

A Family Guide

Alcohol, Tobacco, Other Drugs and Teenagers



Assumption High School

“Families and Communities Together”

Assumption High School

Policies and Procedures for Chemical Abuse and Dependency

Philosophy

Assumption High School, in its mission as a Christian community, is committed to a policy on chemical abuse and dependency that provides for the physical, emotional, educational, and spiritual well-being of its students.

Assumption High School recognizes that chemical dependency is a primary disease which is treatable. It also recognizes that the earlier a person receives treatment, the higher the chances are for success. Therefore, AHS will strive for early intervention with students who are abusing chemicals or who are chemically dependent, or exhibiting behavior that would indicate such.

Self-referral to counselors

In light of the above philosophy, Assumption will work with and counsel any student involved with alcohol and other drugs as long as the student follows the stated AHS policy regarding use, distribution or trafficking and is making reasonable progress toward wellness. Such counseling will be held in the strictest confidence. The exceptions to confidentiality, which are mandated by law, are imminent danger of life, child abuse, or harm to self or others.

If, after working with a student for a period of time, the student assistance counselor determines that a student's abuse of alcohol and other drugs constitutes a health risk, the counselor will notify the appropriate dean of students, the principal, and the student's parents. The parents will be required to take the student for a professional assessment and to follow through on any recommended treatment in order for the student to remain in school. The school is not responsible for any costs incurred for the assessment or the treatment.

Referral by others to counselors

Faculty and staff members, peers, and parents are encouraged and supported to refer students to counseling when they exhibit such signs as high absenteeism, a drop in grades, erratic mood swings, or any other severe discipline problems that could be attributed to alcohol and other drug abuse. Provided no school policy has been violated, these referrals will also be held in strictest confidence. The counselor will schedule an appointment with the referred student under conditions outlined above.

Policy for possession/use of chemicals

- Possession/use of authorized medication: When a student is taking prescribed medication for more than two weeks, parents are to notify the school office in writing. In a case where a student is found taking permitted medication without written notification from the parents, the parents will be contacted. Written notification from parents is required so that the school can respond appropriately in the event of an emergency. Prescribed medication is to be kept in the original container.
- Possession/use of other chemicals: Identification/referral/discipline
 - When a student is found, for the first time, in possession of, under the influence of and/or using alcohol and/or other unauthorized chemicals, look-alike, or paraphernalia on the way to or from school, at school, or before, during, or after a school-sponsored event, the unauthorized substance or paraphernalia will be taken away from the student. The parents will be called to remove the student from school/the event, and her family will be responsible for the cost of emergency help if necessary.

- A conference with the student, parents, and administrators will follow such an incident. As a condition of readmission, the student must undergo a complete professional assessment for substance use/abuse and follow through on any recommended treatment; the school accepts no financial responsibility for any costs incurred for the assessment or follow-up treatment. The student will make up any missed work outside of school time.
- Following such an incident, the student will also be required to meet a minimum of three times with a student assistance counselor and to serve an appropriate discipline.
- After the first incident, subsequent incidents will jeopardize the student's privilege to remain enrolled at Assumption.
- Professional assessment/treatment:
 - When a professional assessment is required, the student assistance counselor will provide the family with a list of approved adolescent chemical dependency counselors/agencies who can be chosen for the assessment. The school is not responsible for any costs incurred for this assessment or the treatment.
 - Should a family refuse the professional assessment or the recommended treatment, which might include regular outpatient or inpatient care, the school may ask the student to withdraw. The school reserves the right to be kept informed by the treatment professional of the student's progress. Assumption will assist the student with her educational program during this period of time.
- Suspected possession/use: When administrators become aware that a student may be using, distributing, in possession of, or selling chemicals, administrators will meet with the student, discuss the situation, and contact the parents. If the suspicion is confirmed, Assumption will follow its policy. If no evidence is found to support the expressed concerns, the matter will be dropped. Suspected use is not an accusation of use and is not a disciplinary matter as such.
- The Law: The school is bound by the law as are individuals and families. It will act in compliance with the law.
- Searches: The school accepts the responsibility for searching a student's locker or having a student empty her purse, book bag, or pockets when necessary. Any searches will be conducted by an administrator in the presence of another adult. Parents will be notified if a search has been conducted.
- Distributing/Selling: If a student is found distributing or selling alcohol and/or other unauthorized chemicals, an administrator will take away the unauthorized substance or paraphernalia. The parents will be called to take the student home. A conference with the student, parents, administrators, and the student assistance counselor will follow such an incident. The student will be required to have a professional assessment for chemical dependency and to serve an appropriate discipline, which may include asking the student to withdraw from school. Information about the incident will be provided to the police. Trafficking does not necessarily involve an exchange of money. Simply sharing alcohol or other drugs is considered trafficking. If the student is allowed to remain in school, a probationary period will follow. During the probationary period, the student will be required to follow through with any treatment recommended by the professional doing the assessment. If inpatient treatment is recommended, the school will assist the student during her period of treatment.
- T-shirts or other clothing, logos, products that promote or infer substance use are prohibited at school and at school functions.

Families and Communities Together

A partnership of families, schools and communities working together to prevent alcohol, tobacco and other drug use among our youth.

Dear Families,

Watching our children grow into young adults is meant to be one of parenthood's great rewards. The teen years provide countless occasions for pride, for joy, for fun, for sharing—for teens themselves, for the families that love them, and for the schools and communities that nurture their progress.

But today our teens face risks and obstacles that can turn innocent dreams for a happy life into waking nightmares, or worse. Fear, stress, violence, depression, suicide—these are among the dark realities our young people encounter in their daily lives. Many express feelings of helplessness and hopelessness. Coping can be a real challenge, in more ways than one.

Alcohol, tobacco, and other drugs are widely and readily available to young people today. The statistics for alcohol alone are heartbreaking. With 10.5 million U.S. drinkers between the ages of 12 and 20, eight young people die in alcohol-related car crashes every day.

Too many young people, when confronted with the temptation to drink, smoke, or use other drugs, are unsure what to do. Despite displays of indifference or even hostility our teenagers need and want our guidance and support. The fact is, teenagers whose parents talk to them regularly about the dangers of alcohol, tobacco, and other drugs are far less likely to use these substances.

This guide is intended as a tool for getting the conversation going. It deserves to be widely and freely shared by families, schools, and communities everywhere. Read it. Think about it. Discuss it. Act on it. Always bearing in mind, of course, that the ultimate goal of this effort—the lifelong happiness of our sons and daughters—is the single greatest reward any parent could ever have.

Sincerely,

Families and Communities Together

A Matter of Concern

For Parents

My friends let their 14 year old adolescent drink a beer occasionally, but only at home. Is that OK?

That is not OK at all. Some parents feel that they have the right to decide if and when their underage children can have alcohol. Many people, including parents, still believe that “having a few drinks” is a part of growing up. The truth is that alcohol is a drug – a powerful and potentially dangerous one. That is why society tries to prevent underage drinking.

People who begin using alcohol before age 15 are four times more likely to develop alcohol dependence than those who begin at age 21. Adolescents are prone to risky behavior such as drinking alone or when upset. And where there are alcohol and young people, other types of drugs follow.

Although your friends may feel they control their adolescent’s drinking, several years of teenage rebellion are still ahead. Mom’s and Dad’s approval of the “occasional beer” now could make their teen feel authorized to have “frequent beers” as he/she gets older. Their adolescent’s chance of binge drinking by college age is 40% higher. No matter how harmless it appears on the surface, giving alcohol to minors opens a door that well-meaning parents may come to regret.

Alcohol use jumps dramatically from middle school to high school to college as a **National Household Survey on Drug Abuse** shows below:

Grade	Annual	Used in last 30 Days	Binge (5+ drinks in a row within last 2 weeks)
8th (age 13/14)	43%	22%	14%
10th (age 15/16)	65%	41%	26%
12th (age 17/18)	73%	53%	30%
College	83%	67%	39%

My 15 year old honor student guzzled a bottle of vodka with friends and nearly died. They worked on my child for 6 hours in the ER. Help.

Your child experienced alcohol poisoning or acute intoxication, which is a drug overdose. Teenagers have different drinking patterns than adults. Teens drink fast, try to consume large quantities at once and want to get drunk. Drinking five or more beers or other drinks at one sitting is known as “binge drinking.”

Alcohol poisoning can occur after the ingestion of a large amount of any alcoholic beverage. Since teenagers’ bodies are not fully developed, teens can experience acute intoxication with less alcohol than it would take for an adult to have the same reaction. Girls can overdose after drinking lesser amounts than boys due to differences in body chemistry.

The amount of alcohol that causes any person, especially underage drinkers, to pass out is dangerously close to a fatal dose. Alcohol poisoning kills and can cause irreversible brain damage. Your child was fortunate to receive help in time-too many teenagers have not been as lucky.

A Matter of Concern

For Parents

What are the dangers of the Internet in relation to teenagers buying or using drugs and alcohol?

For the most part, the Internet is a useful tool – a vast information network that can provide instant access to goods, services and people all over the world. Today’s teenagers, who are often far more computer-savvy than their parents, feel at home in cyberspace and can easily negotiate its complexities.

But not all of the Internet is benign territory. Because it lacks controls, boundaries and effective regulation, it includes material that can be inaccurate, dangerous or illegal. Anyone can readily find information online about how to use, grow, make and buy controlled substances, even purchase alcohol and prescription drugs with nothing more than a credit card number and a delivery address. Recent studies found that 90 percent of Internet pharmacies visited sold painkillers, stimulants and tranquilizers without a prescription; liquor stores often accepted and delivered merchandise ordered online without verifying customers’ ages.

Parents can help protect their teenagers by developing good relationships with them, encouraging open and honest communication, fostering healthy self-esteem, and monitoring young people’s use of the Internet. Set clear guidelines for online activities. Make sure limits are enforced, with appropriate consequences for violation. Keep computers in shared family space and out of kids’ bedrooms. If necessary, obtain and install software that tracks Internet usage and prevents access to off-limit sites.

“Teenagers whose parents talk to them regularly about the dangers of alcohol, tobacco, and other drugs are 42% less likely to use drugs than those whose parents don’t, yet only 1 in 4 teens report having these conversations.”

Partnership for a Drug Free America

Even when peer groups become major forces in the lives of teenagers, parental influence remains strong.

- NonUsers are the greatest recipients of parental influence.
- NonUsers receive guidance and control from adults at home.
- NonUsers can talk to their parents about personal issues.
- NonUsers say their family cares about where they are.
- NonUsers say their family eats together and plays together.

A Matter of Concern

For Students

What are some quick lines to say when I'm being pressured by friends to try beer or other drugs?

Here are some suggestions that usually work. Remember, you can always use your parents as an excuse. Make your parents the “bad” guys. They won't mind.

- If I get caught, I'll get grounded for one month.
- No way, one beer is not worth losing my privileges of using the car, or going out, or being on the team...
- I don't mess with that stuff.
- You drink what you want; I'm getting a soda.
- Forget it. Drinking/smoking is not my thing.
- Let it go; you know I'm not interested.
- I doubt that'll do a lot for my basketball/soccer/football skills.
- No thanks.

Keep in mind it is not just **what** you say that matters, but **how** you say it that also really counts. There's no need to make a huge scene or get overly upset. Be confident, calm, and consistent, and your friends will get the message. It is better to leave tempting situations quickly. Remember you've worked a long time to win your parents' respect and trust. It would be a waste to let alcohol, cigarettes or other drug use ruin that.

Do all high-schoolers drink? Next year I am going to be a freshman and I am scared!

No, not all high-schoolers drink. That is a typical myth that a lot of middle-schoolers are told, when the truth is that there are many cool high-schoolers who **have not** and **will not** try drinking.

For anyone starting their freshman year it is natural to feel a little bit nervous. High school is a big new world, and some of those seniors seem really old. The trick is not to make drinking your ticket to fitting in. The students who try that regret it later on. There may be some pressure to experiment with beer, cigarettes or drugs, but once people see that you are committed to staying clean and not messing with that stuff they will begin to respect you.

Make a goal of getting to know at least two or three other students who do not drink and whom you would like to hang out with. This will help ease the transition. Also, school counselors are always good to talk to about the pressures you might be feeling.

It is okay to be a little nervous, but you can and will have a great time in high school without ever taking a drink.

A Matter of Concern

For Friends and Siblings



What's the big deal about getting high on pot?

If marijuana were a weapon its primary target would be the human brain. Described as “cannabis” by those in research, the THC (delta-9-tetrahydrocannabinol) in marijuana usually goes on the attack after being smoked. Once inside the body it shoots toward the centers of the brain that regulates our thoughts, behavior, and cognitive functioning. The “stoned” or “peaceful” feelings that occur after smoking it are the result of the brain slowing down and losing its grip on reality.

Pot hinders the user's short-term memory and the ability to handle complex tasks. Under the influence of marijuana, students may find it hard to study, to learn and to be motivated. Athletes may find their performance is off; timing, movements, and coordination are all affected by THC.

The main point is that a healthy body comes under attack chemically. THC, the main chemical in marijuana, stays stored in body tissues for weeks after use, the brain may get crippled by repeated usage. That is a lot for your body to take on for a just a few minutes of “high.”

My brother sneaks out of the house to party. Since his grades are OK, my parents are clueless! Should I tell on him?

It may not be an easy thing to do, but yes, your parents need to know. More importantly, your brother needs you. He may not know it now, but one day he will thank you for being concerned about him.

Getting high on alcohol or other drugs is a dangerous thing to play with, and it can get worse for someone who does it regularly or who does it alone. Right now it is posing a real threat to your brother's body, emotions, and life in general.

The reason your Mom and Dad need to know is because they are in the best position to help your brother. Go to them quietly, tell them what you think is going on, and ask that they not tell him that they heard it from you. That is okay. Remember, the bottom line is that your brother needs help – even though he may deny it.

Many of us are worried about a sister's, brother's or friend's use of alcohol, tobacco and other drugs or violent behavior. Remember, a true friend helps a friend. Ask for help.

Why and Why Not

Why Young People Use Alcohol, Tobacco and Other Drugs

There is no other single answer to the question “Why do kids use alcohol, tobacco and other drugs?” The answers are many and varied, and can depend upon a variety of social, emotional, physical, and environmental factors. These may include:

The influence of peer pressure and the powerful influence of fitting in with one’s peers is well known. For preteens and teenagers, the acceptance of the peer group is of overriding importance. Gaining the acceptance of the group may include indulging in risky behavior, including alcohol, tobacco or other drug use. The potential risks may not be apparent to the adolescent, and this behavior may be viewed as essentially harmless because “everybody’s doing it.”

The need to escape anxiety. Young people are frequently ill at ease in social situations. In order to cope with these uncomfortable feelings, they may be tempted to use alcohol, tobacco or other drugs in order to lessen their stress and to give them a false sense of confidence in their dealings with others.

The desire to experience pleasurable feelings, to relax, or to seek excitement. In general, individuals who use mind-altering substances do so for the reasons cited above, or they may simply be seeking an escape from the pressures of everyday life. Adolescents, in particular, may be interested in using alcohol, tobacco or other drugs to achieve a feeling of well-being and relaxation.

To satisfy curiosity or to reduce boredom. Young people are eager to try new experiences, especially those that are supposed to be for adults only. Those who are not actively involved in extracurricular activities in addition to their studies may find themselves with time on their hands. For these individuals, alcohol, tobacco and other drugs may be seen as one way to pass the time.

As an escape from an intolerable situation or as a means of masking low self esteem. Some adolescents are dealing with serious problems in their home or school environments. Their extreme difficulty in coping effectively with family and/or peer and/or academic problems may push them to self medicate using alcohol and other drugs. This deprives them of the opportunity to learn much needed coping skills.

Why and Why Not

Why Young People Should Not Use Alcohol, Tobacco and Other Drugs

Pre-teens and teenagers should not use alcohol, tobacco or other drugs at all. Here are some reasons why:

It's illegal. Recognizing that alcohol is a powerful drug that must be used responsibly, state governments have imposed a limit of 21 years of age for its possession and use. The sale to and use of tobacco products by minors is illegal. The use of narcotics or other drugs unless prescribed by a physician is illegal under any circumstances as is the use of a prescription drug by anyone other than the person for whom the drug is prescribed.

The use of alcohol, tobacco and other drugs delays the maturation process. When young people substitute the use of alcohol and other drugs as a crutch in social situations, they severely hamper their ability to develop the necessary social skills and self confidence to be successful in their dealings with others.

Alcohol and other drugs have a more powerful effect on the growing body and brain than on that of an adult. During puberty, complex changes in brain chemistry trigger destabilizing changes in hormonal and neurological processes as the brain peaks in growth in mid to late adolescence. The direct effect of alcohol on the nervous system may be disruptive to neurological maturation.

The frontal regions of the young brain which regulate judgment, and evaluation of consequence are the last regions to reach functional maturity and are especially sensitive to alcohol and other drugs. Because alcohol is a depressant, it relaxes the immature inhibitors in the brain and releases more impulsive, irrational, and thoughtless behavior. Even very low blood alcohol or other drug levels can produce significant changes in rational judgment and self control.

Impaired judgment may lead to regrettable, or even dangerous situations. Alcohol or drug-induced highs have been responsible for countless injuries and deaths by car crashes, falls, fighting, drowning, or alcohol poisoning. Impaired judgment can lead to serious situations that may range from the destruction of property to promiscuous sex, date rape, unintended pregnancies, and the spread of sexually transmitted diseases, including AIDS.

Certain individuals have a biological predisposition to addiction. The most serious problem that young people face if they use alcohol, tobacco or other drugs is the possibility of becoming addicted. Although not everyone who drinks, smokes or uses drugs becomes addicted, there is no way to tell who will be vulnerable or to what extent the use of alcohol or other drugs will impair their success in life.

Children of alcoholics have a four to ten times greater risk of becoming alcoholics than children of non-alcoholics. One in four youths or 19 million children is exposed to family alcoholism or alcohol abuse sometime before the age 18. Countless others are affected by parents who use illegal drugs. Parents should advise children of any family history of alcoholism or other drug addictions and alert them to the risks of becoming addicted.

Signs and Symptoms

Four Basic Stages of Alcohol, Tobacco and Other Drug Use

It is a difficult task to readily identify signs of alcohol, tobacco or other drug use in your children. Some of the signs and symptoms may be “normal” adolescent behavior. If more than a few of the signs are present, however, this is not “normal” and is an indication of a problem. You know what is typical behavior for them and what is not. Trust your judgment.

Listed below are the four major stages of alcohol, tobacco and other drug use. There is no definitive line separating each stage. When reading these sections, use your instincts to see if any apply to your children.

Initial use

The user learns he/she can produce a euphoric feeling from using alcohol, tobacco and other drugs.

Drugs of choice: Tobacco, inhalants, alcohol, and marijuana.

Use: Usually weekend occasional use.

Behavior: No obvious change in personality.

Regular use

The user deliberately and actively seeks the “good” feelings produced by the alcohol or other drugs.

Drugs: Alcohol, marijuana, inhalants, uppers and downers.

Use: Moves from occasional weekend to every weekend.

Behavior: Obvious changes in personality. Lying, displays of anger, may be more confrontational with parents/adults, change in friends. May lose interest in extracurricular activities.

Daily use

Achieving the “high” is the sole obsession and preoccupation.

Drugs: Alcohol, marijuana, inhalants, uppers/downers, LSD, cocaine, heroin.

Use: Daily, frequently during the day. Solitary use.

Overdoses occur.

Behavior: Lying, stealing, problems with the law, job loss, failure at school, loss of original friends. Depression, suicidal thoughts.

Complete dependency

Increased levels of alcohol and/or other drugs are needed to start and finish the day.

Drugs: Alcohol, marijuana, inhalants, uppers/downers, LSD, cocaine, heroin.

Use: Constant. It is an addiction. Compulsive. The user has no control over use at this point. He or she is addicted and requires intensive medical intervention.

Behavior: Total deterioration of physical health. Weight loss, chronic cough, and memory loss. Blackouts, flashbacks, frequent feelings of helplessness.

Signs and Symptoms

Symptoms of Alcohol, Tobacco and Other Drug Use

All parents today need to be aware that a serious alcohol and other drug problem exists among many preteens and teenagers and that their own sons or daughters are all vulnerable.

Listed below are some common problem areas, as well as changes that you may have noticed in your children. If their behavior matches some of the warning signals listed below, alcohol and/or other drug use may be the problem. If you have a concern or think there may be a problem, seek the help of a substance abuse counselor or medical doctor.

Academic Performance

- Drop in grades
- Work incomplete or not turned in
- Does not stay on task
- Disruptive in class
- Lacks motivation
- Absent or late frequently

Alcohol & Other Drugs (AOD)

- Talks about AOD use
- Others report concern about AOD use
- Wears AOD clothing or jewelry
- Odors of marijuana/alcohol/ chemicals
- Smokes cigarettes

Behavioral Changes

- Increased need for money
- Depressed or anxious
- Tests limits constantly; defies rules
- Dishonesty - lying, stealing
- Inappropriate emotional responses
- Argumentative or irritable
- Lack of energy
- Short term memory loss

Family

- Family under stress
- Possible family AOD use
- Secretiveness, self-induced isolation from family
- Verbal/physical abuse towards parents, siblings or property
- Less caring and involved at home

Peer Relations

- Change of friends
- Older social group
- Avoids peers; fights with peers

- Sudden status with peers
- Associates with AOD users

Physical Appearance

- Weight loss or "bulking out"
- Loss of interest in appearance
- Pale face, circles under eyes
- Slurred or rapid speech
- Loss of appetite or constantly hungry
- Bloodshot eyes or dilated pupils
- Frequent colds, runny nose
- Complains of feeling sick frequently

Physical Evidence

- Eye drops (Visine, Murine)
- Cigarette rolling papers
- Mouthwash, gum, breath sprays
- Burning incense in rooms
- "Stash cans" often disguised as beer/soda cans

Violence

- Expresses feelings of rejection
- Withdrawal from peers
- Picked-on and/or persecuted
- Poor social interactions
- Uncontrolled anger
- Intimidating and bullying behaviors
- Violent and aggressive behaviors
- Discipline problems
- Expressions of intolerance and prejudice
- Affiliation with gangs
- Access to, possession of, and/or use of firearms
- Serious threats of violence
- Victim of violence



The Negative Effects

The Gateway Drugs

Four widely used drugs are nicotine, alcohol, marijuana, and, among young people aged 12-17, inhalants. Each of these drugs is destructive in its own right. They are called “gateway drugs” because using them can “open the door” to other drug use. Most users of potent drugs such as cocaine or heroin first used alcohol, tobacco, marijuana, and/or inhalants.

Tobacco

- The peak time for initiation of smoking is in sixth and seventh grades.
- Each year more than 1 million teenagers become regular smokers.
- Nicotine is highly addictive and research shows that young people exhibit symptoms of addiction within weeks or only days after occasional smoking first begins.
- Two reasons why girls begin smoking are concerns about weight and stress.
- By 12th grade, 1 in 4 boys uses smokeless tobacco on a monthly basis. Smokeless tobacco users may absorb almost twice the amount of nicotine as smokers.

Alcohol

- One 12 oz. beer has the same amount of alcohol as 1.5 oz. whiskey, 5 oz. of wine, or a wine cooler.
- **Adolescents may become addicted to alcohol in only 6-18 months.** For adults, it may take 5-15 years.
- “Chugging” drinks or binge drinking can be fatal, even the first time, because the blood alcohol level rises too rapidly.
- Over one-third of the alcoholics in America are under 21. In fact, more than one quarter of eighth-graders in the U.S. have already been drunk.

Marijuana

- Today’s marijuana is more potent than that used in 1965.
- At least 18 percent of eighth-graders have used marijuana. Nationally, by the time a teen reaches 17 years of age, **6 out of 7** have friends who use marijuana and 7 out of 10 can buy marijuana within a day.
- Marijuana affects the centers of the brain that regulate a person’s highest level of thought, behavior, and cognitive functioning.
- Marijuana inhibits nausea and allows a person to consume large quantities of alcohol without getting sick. As a consequence, death due to alcohol overdose has escalated among teens.
- Marijuana users experience the same health problems as tobacco smokers, such as bronchitis, emphysema, and bronchial asthma. Extended use increases risk to the lungs, reproductive system, as well as the immune system.

Inhalants

- Young teenagers often inhale common household substances such as glue, cleaning fluids, paint thinner, aerosol products (e.g., spray starch, whipping cream), and other solvents because they are inexpensive and easily available.
- Inhalants can cause permanent damage to the brain and other organs.
- They can be fatal on the first use, usually through asphyxia or suffocation.
- 20 percent of eighth-graders have used inhalants at least once.

The Scientific Facts

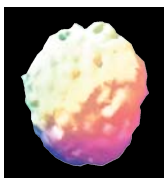
How Alcohol And Other Drugs Affect The Brain

The brain, which controls the central nervous system and directs every aspect of our physical and mental functioning including learning, memory, and judgment, is an extremely complex organ. Nerve cells continually send out chemicals called neurotransmitters which, when received by adjacent cells, tell those cells what to do. Most drugs affect the parts of nerve cells that release neurotransmitters, inhibiting (preventing release of neurotransmitters), or exciting (speeding up their release). By changing the way that neurotransmitters are sent, alcohol and other drugs alter the delicate balance of the central nervous system, which in turn affects how our minds and bodies work.

Brain activity during sleep is important for learning and memory function because this is when the information learned that day is transferred from short term to long term memory. Alcohol usage impairs the process by disrupting the sleep cycles.

Healthy Drug Free Brain – age 16

Normal brain patterns show smooth activity across the cortical surface.



4 Years of Alcohol Use – Age 21

Alcohol use causes marked scalloping activity throughout the brain.

Images by Daniel G. Amen, M.D., The Amen Clinic for Behavioral Medicine, Fairfield, CA. Visit www.brainplace.com for more facts.

Short-term effects vary according to the kind of drug used.

Alcohol, barbiturates, tranquilizers and other sedatives, and **narcotics** relax users and reduce inhibitions. Higher doses impair reflexes, memory, motor control and judgment and can slow the body's vital functions to the point of coma or death.

Stimulants, such as cocaine and amphetamine, can cause hallucinations, paranoia and aggression.

Hallucinogens distort perceptions; some can cause paranoia and aggressiveness.

Marijuana relaxes, often causing mood swings and drowsiness; its mood-altering ingredient, THC, has been linked with hallucinations and memory impairment.

Ecstasy increases feelings of empathy; it also causes dehydration and can artificially raise or lower body temperature to dangerous levels.

Tobacco can enhance relaxation, concentration or alertness, and decrease appetite, but it contains various toxins including nicotine. One reason why nicotine is so addictive is that it interferes with the brain's reward system. Although the nicotine in a cigarette wears off after fifteen minutes, it causes the brain to send out pleasure signals for an hour afterward.

Long-term effects on brain development and memory. Drug use can alter the neural pathways in the brain, affecting how the brain stores and processes information. Chronic substance abuse can affect how nerve cells perform certain vital functions, including the ability to gather and store information and adapt behavior. **Adolescents, because their bodies and brains are still developing, risk greater harm from mood-altering drugs than do people over the age of 21.**

Long-term effects on the body. The liver metabolizes most drugs. From there, they enter the bloodstream and circulate throughout the body, brain and central nervous system. Long-term use of chemicals can cause changes in functioning, including serious illnesses, in every part of the body through which they pass. Many people who use drugs do not notice the long-term effects of chronic substance use until years or decades afterward; some problems can appear even after extended abstinence.

The Scientific Facts (continued)

Addiction. People who are addicted to drugs will continue to use them despite adverse effects. The pleasure of a drug high makes users want to keep recapturing the experience. But continued use of many drugs causes **tolerance**, the need for increasingly larger doses to produce the same effects. Over time, the body compensates for the presence of the drug. When it is absent, users may experience uncomfortable **withdrawal** symptoms, which encourage further use to ease discomfort.

Desire to use can be triggered by internal or external cues associated with using the drug even after the addict has stopped using; this is one reason why people in recovery often have trouble staying clean and sober. While nobody can predict who will become addicted, genetics and environment can play a part. The only sure way to avoid addiction is to stay away from alcohol and other mood-altering drugs. Teenagers can become addicted to alcohol in a shorter period of time than adults. The number of adolescents aged 12-17 admitted to substance abuse treatment increased 20 percent between 1994 and 1999.

Prescription and Over-The-Counter Drugs

We live in a "pop-a-pill" culture. Our children observe, from the earliest age, that we expect to cure many of our physical and emotional ills through the use of pills and over-the-counter drugs. Witness the fact that many Americans take vitamins to make up for lack of nutrition in their diets. Some people take pills to avoid or aid in dieting. We have simply become unaccustomed to the normal rhythms of life that, in times past, dictated seasons of rest when our bodies were tired or run-down. We want a quick fix. Young people often use prescription drugs and over-the-counter medications that have mood-altering effects because they are relatively easy to obtain.

Prescription Drugs

While prescription drugs can relieve a variety of medical problems and improve the lives of millions of Americans, they can be dangerous, addicting – and even deadly – when used non-medically. What concerns the National Institute on Drug Abuse (NIDA) is that in a 1999 survey an estimated nine million people aged 12 or over reported using sedatives, stimulants and tranquilizers for non-medical reasons. Of those nine million, four million reported current, or past month, use.

The survey further reports that new prescription drug abuse has dramatically increased among young people between 12 and 25 years old. Twelve to fourteen year olds named psychotherapeutics, such as painkillers, sedatives, and stimulants, as some of their more frequently used drugs. Among 12-17 year olds, young women are more likely than young men to use psychotherapeutic drugs non-medically.

Ritalin (Methylphenidate – MPH) is a stimulant, similar to amphetamines that doctors often prescribe for children with attention deficit/hyperactive disorders. The incidence of abuse is increasing among teenagers and young adults who are using MPH for its stimulant effects: appetite suppression, wakefulness, increased focus/attentiveness for long nights of studying. When crushed and snorted, Ritalin can cause euphoric rushes; can produce tolerance and addiction. Physical and physiological side effects can include increased heart and blood pressure rate, involuntary movements or tremors, severe headaches and, in extreme cases, seizures and sudden death. It is capable of severe psychological dependence.

Over-the-counter medicines may contain substances that are risky in higher dosages or when used with alcohol and other drugs. Many cough and cold medicines contain alcohol. They may also contain ephedrine, an amphetamine-like stimulant that is used to treat asthma or reduce weight. In larger doses, ephedrine increases heart and blood pressure rates and can cause stroke and heart failure. Stay-awake remedies usually contain caffeine, which, in higher doses, can cause restlessness and anxiety.

The Negative Effects

Consequences

Anabolic steroids, often used by athletes to improve muscle tone and stamina, can produce mild feelings of euphoria and well-being after being taken in gradually increasing doses for one to four months. Testosterone, the primary anabolic steroid, is produced naturally in boy's and men's bodies. Testosterone production increases in adolescence and causes the physical changes associated with male puberty. Teenage boys can literally stunt their growth by taking anabolic steroids, as excessive amounts can suppress their bodies' ability to make bones grow. Girls and women who take amounts of testosterone experience increased growth of muscles, facial and bodily hair and genitalia as well as deepened voices; these changes can be irreversible.

Tobacco. The initial decision to smoke tobacco is a critical incident because that choice leads to other risky behaviors. In fact, teens who try tobacco are 65% more likely to try marijuana and 30% more likely to try alcohol.

Arrested psychological development. The major task of adolescents is to grow into responsible adults. Young people need to learn how to accept and handle their emotions: anger, frustration, anxiety, disappointment, sadness, and fear. They also need to learn how to celebrate, relax and feel accepted, be part of a group and yet be individuals. Adolescents learn these skills through trial and error and repetition over time. Alcohol or other drug use short-circuits this entire process and stunts or prevents normal development. When adolescents are "high," they cannot learn to manage their feelings. Although they may feel relaxed and feel part of the group, they are not actually doing the hard work it takes to develop and integrate these adult skills.

Date rape typically occurs because one or both parties are under the influence of alcohol and/or other drugs. Date rape is a crime. It is criminal for someone to have sex with a person who is mentally or physically incapable of giving consent. To have sex with a person who is drugged, intoxicated, passed-out, incapable of saying "no," or is unaware of what is happening around her is to commit rape. Teens think that a potential rapist is someone who is a crazy guy or a weirdo, yet date rape happens among students who are popular, good-looking, and smart, without regard to social class, race, or economic status. (see Drug Chart/Club Drugs-Date Rape Drugs) Sexual exploitation, pregnancy, or sexually transmitted diseases may result due to loss of judgment and lowered inhibitions.

Car crashes. People who drive under the influence or whose passengers are drunk can lose their drivers' licenses and insurance coverage and risk causing a crash.

Confusion. Schools and the media stress the dangers of alcohol, tobacco and drug use, but advertising and peer pressure can encourage young people to experiment with substances. These mixed messages confuse children and teenagers. It's important for parents to set reasonable limits and make it clear that alcohol, tobacco and other drug use are unacceptable. When parents talk to their children about alcohol, tobacco and other drugs, they should not go into details about their own experiences; instead, they should discuss the pressures they faced to drink, smoke or use other drugs and how they coped with them.

Lost opportunities may include suspension or expulsion from school or rejection for summer or full time employment as many corporations require passing drug tests. Risk of arrest, incarceration, and costly fines may result from violent, illegal acts.

Teenagers may mature physically, but emotionally and psychologically, they may never mature beyond the age of first use of alcohol and other drugs.

The Negative Effects

Depression and Suicide

Depression About five percent of children and adolescents in the general population suffer from depression at any given point in time. Those under stress, who experience loss, or who have attention, conduct, learning or anxiety disorders are at a higher risk for depression. Depression also tends to run in families. Depressed adolescents may be more likely to use alcohol or other drugs as a way to feel better.

Depression is defined as an illness when the feelings of depression persist and interfere with a person's ability to function. Unfortunately, it often takes a young person's suicide attempt for the problem to surface. For the many families of the children who kill themselves each year, the problem surfaces too late.

Warning signs of depression that may lead to suicide:

- Lack of interest in activities that your child used to enjoy
- Restlessness and inability to concentrate
- Lack of energy, often tired; boredom, listlessness, apathy
- Withdrawal from friends and family; social isolation
- Significant changes in sleeping or eating habits
- Frequent crying; persistent sadness; increased irritability
- General feelings of hopelessness and despair
- Poor performance at school and/or frequent absences from school
- Giving away prized possessions
- Preoccupation with death and dying, and suicide threats

Suicide Suicide is the third leading cause of death among youths aged 15 to 19 and the third leading cause in 10 to 14 year olds. Suicide is often associated with serious depression and alcohol or other drug use. The gender ratio in the age group of 15 to 19 is about 4 males to 1 female. Two-thirds of suicidal kids report poor relationships with their parents. Although these are alarming facts, suicide is preventable.

If suicide appears imminent, do not waste time feeling guilty, angry or upset. ACT. Call 911 or a suicide or crisis intervention hotline, the psychiatric unit at your local hospital or a trusted family practitioner. Do not wait for a return phone call. If you cannot reach the first person, call someone else. Never wait to see if your adolescent feels better in the morning. Most teen suicides take place at home in the late afternoon or evening with family members present.

Talk to your children. The idea that talking about suicide encourages it is false and dangerous. The truth is that once the depressing and frightening thoughts inside your adolescent's head are out in the open, they become less threatening. If talking to your child is difficult, seek help.

Reassurance and expressing concern and understanding for your children's anguish is a huge first. Let them know that whatever the problem(s) may be, your love for them is not conditional and you will work through this with them. Don't give up. Someone once said that suicide is a permanent solution to a temporary problem.

Help

What Can I Do if I Think My Son or Daughter is Using Alcohol, Tobacco or Other Drugs?

Most parents have a sixth sense about how their children act and feel. Learning the difference between “the symptoms of growing up” and the warning signs of alcohol and other drug use is not always easy. Recognizing a problem is the first big step. Asking for help is the next one.

Be wary of denial

Denial is a way of coping with painful situations that allows a person to avoid dealing with a problem.

The element of shame and inadequacy is associated with alcohol and other drug use. Many adults feel helpless and assume that they can take care of the problem within the family itself; however, now is the time to reach out for professional and community based help. Confront the problem; it is never too late nor too early.

Confronting the problem

Agree on a course of action with your spouse or other adult family member BEFORE talking with your preteen or teen. Be open and honest with your feelings, but do not let anger or fear overwhelm your effectiveness to communicate.

Do let your child know that you do not condone his or her behavior.

Do tell your child that you value him or her and will be a supportive advocate.

Do set new guidelines and limits for your child’s behavior.

Do become more aware of your child’s activities.

If your preteen or teenager is under the influence of alcohol or other drugs:

Right now:

Do try to remain cool and calm.

Do try to find out what he or she has taken and under what circumstances.

Do call a doctor or take your child to the hospital if he or she is incoherent and/or seriously ill.

Do tell your child that you will talk about the matter the next day.

Don’t shout, excuse, or use physical force. This can only make matters worse.

Don’t allow your child “to sleep it off” alone for a person may unconsciously throw up and “drown” in the vomit.

The next day:

Do talk with your preteen or teen as soon as possible.

Do have your child assume responsibility for his or her actions, including cleanup.

Do try to find out the circumstances under which he or she came to use, including the people with whom they socialized.

Don’t name call, belittle, blame, or threaten. Mutual respect should be safeguarded.

Don’t discuss anything with your child if you are too angry or unable to talk without losing your temper.

Don’t ask why. Work with what happened and what you know.

Do seek help from community supports: medical, mental health, religious, legal, and self-help groups.

Do enforce consequences; e.g., loss of privileges.

Communication

Communicating With Your Teenager Foster Self Respect

Preteens and adolescents often feel insecure about themselves and their social acceptability. Consequently, they are extremely vulnerable to pressure from their peers to fit in. Students who develop high self-esteem and healthy values are less likely to give in to peer pressure to drink, smoke or use other drugs. In order to build your children's self-esteem, it is important to develop a relationship with them that is based on mutual respect.

Make time for your son or daughter. Find an activity you enjoy doing together and pursue it.

Listen, really listen. Learn to draw your child out about things that are important to him or her and listen with your full attention. Don't do all the talking or give long lectures.

Encourage critical thinking. Eventually your child will make a decision about whether to smoke, drink, or use other drugs. Wanting to be accepted by peers is a major reason teens try these substances. Help them practice making decisions on their own. Let them know it is OK to act independently from others and to think for themselves. Part of growing up is learning to think and make decisions independently. Help your children learn to process information critically, think for themselves, make independent decisions, and accept the consequences of those decisions.

Be generous with praise. Be quick to notice and praise your child's efforts, not only his or her accomplishments. When young people are praised regularly, they are more likely to gain self-confidence, trust their judgment, and accept constructive criticism.

Tolerate differences. Encourage your adolescents to talk freely about their lives, school, and problems. Talk about topics where all people do not have the same opinion.

Give teenagers responsibility for their own problems. Let your children experience the consequences of their own behavior, even if these consequences might be embarrassing or uncomfortable.

Remove the stigma of failure from your home. Young people need to understand that the only failure is in not trying. Mistakes are not failures. Mistakes simply provide us with new information that can help us to succeed. We all need the freedom to be imperfect.

Encourage outside interests. Children who are involved in after school activities and sports develop friendships and interests that will help to keep them away from alcohol and other drugs. Preteens and teens who learn to have fun, as well as cope with stress in healthy ways, will be less likely to turn to artificial substances to relax.

Communication

Communicating With Your Teenager

Establish Guidelines

Start talking openly and honestly with your sons and daughters about alcohol, tobacco and other drug use; the sooner the better. Don't be afraid of putting ideas in their heads; chances are they've been hearing about alcohol and other drugs for a long time. Many parents insist that their children will never use alcohol, tobacco or other drugs. They close their eyes and think that a potential problem will go away if they ignore it. Avoid falling into this trap. Many young people in treatment programs say that they were using alcohol, tobacco or other drugs for at least two years before their parents knew about it.

Take a firm stand against any form of alcohol, tobacco or other drug use. Do not accept getting high or drunk as normal at any age. If there is a history of alcoholism in your family, make sure that your children are aware of it and understand that the risk of becoming addicted is greater because of the genetic predisposition.

Know where your son or daughter is. Let your children know where you can be reached at all times in case of emergency. Assure them that they can telephone you for a ride home under any circumstances with no questions asked. Often a code phrase, such as "I have a toothache," can be a signal that they are in an uncomfortable situation and need your help.

Do not serve alcohol to underage persons and don't allow adolescents to bring alcohol, tobacco or other drugs into your home.

Set reasonable limits to help your child say, "No". Establish guidelines, rules, and curfews, for both weekdays and weekends, that must be followed. Clearly state the rules and values of your family and what the consequences are if they are ignored.

Teach resistance skills. Help your children plan ahead of time how to deal with problem situations and how to say "no" gracefully. Make sure that they know what to do if help is needed, and that they can count on your support. Provide them with cab fare and emergency telephone numbers to carry at all times.

Be at home while your teens are getting ready to go out. As they leave, repeat your expectations that they will not use alcohol, tobacco or other drugs while they are socializing. Inspire them to stay in control.

Be awake. When your sons or daughters come home after an evening out, wait up for them or ask them to awaken you when they arrive. This will help you to determine if they have been drinking, smoking or using other drugs.

Be willing to be unpopular. Try to accept that there will be times when your teens won't like what you say – or will act as if they don't like you. Being your children's friend should not be your primary role during this time in their lives. It's important to resist the urge to win their favor or try too hard to please them.

Inflammatory remarks such as, "You don't understand... I am the only one who..." are simply tactics teens use to get you to relent and say yes when you want to say no. Be consistent. Hold your ground.

Communication

Communicating With Other Parents Network Frequently

The best way to deter alcohol, tobacco and other drug use among young people is to be aware of what's going on. Teens often give the excuse that their friends or classmates are allowed to do certain things and go certain places that they themselves are not permitted. This manipulative approach can make you feel alone and question your parenting abilities and decisions. Do not fall for it. Get to know their schoolmates' parents, and talk with them regularly. Parents who network with each other and are involved in their children's activities often find that they are better able to help their sons and daughters resist the pressure to use alcohol, tobacco and other drugs. We, as parents, do more to shape their views than any other single influence in their lives.

Get to know your son's or daughter's friends. Associating with alcohol, tobacco and other drug using peers is a problem. If their friends are using, your child may be at risk.

Get to know the parents of your kids' friends. You can become involved with other parents through the Parents' Organization, sports or drama activities, volunteering, etc. Develop a "united front" and discuss problems.

Be a good role model. Set good examples in your own life. Believe that preteens and teens can understand and accept that there are differences between what adults may do legally and what is legal for adolescents. Keep that distinction sharp.

Call to confirm the activities your preteen or adolescent plans to attend. Find out if parties will be parent-supervised. When in doubt, consider asking the parents hosting the party for their assurance that they will serve no alcohol and that they will not permit guests to bring alcohol.

Ask for help. Give permission to other parents to call you if they see your son or daughter participating in activities they know you would not approve. Encourage your teens to ask for help if one of their friends is experiencing difficulties with alcohol, tobacco or other drug use by telling you, talking with their parents, or speaking directly with the friend.

Provide help. Call the parents of any boy or girl at any event whom you perceive to be high, stoned, or drunk. It takes a brave parent to call another with bad news. Be willing to provide a ride to protect the child or to call the police if necessary.

Know what to do if you suspect a problem. Realize that no adolescent is immune to alcohol, nicotine or other drugs. Learn what other people are observing. Trust your gut. If you think there might be a problem, there probably is. Remember, addiction is an incurable but treatable disease, not a moral stigma or a cause for shame. Seek professional help immediately.

Share positive comments. Pass along compliments to your children from other parents and compliment other parents and teens about the great things they do.

Communication

Communicating With the School Work Together

All of the schools in the “Families and Communities Together” encourage parents to become involved with the school and our preteens’ and teenagers’ activities. As the primary educators of our children, the schools and parents form a unique partnership.

Take advantage of volunteer opportunities. One of the best ways to learn what is going on at school and to get to know other parents is to volunteer at the school. The Parents’ Organizations often sponsor networking programs for each class, plan and staff certain extracurricular activities, and provide a myriad of other ways for parents to become involved. You can sign up by calling Parents’ Organization’s members to offer your time. Their names and telephone numbers may be listed in the Student Telephone Directory or can be obtained from the school.

Know your school’s Substance Abuse Policy. Actively support the policy.

Talk with the school counselor, principal, headmaster, headmistress, or dean of students if you suspect a problem with alcohol or other drug use because it is usually easier to take care of a problem in the earlier stages.

THE FIVE BASIC A’s OF PREVENTION

Be Aware of their attitudes.

Be Alert to their environment.

Be Around their activities.

Be Assertive in your parenting.

Be Awake when they come home.

Beyond High School... According to the National Center of Addiction and Substance Abuse at Columbia University, “The younger your adolescent is when he or she introduces harmful substances into their body, the more difficult it becomes to stop. Did you know that the average college student spends more money on alcohol than on books? The consequences of campus alcohol abuse are devastating: 95 percent of violent campus crime is alcohol-related, and, in at least 73 percent of reported campus rapes, either the perpetrator, the victim, or both have been drinking. Students who drink most heavily receive the lowest grades.”

“While alcohol is the top substance of abuse in college, for most students alcohol abuse started well before they graduated from high school. Only 14 percent of students began drinking in college; 71 percent first used alcohol before age eighteen. Students who first used alcohol before college binge drink far more often than those who began drinking later.”

Parties and the Social Scene

Parties

Parties or “get togethers” are a major part of the high school social scene. They can be an enjoyable way for teens to meet and socialize; however, without proper planning and careful supervision, parties can be a disaster waiting to happen. The following guidelines will help you keep parties both more fun and safe.

When the party is at your house

Before the party:

- Set the ground rules. Your son or daughter needs to know what you expect.
- Limit party attendance. Curb the “open party” situation.
- Designate the “off-limits” rooms in your house.
- Know your legal responsibilities. Include your child in this feeling of responsibility.
- Set a time for the party to end.
- Remove any family liquor from areas accessible to party guests.
- Invite other couples to help chaperone.

At the party:

- Be present and visible. Don't be pressured into staying out of sight. Greet guests as they arrive.
- Occasionally check on food and soda and monitor your yard.
- No drugs, no alcohol, no smoking.
- No leaving the party and then returning.
- Backpacks and coats must be left at the door.
- Consider checking contents of backpacks.
- Open cans or containers cannot be brought into the party.
- Don't hesitate to call police if unwanted guests refuse to leave.
- Never allow anyone you suspect is under the influence of drugs or alcohol to drive. Call their parents, a cab, or ask a sober adult to drive them home.

When the party is elsewhere

- Call the host parent to be sure that a parent will be present and get assurance that alcohol, smoking, and other drugs will not be permitted.
- Know how your child will get to and from the party.
- Discuss in advance the possible situations your preteen or teen might encounter and how to handle them. Make sure he or she has a phone number where you can be reached should they want to leave the party early.
- Be awake for your child's return or have him or her awaken you. This gives you an opportunity to assess whether or not your child has been using drugs or alcohol.
- Verify any plans to stay overnight with the host parents. Be wary of impromptu sleepovers.
- Establish firm, clear rules against driving under the influence of drugs or alcohol or riding with someone who has been drinking or using drugs.

If both parents are out of town

- Tell a neighbor about your scheduled absence and leave instructions to protect yourself against “surprise parties.” Leave a number where you can be reached.
- Inform your preteen or teenager of your preparations.

Parties and the Social Scene

The Social Scene

When the party is nowhere and everywhere

Teenage parties whose destinations are parks or open fields are of grave concern because of their isolation and lack of supervision. These outdoor parties are most prevalent during warmer weather. Typically they are well organized with large amounts of alcohol, a cover charge, and lots of teenagers.

Insist that your teen keep you posted of any change in plans. Parents must realize that once teens start driving, their plans change rapidly and frequently. They may start at an “agreed upon” party and before long move onto several different locations without your permission. This possibility might bear discussion so a plan consistent with your family’s rules can be outlined.

All-Night Dance Parties such as “Raves” or “Trances”

At some parties, “club drugs” may be used. The drugs’ stimulant effects enable users to dance for extended periods and may lead to dehydration, hypertension, and heart or kidney failure. Due to the wide variety of “club drugs,” it is difficult to determine toxicity, consequences, and symptoms. Chronic use of Ecstasy (MDMA), for example, can damage the serotonin-containing neurons in the brain and **cause** memory impairment.

School Dances, Homecoming, Holiday Dances, and Proms

These social events often include group transportation using commercial limousine or bus services. This can be an attractive option, as long as the vehicle is not used as an opportunity to drink. If your son or daughter and their friends are planning to use group transportation, consider the following:

Take responsibility for hiring the transport company yourself. Do not give this responsibility to your child. Some counties have approved limousine lists.

Inform the transport company they are to make no stops to or from the event other than the stops you have pre-authorized. Be firm that you will hold them accountable to ensure that no alcohol is illegally consumed by minors.

All bags must be kept in the trunk to ensure that no alcohol is brought on board by any young men or women.

Off-campus celebrations

At vacation times and during other breaks from school, large groups of students, many of whom are unchaperoned, gather at resorts. For many students, these are times to relax and have fun with friends after exams or graduation. For far too many, it is a time of near non-stop drunkenness and sexual promiscuity. Many parents who regard these celebrations as innocent “rites of passage” for high school students regret their mistake. If you are thinking of allowing your son or daughter to take part in large group celebrations, consider the following:

Provide responsible chaperoning. You are the best chaperones of your children; however, other parents whose judgment you trust and whose values you share are a reasonable alternative.

Don’t ask young adults, including relatives, to chaperone. They are a poor choice, as they often buy alcohol for the minors under their care.

Offer an alternative.

“Cyber Risks” Be alert. Beer, wine, tobacco and other drugs are available for purchase over the Internet without adequate safeguards in place to prevent underage teens from placing orders. Deliveries are made to homes in unmarked boxes.

Legal Consequences*

Civil Damages, Enforcement Policy and Criminal Penalties

Civil Damages

A person who supplies alcohol or drugs to a minor, or who allows alcohol or drugs to be used by a minor when he or she is in a position to prevent that use, may be liable for damages resulting from the minor's impairment and also may be arrested. For example, a person who supplies alcohol to minors or hosts a party where drinking is allowed could be assessed for significant damages if the minor, driving while impaired, should have a crash causing injury to himself or others or to property.

Enforcement Policy

With the heightened awareness of the problems created by underage individuals' use of alcohol and other drugs, authorities are not inclined to look the other way at offenses. For example, in some counties, zero tolerance is the procedure. Where underage individuals are consuming alcohol at a party, all those in attendance, whether drinking or not, will be subject to civil citations.

Criminal Penalties - Tobacco

Retailers who sell tobacco products to people under 18 are subject to fines; as are persons who distribute to or buy tobacco products for minors. More than 44 states also have laws that penalize minors for buying, possessing or using tobacco products with fines, community service, or loss of driving licenses.

Criminal Penalties - Alcohol and Other Drugs

Below is a "snapshot" of the varying degrees of penalties that a person (1st, 2nd or 3rd time offender) may encounter in the United States Judicial System. The legal laws are complex and ever changing. To read your State's most current laws contact your District Attorney's Office.

State	Purchase or Possession Of Alcohol By a Minor	Purchase or Furnishing Alcohol For a Minor	Possession of Other Drugs** (Penalties vary by drug and quantity)
AK	Jail up to 1 yr. or fine up to \$5,000, Possession, control, or consumption, fine up to \$100	Jail up to 1 yr. and/or fine up to \$5,000	Jail up to 90 days–5 yrs. and/or fine up to \$5,000. M: Jail up to 90 days and/or fine up to \$1,000
AL	Jail up to 3 months, fine up to \$500, LS	Jail up to 6 months, fine up to \$1,000	Jail 1 yr. – 10 yrs. and/or fine up to \$5,000. M: Jail up to 1 yr. and/or fine \$2,000, LS: 6 months
AR	Fine \$100–\$500, and/or probation	Jail up to 5 yrs. and/or fine up to \$1,000	Jail 3 yrs.–life, and/or fine up to \$25,000
AZ	Jail up to 30 days and/or fine up to \$500	Jail up to 6 months and/or fine up to \$2500	Jail up to 2.5 yrs, minimum fine of \$2000 or 3 times value of drug; if probation 360 hrs of CS
CA	DUI: Jail 48 hrs – 6 months and/or fine up to \$1000, LS, SAP, Car may be impounded	Mandatory fine \$1000 and CS 24 hours	Jail 2-5 yrs and a fine up to \$5000
CO	Jail 3-12 months, fine between \$250–\$1000, LS, CS, SAP, AA	Jail 3 months – 6 years and fine of \$250 - \$500,000	Jail 6 months – 12 yrs and/or fine \$500 - \$750,000. M: County jail up to 15 days and/or fine up to \$100

Legal Consequences*

Criminal Penalties (continued)

State	Purchase or Possession Of Alcohol By a Minor	Purchase or Furnishing Alcohol For a Minor	Possession of Other Drugs** (Penalties vary by drug and quantity)
CT	Fine of \$200-\$500	Jail up to 18 months, fine up to \$1500	Jail up to 7 yrs., and/or fine up to \$50,000. M: Jail up to 1 yr., fine up to \$1,000
DC	Fine up to \$300, LS: 90 days	Jail up to 180 days, fine of \$1,000	Jail up to 180 days and/or fine up to \$1,000
DL	LS for 30 days	Jail up to 30 days, fine of \$100-\$500, CS: 40 hrs	Jail up to 6 months and fine up to \$1,150
FL	Jail up to 60 days, fine up to \$300, LS: 6 months-1 yr.	Jail up to 60 days, and/or fine up to \$500	Jail up to 15 yrs., and/or fine up to \$10,000, LS: 2 yrs., and SAP
GA	Jail up to 6 months, and/or fine up to \$300, LS: 6 months	Jail up to 1 yr., and/or fine up to \$1,000	12 months Restrictive custody for 12 – 60 months
HI	Minors under 18 are subject to the family court	Jail up to 1 year and fine up to \$2000	Jail up to 5 years and fine up to \$10,000. M: Jail up to 30 days and fine up to \$1000
IA	Fine of \$100	Fine of \$500	Jail up to 10 yrs., fine \$1,000-\$50,000. M: Jail up to 6 months and/or fine up to \$1000
ID	Fine up to \$1000, LS for 1 yr., SAP, AA	Jail 3 months – 1 yr., and/or fine \$300 - \$1000	Jail 1 yr. – life, and/or fine \$3000 - \$25000; AA, SAP, may require restitution for costs by law enforcement agencies. M: Juvenile Detention Facility up to 90 days, and/or fine \$1000, LS for 1 yr., SAP, AA
IL	Jail up to 1 yr. and/or fine up to \$2,500	Jail up to 1 yr., fine \$500 - \$2,500	Jail 4 – 10 yrs. M: Jail to 30 days and/or fine up to \$15,00
IN	Jail to 60 days and/or fine up to \$500	Jail to 60 days, fine up to \$500	Jail up to 18 months, fine up to \$10,000. M: Jail to 1 yr., fine up to \$5,000

AA: Addiction Assessment; CS: Community Service; LS: License Suspension; M: Marijuana; SAP: Substance Abuse Program.



Legal Consequences*

Criminal Penalties (continued)

State	Purchase or Possession Of Alcohol By a Minor	Purchase or Furnishing Alcohol For a Minor	Possession of Other Drugs** (Penalties vary by drug and quantity)
KS	Fine of \$200 - \$500	County jail up to 6 months and a fine of \$200 - \$1000	Jail 14 to 18 months either in prison or county jail, fine of \$2,500 - \$100,000. M: County jail up to 1 year and fine up to \$2,500, SAP
KY	Fine of \$250	Jail to 90 days, fine to \$500	Jail 1-5 yrs, fine \$1000-\$10,000. M: Jail up to 1 yr. and/or fine up to \$500, LS
LA	Jail up to 6 months, and/or fine up to \$250, SAP	Jail up to 30 days and/or fine up to \$500	Jail 5yrs. - life and/or fine \$5000-\$500,000
MA	Fine up to \$300	Jail up to 6 months and/or fine up to \$2000	Jail up to 1-2 yrs. and/or fine of \$1000-\$2000. M: Jail 6 months and/or fine up to \$500
MD	Fine up to \$500, SAP and/or 20 hrs. CS	Fine up to \$500	Jail up to 4 yrs., fine up to \$25,000. M: Jail up to 1 yr. and/or fine of \$1,000
ME	Fine between \$100-\$300	Jail up to 6 months and/or fine to \$1,000	Jail to 5 yrs., fine up to \$5,000. M: Jail 6 months, fine up to \$1,000, CS
MI	Fine up to \$500, SAP	Jail to 60 days, fine to \$1000; if leads to death: felony, Jail to 10 years, Fine to \$10,000	Jail to 4 yrs., fine to \$25,000. M: Jail to 1 yr. and/or fine to \$2000.
MN	Fine of \$100	Fine of \$100	Jail up to 5 yrs. and/or fine up to \$10,000
MO	Jail up to 6 months - 1 yr. and/or fine \$500-\$1,000, LS: 90 days, SAP	Jail up to 1 yr., and fine of \$1,000	Jail of 5-15 yrs., fine up to \$5,000. M: Jail up to 1 yr. and/or fine up to \$1,000
MS	Fine up to \$100	Fine \$500-\$1,000	Jail up to 4 yrs. and/or fine up to \$10,000
MT	Fine up to \$100, LS: 30 - 90 days, CS, SAP	Jail up to 6 months and/or fine up to \$500	Jail of 6 months - 5 years and/or fine up to \$50,000 M: Jail up to 6 months and/or fine of \$100 - \$500
NC	Jail up to 45 days (min. of probation), \$250 min. fine, CS: 25 hrs	Jail up to 45 days (min. of probation), \$250 min. fine, CS: 25 hrs	Jail up to 13 months, fine up to \$1000 or set by the judge
ND	Jail up to 30 days and/or fine \$1,000, AA	Jail 1 year and/or fine of \$2000	Jail up to 5 years and/or fine of \$5,000, AA

Legal Consequences*

Criminal Penalties (continued)

State	Purchase or Possession Of Alcohol By a Minor	Purchase or Furnishing Alcohol For a Minor	Possession of Other Drugs** (Penalties vary by drug and quantity)
NE	Jail 7 days – 3 months and/or fine \$500, CS: 10 days, LS, AA	Jail up to 1 yr. and/or fine \$1000	Jail 1 – 50 yrs. and/or fine up to \$25,000
NH	Fine \$250 first offense	Fine up to \$2,000, jail up to 1 yr., Judge discretion	Jail up to 7 yrs., fine up to \$25,000. M: Jail up to 1 yr., probation and/or fine
NJ	Fine up to \$500 and LS: 6 months	Sale: Jail up to 30 days and/or fine \$500 Purchase: fine \$500, LS	Jail 18 months – 5 yrs. and/or fine up to \$35,000. M: Jail up to 30 days and/or fine to \$500
NM	Jail 90 days – 1 yr. and/or fine up to \$500, probation up to 1 yr, SAP, AA, CS: 48 hrs	Fine up to \$1000 and CS of 30 hrs	Jail 180 days – 9 yrs. and/or fine up to \$10,000. M: Jail up to 18 months and/or fine up to \$5000
NV	Jail to 6 mon and/or fine up to \$1000, CS	Jail to 6 mon and/or fine up to \$1000, CS	Jail of 1-4 yrs., fine up to \$5000
NY	Fine up to \$50, CS: 30 hrs. and/or SAC	Jail up to 5 days, and/or fine up to \$500	Jail up to 1 yr. and/or fine up to \$1,000
OH	Jail up to 6 months and/or fine up to \$1,000	Jail up to 6 months and/or fine of \$500-\$1,000	Jail up to 12 months and/or fine up to \$2,500
OK	Jail 5 days – 1 year, fine up to \$1000 and/or CS, AA, SAP	Jail up to 6 months – 5 years and/or fine up to \$500 - \$5000	Jail 2 years to life and/or fine up to \$100,000
OR	Fine of \$300	Jail to 1 yr. and/or fine \$350 - \$5000	Jail 6 mon – 10 yrs., fine \$600 - \$200,000
PA	Fine up to \$500 & LS: 90 days	Mandatory \$1,000 fine	Jail up to 1 yr. and/or fine up to \$5,000. M: Jail up to 30 days and/or fine up to \$500
RI	Fine \$100-\$500, and/or LS: up to 3 months	Jail up to 6 months, fine \$350- \$1000, Felony	Jail up to 3 yrs. and/or fine \$500-\$5000, CS: 100 hrs, SAP, AA, LS. M: Jail up to 1 yr. and/or fine of \$200-\$500
SC	Fine up to \$200 or jail up to 30 days, LS: 90 days	Furnishing: Jail up to 30 days or fine up to \$200. Sale to a minor: Jail from 30-60 days and/or fine of \$100-200 LS: 90 days	Jail up to 15 yrs. and/or a fine up to \$25,000. LS: 6 months to 1 year. Court may require drug treatment program

Legal Consequences*

Criminal Penalties (continued)

State	Purchase or Possession Of Alcohol By a Minor	Purchase or Furnishing Alcohol For a Minor	Possession of Other Drugs** (Penalties vary by drug and quantity)
SD	County jail 30 days and/or fine of \$200, LS: 30 days – 1 yr, SAP	County jail up to 1 yr. and/or fine of \$1000, LS: 30 days – 1 yr	Jail up to 10 yrs. and may be assessed fine of \$10,000. M: County jail up to 1 yr. and/or fine of \$1000
TN	Jail up to 11 months, 29 days and/or fine up to \$2,500	Jail up to 6 months and/or fine up to \$500	Jail 11 months, 29 days, fine of \$750-\$1,000. A 3rd offense can be punished as felony
TX	Fine up to \$500, CS: 8-10 hrs., LS: 30 days, SAC	Jail up to 180 days and/or fine up to \$2000	Jail 180 days – 2 yrs. fine \$4000-\$10,000. M: Jail up to 180 days and/or fine up to \$2,000
UT	Jail up to 6 months and/or fine up to \$1000, LS: 90 days, if minor does not have license eligibility is postponed for 90 days when minor becomes eligible	Jail up to 1 year and/or fine up to \$2,500	Jail up to 6 months – 5 yrs. and/or fine up to \$1,000 - \$5,000, LS. M: Jail not to exceed 6 months and/or fine not to exceed \$1000, LS
VA	Fine at least \$500 or 50 hours CS and LS for up to 1 yr.	Jail up to 1 yr. and/or fine \$2,500	Jail 1 – 10 yrs. and/or fine up to \$2,500. M: Jail up to 30 days, and/or fine up to \$500
VT	Fine to \$300, Safety program, possible LS	Jail up to 2 years and/or fine between \$500-\$2,000	Jail 1 yr., fine up to \$2,000. M: Jail up to 6 months and/or fine up to \$500
WA	County jail 90 days – 1 yr. and/or fine up to \$5000	Jail up to 1 yr., fine up to \$5000	Jail 2 – 10 yrs. and/or fine up to \$100,000
WI	Fine \$250-\$500 and/or LS, CS	Fine up to \$500. Second offense: jail up to 30 days and/or fine \$500	Jail 30 days – 2 yrs., fine up to \$5,000. M: Jail up to 6 months and/or fine up to \$1,000
WV	Jail 1 day – 6 months and fine \$100-\$500	Jail 10 days and/or fine up to \$100	Jail 6 months – 15 yrs., and/or fine \$5,000-\$25,000
WY	County jail up to 6 months and/or fine up to \$750, LS 90 days	County jail up to 6 months and/or fine up to \$750	Jail up to 12 months and/or fine of \$1000 LS: 90 days. M: Jail up to 12 months and/or fine up to \$1000

AA: Addiction Assessment; CS: Community Service; LS: License Suspension; M: Marijuana; SAP/SAC: Substance Abuse Program or Class.

*For more legal details visit our web site www.lowefamily.org

**Sale, Gift or Distribution of Other Drugs – Jail and fine penalties may be doubled or tripled.

Resources

National

You do not need to deal with your son or daughter’s alcohol or drug use issues all by yourself. Below are resources to help you with detection, assessment, consultation, treatment and aftercare. For **Local Resources** the counseling department at your child’s school is a good place to start.

National 24 Hour Hotlines

AIDS Hotline	800-342-2437
Alcohol and Drug Helpline	800-821-4357
National Runaway Switchboard	800-621-4000
We Tip To anonymously report selling or trafficking of illicit drugs.	800-782-7463

Information

Al-Anon/Alateen (www.al-anon.alateen.org) Provides help for families and friends of alcoholics.	800-356-9996
American Council for Drug Education (www.drughelp.org) Provides information on effects of drug usage.	800-488-3784
Betty Ford Center (www.bettyfordcenter.org) Wonderful programs for families and for children of alcoholics or other addictions.	800-854-9211
Campaign for Tobacco-Free Kids (www.tobaccofreekids.org) Information about tobacco related issues.	202-296-5469
Caron Adolescent Treatment Center (www.caron.org) Provides comprehensive addiction treatment services.	800-678-2332
Drug Strategies (www.drugstrategies.org) Assesses school drug prevention and teen treatment programs.	202-289-9070
Families Anonymous (www.familiesanonymous.org) Self help, recovery and fellowship for relatives and friends of those who have alcohol, drug or behavioral problems.	800-736-9805
FCD Educational Services (www.fcd.org)	781-444-6969
Lowe Family Foundation (www.lowefamily.org) help@lowefamily.org , Provides educational help to parents and schools on alcohol and other drug use prevention.	202-362-4883
Marijuana Anonymous (www.marijuana-anonymous.org) 12-step program to stop smoking marijuana. World services.	800-766-6779
National Association for Children of Alcoholics (www.nacoa.org) Articles and resources for children of alcohol and other drug dependent parents.	1-888-554-2627
National Clearinghouse for Alcohol and Drug Information (www.health.org) Provides publications on alcohol and other drug abuse. Gives local referrals for treatment.	800-662-HELP
National Council on Alcoholism and Drug Dependence (www.ncadd.org) Resources, educational materials and National Intervention Network information.	212-269-7797 1-800-654-HOPE
National Inhalant Prevention Coalition (www.inhalants.org) A public-private effort to promote awareness and recognition of the problem of inhalant use.	800-269-4237
Partnership for a Drug-Free America (www.drugfreeamerica.org) Answers questions frequently asked by parents.	212-922-1560

Resources used in preparing this educational resource guide: Campaign for Tobacco-Free Kids; Center for Substance Abuse Prevention; Chemical Awareness Resources & Education (CARE) in Dallas, TX; Department of Education; Department of Health and Human Services; Department of Justice; Drug Strategies; Monitoring the Future Survey by the University of Michigan; National Inhalant Prevention Coalition; National Institute on Alcohol Abuse and Alcoholism; National Institutes of Health; National Mental Health Institute; Office of National Drug Control Policy; Rainbow Days; Substance Abuse and Mental Health Services Administration.

Drug Chart

Common Drugs of Use

Detection

Visit a medical doctor pediatrician. Minor emergency clinics will also assist with drug screenings and tests. Pharmacies sell a hair testing kit called PDT90. The kit tests for marijuana, LSD and Ecstasy use in the past 90 days. For more detection information visit www.phamatech.com.

Type of Drug	Drug Name	Street Name	Description	How It's Used	Related Paraphernalia	Signs and Symptoms of Use
Cannabis	MARIJUANA	Pot, grass, reefer, weed, Colombian hash, sinsemilla, joint, blunts, Acapulco Gold, Thai Sticks	Like dried oregano leaves, dark green or brown	Usually smoked in hand-rolled cigarettes, pipes, thin cigars or eaten.	Rolling papers, pipes, bongs, baggies, roach clips	Sweet burnt odor, neglect of appearance, loss of motivation, slow reactions, red eyes, memory lapses
Depressants (Depress the nervous system)	ALCOHOL	Booze, hooch, juice, brew, Alcopops- Hard lemonade or fruit juices	Clear or amber-colored liquid, Sweet, fruit-flavored malt-based drinks	Swallowed in liquid form	Flask, bottles, cans, use of food color to disguise it. Colorful and innocent looking labels	Impaired judgment, poor muscle coordination, lowered inhibitions
	BARBITURATES	Barbs, downers, yellow jackets, red devils, blue devils	Variety of tablets, capsules, powder	Swallowed in pill form or injected into the veins	Syringe, needles	Drowsiness, confusion, impaired judgment, slurred speech, needle marks, staggering gait
	TRANQUILIZERS	V's, blues, downers, candy	Variety of tablets	Swallowed in pill form or injected	Syringe, pill bottles, needles	Drowsiness, faulty judgment, disorientation
	NARCOTICS	Dreamer, junk, smack, horse	White or brown powders, tablets, capsules, liquid	Injected, smoked, may be blended with marijuana	Syringes, spoon, lighter, needles, medicine dropper	Lethargy, loss of skin color, needle marks, constricted pupils, decreased coordination
Stimulants (Stimulate the nervous system)	AMPHETAMINES	Speed, uppers, pep pill, bennies, dexies, crank, crystal, black beauties, white crosses	Variety of tablets, capsules, and crystal-like rock salt	Swallowed in pill or capsule form, or injected	Syringe, needles	Excess activity, irritability, nervousness, mood swings, needle marks, dilated pupils, talkativeness then depression
	METHYLPHENIDATE	Ritalin, MDMA Ecstasy	Tablets, imprinted logos	Crushed & sniffed	Razor blade, straws, glass surfaces	Increased alertness, excitation, insomnia, loss of appetite
	COCAINE	Coke, snow, toot, white lady	White odorless powder	Usually inhaled, can be injected, swallowed, or smoked	Razor blade, straws, glassy surfaces	Restlessness, dilated pupils, talkativeness, euphoric short-term high, followed by depression, oily skin
	TOBACCO/ NICOTINE	Smokes, Butts, Cigs, Cancer Sticks// Snuff, dip, chew, plug	Dried brown organic material, "bidis" flavored with mint or chocolate// smokeless - moist	Tobacco is burned and inhaled as cigarettes, pipes, cigars, cigarillos. Also in the form of chewing tobacco and snuff.	Rolling papers, pipes, spit cups, cigar cutters lighters, matches	Shortness of breath, respiratory illnesses, oral, lung and other cancers

Drug Chart

Common Drugs of Use

What's a blunt? When users slice open a cigar and replace the tobacco with marijuana. If the blunt is smoked with a 40 oz. bottle of malt liquor, it is called a "B-40"

Type of Drug	Drug Name	Street Name	Description	How It's Used	Related Paraphernalia	Signs and Symptoms of Use
Hallucinogen (Alters perceptions of reality)	PCP (Phencyclidine)	Angel dust, killer weed, supergrass, hog, peace pill	White powder or tablet	Usually smoked, can be inhaled ("snorted"), injected, or swallowed in tablets	Tin foil	Slurred speech, blurred vision, lack of coordination, confusion, agitation, violence, unpredictability, "bad trips"
	LSD (Lysergic Acid Diethylamide)	Acid, cubes, purple haze, white lightning	Odorless, colorless, tasteless powder	Injected, or swallowed in tablets or capsules	Blotter papers window panes, tin foil	Dilated pupils, illusions, hallucinations, disorientation, mood swings, nausea, flashbacks
	MESCALINE	Mesc, cactus, caps, magic mushroom, shrooms	Capsules, tablets, mushrooms	Ingested in their natural form or smoked, brewed as tea	Dried mushrooms	Same as LSD above
Inhalants (Substances abused by sniffing)	SOLVENTS & AEROSOLS - airplane glue, gasoline, dry cleaning solution, correction fluid		Chemicals that produce mind-altering vapors	Inhaled or sniffed often with the use of paper or plastic bags	Cleaning rags, empty spray cans, tubes of glue, baggies	Poor motor coordination, bad breath, impaired vision, memory and thoughts, violent behavior
	NITRATES Amyl & Butyl	Poppers, locker room, rush, snappers	Clear yellowish liquid	Inhaled or sniffed from gauze or single dose glass vials	Cloth covered bulb that "pops" when broken, small bottles	Slowed thought, headache
	NITROUS OXIDE	Laughing gas, whippets	Colorless gas with sweet taste & smell	Inhaled or sniffed by mask or cone	Aerosol cans such as whipped cream, small canisters	Light-headed, loss of motor control
Club Drugs/ Designer Drugs (Stimulants, Depressants and/or Hallucinogens)	MDMA, MDA, MDEA	Ecstasy, XTC, X, Adam, Clarity	Tablet or capsule, colorless, tasteless and odorless	Swallowed, can be added to beverages by individuals who want to intoxicate others	Pacifiers, Glow Sticks (used at all night dance parties - "raves" or "trances")	Agitated state, confusion, sleep problems, paranoia
	DATE RAPE DRUGS Rohypnol	Roofies, roche, love drug, forget-me pill	Tasteless, odorless, dissolves easily in all beverages	Swallowed, can be added to beverages by individuals who want to sedate others	Drinks, soda cans	1 mg can impair a victim for 8 to 12 hrs, can cause amnesia, decreased blood pressure, urinary retention
	GHB	Liquid Ecstasy, Grievous Bodily Harm, G	Clear liquid, tablet, capsule	Swallowed, dissolved in drinks	Drinks, soda cans	Can relax or sedate

For color photos and detailed information of common drugs of abuse visit the U.S. Department of Justice Drug Enforcement Administration's website at www.dea.gov

When A Teenager Needs Help

If your son or daughter is using regularly...

While only 10 to 15 percent of American teenagers are chemically dependent, alcohol and other drugs are dangerous even for occasional users. It may only take one drinking or using episode to permanently injure or kill someone.

Knowing the signs of substance abuse does not automatically mean that parents will recognize drug or alcohol dependence in their own teenagers. While most teens who use alcohol or other drugs don't progress to habitual use, there is no way to predict who will become addicted.

Addiction is not a weakness or a moral issue; it is an **illness**, and **denial** is one of its most common symptoms. Most chemically-dependent people, including adolescents, truly believe that they don't have a problem with alcohol or other drugs. They may deny how much they use or the fact that they use at all, and try to excuse, explain or rationalize away the growing consequences of their drinking and using.

Addiction does not exist in a vacuum. The important people in an addict's life often try to rescue him or her from the consequences of drinking and using. These well-meaning but counterproductive efforts only help addicts deny the problem, pretend that everything is normal, and **enable** them to go on using. Each adult addict has an average of ten to twelve enablers, but **most chemically-dependent adolescents have over a hundred enablers apiece.** Family, friends and professionals who work with teens often do not know the facts about addiction, and thus become part of the teenaged addict's network of enablers.

Don't overlook a potential drug problem. Although teenagers are no longer children, they are not yet adults and require age-appropriate limit-setting. There is a fine line between trusting teens and respecting their privacy while taking proactive steps to prevent alcohol and other drug problems or find and treat them before they worsen. Parents who suspect that their kids are using drugs should realize that teens, if questioned, will probably lie about their substance abuse and increase efforts to hide it. Treatment professionals recommend that if you have children, make it clear to them well ahead of time that if you ever suspect they may be using drugs, you will do what you feel you must to address the issue. That may include searching their rooms or personal belongings, drug testing and limiting their extracurricular activities. A thorough professional assessment is the best way to rule out substance abuse.

Your teenager should get a complete physical examination from a medical doctor as well as a mental health and substance abuse evaluation. There are other problems that can co-exist with chemical dependence; some of the symptoms can be mistaken for those of drug dependence, and vice versa. Anorexia, bulimia, and compulsive dieting, exercising or overeating are often found in young people; both boys and girls can suffer from eating disorders.

Dual diagnosis – mood or thought disorders coupled with drug or alcohol dependence – is more common among today's young people than it used to be. If your teenager has a dual diagnosis, look for a treatment program that simultaneously addresses mental illness and chemical dependency.

When A Teenager Needs Help

Assessment, Intervention, Treatment Options

Assessment. If you suspect that your teen has a drug or alcohol problem, do not let denial or resistance prevent you from getting help. Arrange for your son or daughter to receive a thorough assessment. Only a health or mental health professional who is trained and experienced in assessing chemical dependence problems and recommending suitable treatment is qualified to perform such an evaluation. Not all therapists or medical doctors have this kind of training; those that do not may fail to notice chemical dependence or allow addicts to manipulate them into misdiagnosing it. Usually, it is best to ask people in Al-Anon or other family support groups who have had their own teenagers evaluated if they can recommend a suitable professional. You can also ask your health insurance plan for a referral, but be aware that the insurance company may not know if the therapist has the qualifications that you need. Once you find the right person, check with your insurance company how much of the cost they will cover. If this is not enough, check with the therapist about sliding-scale payments based on what you can afford.

Intervention. An *intervention* is a carefully planned and staged loving confrontation between a chemically-dependent person and his or her significant others. The process should be guided by a professionally trained interventionist. In an intervention, each participant presents the addict with a specific and detailed account of how his or her actions have affected the presenter or others. The message, consistently repeated, is: "I love you, but this is how your behavior hurt me/us. Unless you get treatment now, these are the consequences." Participants explain the consequences and are prepared to follow through with them. Although interventions have caused many addicts to accept help, some refuse treatment despite the efforts of everyone involved in the intervention. If your teenager will not cooperate, consider filing charges with the police or courts – drug or alcohol possession, disorderly conduct, or whatever else may apply – in order to gain leverage to get him or her properly assessed and treated.

Treatment options. If the professional who evaluates your teenager determines that there is an alcohol or other drug or other issue that requires treatment, she or he will recommend suitable treatment options. Treatment begins with detoxification ("detox"), which can last from two or three days to a week or more and should be medically supervised. Detox programs may be separate from or part of longer-term care. Immediately following detox, the next step is usually inpatient or outpatient rehabilitation ("rehab"). Rehab programs last an average of three to six weeks. In rehab, recovering alcoholics and addicts learn how to live without drugs or alcohol and receive a good grounding in how to maintain lifelong recovery. Look for a rehab that is specifically designed for adolescents.

After completing rehab, recovering addicts and alcoholics attend outpatient **aftercare programs:** group and sometimes individual therapy led by an addictions treatment professional. Aftercare helps recovering addicts further refine their skills in living without alcohol or drugs. Regular participation in a **12-step program** such as **Alcoholics Anonymous (AA)** or **Narcotics Anonymous (NA)** is also important. Sometimes, longer-term care in a structured **therapeutic community** or outpatient living in a supervised **halfway house** is recommended. Your addictions treatment professional will explain the different types of treatment programs in depth, and will help you select the ones that are most appropriate for your son or daughter.

Remember, if your teenager has a problem with alcohol or other drugs, do not blame yourself. Chemical dependency is an illness, not a moral issue. While it cannot be cured, it can be arrested. There is help available.

Alcoholism and Other Drug Addictions

A Family Disease

The Lowe Family Foundation has its roots in our family's firsthand knowledge of the devastation caused by alcoholism. Like many other families presented with the challenge of this disease, we too were slow to recognize that the behavior of a family member was neither normal nor healthy. And when the reality became unavoidable, we did not know how to ask for help or even the questions to ask. We encourage families to learn the warning signs of addiction and to listen when any family member, an adult or a child, raises a concern about another family member's drinking.

Q. What does it mean that alcoholism is a "family disease"?

A. When one person in a family abuses alcohol or is addicted to alcohol or other drugs, the whole family is affected. A family is like a mobile, which hangs in a room and shifts and changes when the wind blows. If one part of a mobile is touched, the whole thing reacts. A family is a group of people related by mutual commitment and/or by blood. The people are interrelated, just like the parts of a mobile. If one person is out of balance, or in crisis, all of the members find themselves off balance too.

People abusing alcohol or other drugs have trouble understanding and dealing with reality. Over time, those who are closest to the alcohol or drug abuser also develop unhealthy attitudes and behaviors as they try to cope with the problems that his or her drinking or other drug use causes. Alcoholism is a progressive disease, and the addicted person finds him or herself involved in a series of chronic crises, which worsen over time. In order for the family to deal with these crises they learn unhealthy ways to compensate. Then that way of relating becomes familiar, and the whole family finds itself "sick" together.

In families where someone has a problem with alcohol or other drugs, family members often join the alcohol/drug abuser in denying, or refusing to admit to themselves or to anyone else, that there is a problem. They lock themselves into a conspiracy of silence as they try to clean up the mess, pretend that everything is normal and avoid provoking the alcohol abuser into another bout of drinking or other drug use. Family members become rigid instead of open to growth. They question their perceptions, deny or suppress their feelings, and stop communicating honestly with each other. The resulting stress hurts everyone from young children to adults, and the family's efforts to cover up the problem drinking or other drug use and protect the alcohol/drug abuser from its consequences only enable him or her to continue it.

What is important is that the whole family gets help. Obviously it is ideal if the addicted person seeks recovery, but even if that person does not seek help, family members should. Breaking the silence about what they've been dealing with is the first step, followed by learning about enabling and codependency, common modes of relating to alcoholism or other addictions. If you are concerned about a family member, or think you have an alcohol or other drug problem, contact a medical doctor or counselor trained in alcoholism and other addictions for a confidential evaluation.

Families And Communities Together (FACT)

A National Coalition of Families, Schools and Communities Working Together To Encourage
The Prevention of Alcohol, Inhalants, Tobacco and other Drug Use Among Our Youth.

For more information contact:

Lowe Family Foundation, 3339 Stuyvesant Pl., NW, Washington, DC 20015
202-362-4883, www.lowefamily.org, help@lowefamily.org

A Family Guide – Alcohol, Tobacco, Other Drugs and Teenagers© Copyright 2000
Lowe Family Foundation, Inc. – Revised 2001, 2002

This booklet is based on a manual compiled by Georgetown Preparatory School Parent's Club 1999.
We thank Georgetown Preparatory School for allowing us to take this book to a national level.

Assumption High School

Mission Statement

Responding to the Church's call to continue the teachings of Jesus Christ, Assumption High School is missioned to create a community of life-long learners in search of truth.

- We educate the whole person in a caring, Christian environment.
- We offer programs to young women with a wide range of abilities, talents, and needs.
- We make sure that our young women learn and grow and feel good about themselves.
- We provide financial assistance to families demonstrating economic need by reaching out to the poor and minorities in the community.

Assumption High School enjoys a tradition of academic excellence and development of Christian leaders who are committed to the values of compassion toward all and service to those in need.

STUDENT ASSISTANCE COUNSELORS

Theresa Berry

Connie Druien

Dawn Flamm

Beth Hicks

Elaine Salvo, guidance department chair

Assumption High School Guidance Department

502-458-6258



Assumption High School
2170 Tyler Lane
Louisville, KY 40205