to know how we came to confession, repentance and faith. Tragically, most children have to come to a public expression of faith with the realization that they are doing something public that their parents have never done...acknowledging a weakness.

The absence of spiritual power in our world is a primary cause for the destruction of lives by addictions. When left without spiritual power, the weakness of human nature consumes its host. The primary source of power to overcome a weakness in any addiction program is a power "outside ourselves." There is no place where the principles of a support group are any more needed than in a marriage and then in a home. No member of the family exists without a weakness. We can deny it, attack it, enable it, condemn it or even divorce it but none of those will minister to it. Only accepting the person and addressing the weakness is a "Christian" response. Spiritual power is not expressed merely through the religion of a church, but in a relationship with God. Every parent must ask, "If I was the only source of information about God, salvation and faith…what would my child know?"

The children do have much to learn and the home can be a source of information and influence to teach and train them. Make the commitment to be sure that your children know about and are equipped to "Watch Out for the Snakes!"

Van N. Houser

Born to a middle class family in the middle of America, Van Houser is anything but a middle-of-the-road individual. Armed with an intense and burning desire to see his life make a positive difference in the lives of others, he has addressed a wide spectrum of our society. Following graduation from Baylor University with a combined bachelor's degree in Physical Education and Religion, he achieved a Master of Divinity degree from Southwestern Baptist Theological Seminary. After twenty years of successful and innovative ministry, Mr. Houser turned his gifts and talents to addressing the critical issues facing young people, families and businesses in America. His present mission is assisting all individuals to "keep their balance in a world off center."

Mr. Houser is the author of numerous prevention training resources. He has also produced dozens of videos and has been a guest on a variety of radio and TV talk shows. He was the founding president of the American Foundation for Drug Prevention and is director of Keys to Prevention. Van Houser believes that positive people are powerful people. The focus of his message to all is that saying "NO" to destructive influences begins with saying, ***"YES TO LIFE...YOUR LIFE."***

Watch Out for the Snakes

The world of youth today is drastically different from the one in which most of their parents were raised. Many of the dangers that threaten them are foreign to the world of their parents. What should a parent do to protect their child against these hidden threats? This practical book provides important information on the dangers that lurk in your child's world. The book gets parents "up" for prevention. To prevent their child from being bitten by one of the "snakes" in their world parents need to:

WAKE UP - STEP UP - CATCH UP - SPEAK UP -
LISTEN UP - CHECK UP - FACE UP & LOOK UP.
Your child deserves your best prevention effort!