



“Thank you for your recent funding request for Smart Kids Don’t Do Drugs. We are pleased to have approved a donation for The Canadian Don’t Do Drugs Society.”

Alan Convery

Manager, Community Relations
TD Bank Financial Group
Corporate & Public Affairs



“ As a result of our Shaw Staff Charities campaign, we would like to present your organization, Smart Kids Don’t Do Drugs, with the enclosed donation.”

J.R. Shaw
Executive Chairperson, Shaw Staff Charities
SHAW COMMUNICATIONS INC.



“ Enclosed please find our cheque representing our support to The Canadian Don’t Do Drugs Society.”

Stephen L. Voisin

National Donations Manager
Royal Bank of Canada Foundation



A PARENT’S GUIDE TO PREVENTION

*THE CANADIAN DON'T DO DRUGS SOCIETY
SMART KIDS DON'T DO DRUGS*

7-B Pleasant Blvd., Box 1053, Toronto, Ontario M4T 1K2
TEL: (416) 923-3779 1-800-883-7761 FAX: (416) 923-0083

www.skddd.org

Charitable Registration No.86887 9685RR0001

*We Proudly Acknowledge
the generous donations and help given to us by hundreds
of Corporations, Businesses, Professionals
&
thousands of families and individuals who have made
possible the presentation
of this book*

*We Proudly Acknowledge
the generous donations and help given to us by hundreds
of Corporations, Businesses, Professionals
&
thousands of families and individuals who have made
possible the presentation
of this book*

PRESENTED BY
THE CANADIAN DON'T DO DRUGS SOCIETY
7-B PLEASANT BLVD., BOX 1053, TORONTO, ONTARIO M4T 1K2
TEL:(416) 923-3779 1-800-883-7761 FAX:(416) 923-0083
CHARITABLE REGISTRATION NO. 86887 9685RR0001

PRESENTED BY
THE CANADIAN DON'T DO DRUGS SOCIETY
7-B PLEASANT BLVD., BOX 1053, TORONTO, ONTARIO M4T 1K2
TEL:(416) 923-3779 1-800-883-7761 FAX:(416) 923-0083
CHARITABLE REGISTRATION NO. 86887 9685RR0001

Notes

Table Of Contents

1. Introduction	p. 5
2. Teaching Values.....	p. 6
3. Setting and Enforcing Rules Against The Use of Alcohol and Other Drugs	p. 8
4. Getting The Facts	p. 9
5. A Quiz For Parents	p. 10
6. Talking With and Listening to Your Child	p. 14
7. Communication Tips	p. 16
8. Preschoolers	p. 18
Suggested Activities	p. 19
9. Kindergarten-Grade 3	p. 21
Suggested Activities	p. 22
10. Grades 4-6	p. 24
Teaching Your Child to Say No	p. 25
Suggested Activities	p. 27
11. Grades 7-9	p. 29
Suggested Activities	p. 32
12. Grades 10-12	p. 34
Suggested Activities	p. 35
13. School-Parent Cooperation	p. 40

Notes

14. Parent-Community Activities p. 41

15. Parent Support Groups p. 42

16. Checklist of Signs and Symptoms p. 43

17. Alcohol p. 45

18. Children and Alcohol p. 46

19. Tobacco p. 47

20. Facts on Tobacco p. 48

21. Cannabis p. 49

22. Inhalants p. 50

23. Cocaine p. 51

24. Other Stimulants p. 52

25. Depressants p. 53

26. Hallucinogens p. 54

27. Narcotics p. 55

28. Designer Drugs p. 56

29. Anabolic Steroids p. 57

30. Contact Information p. 59

Notes

Introduction

Child rearing is one of the most important tasks anyone ever performs, and the one for which there is the least preparation. Most of us learn how to be parents through on-the-job training and by following the example that our parents set.

Today the widespread use of alcohol and other drugs subjects our children, families, and communities to pressures unheard of 30 or 40 years ago. Frankly, many of us need help to deal with this frightening threat to our children's health and well being.

Recent surveys show that we are making progress in our national battle against some drugs. Casual use is declining, attitudes are changing, and we know more about what works to prevent drug use by our young people.

As parents, we can build on that progress in our own families by having strong, loving relationships with our children, by teaching standards of right and wrong, by setting and enforcing rules for behavior, by knowing the facts about alcohol and other drugs, and by really listening to our children.

Please visit **www.skddd.org** for a guide to drug for a guide to drug descriptions and their effects and **www.ccsa.ca** for provincial resource areas:

Select - Looking For Treatment?

Then select: Search For Treatment Services in Canada

Teaching Values

Every family has expectations of behavior that are determined by principles and standards. These add up to “values”. Children who decide not to use alcohol or other drugs often make this decision because they have strong convictions against the use of these substances...convictions that are based in a value system. Social, family, and religious values give young people reasons to say no and help them to stick to their decisions.

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

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

- U Recognize how your actions affect the development of your child’s values. Simply stated, children copy their parent’s behavior. Children whose parents smoke, for example, are more likely to become smokers. Evaluate your own use of tobacco, alcohol, prescription medicines, and even over-the-counter drugs. Consider how your attitudes and actions may be shaping your child’s choice about whether or not to use alcohol or other drugs.

Provincial Resources to call when necessary

The Canadian Don't Do Drugs Society

Smart Kids Don't Do Drugs

CHARITABLE REGISTRATION NO. 86887 9685RR0001

Municipality	Agency	Toll Free	Phone No.
Charlottetown	Health & Community Services	N/A	902-366-4121
Edmonton	Alberta Alcohol & Drug Abuse Comm	N/A	403-427-2837
Fredericton	Dept. of Health & Community Services	N/A	506-452-5558
Halifax	Dept of Health, Drug Dependency Services	N/A	506-858-2333
Moncton	Addiction Services, Health Region 1	N/A	506-858-2333
Montreal	Drug Help and Referral Line	800-265-2626	514-527-2626
Ottawa	Canadian Centre for Substance Abuse	N/A	613-235-4048
London	The Drug and Alcohol Registry of Treatment	800-565-8603	
Regina	Programs Branch	N/A	306-787-4648
St. John's	Drug Dependency Services	N/A	709-738-4919
Vancouver	Alcohol and Drug Information & Ref. Ser	800-663-1441	604-875-6381
Whitehorse	Yukon Dept of Health and Social Services	800-661-0408	867-667-5777
Winnipeg	Addictions Foundation of Manitoba	800-463-1554	204-944-6200
Yellowknife	Territorial Gov Alcohol, Drugs & Community Mental Health	N/A	867-920-3121

**For information on drugs and their effects visit
www.skddd.org**

**Select:
Guide to Drug Descriptions And Their Effects**

Please call our Directory Help Line

**1-800-883-7761
(throughout Canada)**

**This service can provide you with
the names and phone numbers in
your area for Outpatient Counseling,
Residential Treatment or Detoxification Centres.**

**This is a service and it does not necessarily
endorse any individual center**

**For treatment centres throughout Canada:
www.ccsa.ca**

**Select: Looking for Treatment?
Select: Search for Treatment Services in Canada**

This does not mean, however, that if you are in the habit of having wine with dinner or an occasional beer or cocktail you must stop. Children can understand and accept that there are differences between what adults may do legally and what is appropriate and legal for children. Keep that distinction sharp, however. Do not let your children be involved in your drinking by mixing a cocktail for you or bringing you a beer, and do not allow your child to have sips of your drink.

- u ***Look for conflicts between your words and your actions.*** Remember that children are quick to sense when parents send signals by their actions that it's all right to duck unpleasant duties or to be dishonest. Telling your child to say that you are not at home because a phone call comes at an inconvenient time is, in effect, teaching your child that it is all right to be dishonest.
- u ***Make sure that your child understands your family values.*** Parents assume, sometimes mistakenly, that our children have "absorbed" values even though they may be rarely or never discussed. You can test your child's understanding by discussing some common situations at the dinner table; for example, "What would you do if the person ahead of you in line at the theatre dropped a dollar coin?"

Setting and Enforcing Rules Against The Use of Alcohol and Other Drugs

As parents, we are responsible for setting rules for our children to follow. When it comes to alcohol and other drug use, strong rules need to be established to protect the well-being of a child. Setting rules is only half the job, however, we must be prepared to enforce the penalties when the rules are broken.

- u **Be specific.** Explain the reason for the rules. Tell your child what the rules are and what behavior is expected. Discuss the consequences of breaking the rules: what the punishment will be; how it will be carried out; how much time will be involved; and what the punishment is supposed to achieve.
- u **Be consistent.** Make it clear to your child that a no-alcohol/no-drug-use rule remains the same at all times-in your home, in a friend's home or anywhere the child is.
- u **Be reasonable.** Don't add new consequences that have not been discussed before the rule was broken. Avoid unrealistic threats such as, "Your father will kill you when he gets home". Instead, react calmly and carry out the punishment that the child expects to receive for breaking the rule.

Anabolic Steroids

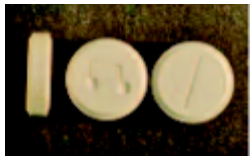
Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Developed in the 1930's, steroids are seldom prescribed by physicians today. Current legitimate medical uses are limited to certain kinds of anemia, severe burns, and some types of breast cancer.

Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Steroid users subject themselves to more than 70 side effects ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and cardiovascular and reproductive systems are most seriously affected by steroid use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior known as "steroid rage" and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

Signs of steroids use include quick weight and muscle gains (when used in a weight training program); aggressiveness and combativeness; jaundice; purple or red spots on the body; swelling of feet and lower legs; trembling; unexplained darkening of the skin; and persistent, unpleasant breath odor.

Designer Drugs

To circumvent legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate. These narcotic analogs can cause symptoms such as those seen in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception. "Ecstasy" and Crystal Meth are pictured here:



Type Used	What It Is Called?	What Does It Look Like?	How It Is Used?
1. Analog of Fentanyl (Narcotic)	Synthetic heroin, China white	White powder	Inhaled, injected
2. Analog of Meperidine	MPTP (New heroin), MPPP, synthetic heroin	White powder	Inhaled, injected
3. Analog of Amphetamines or Methamphetamines (Hallucinogens)	MDMA (Ecstasy, XTC, Adam, Essence), MDM, STP, PMA, 2, 5-DMA, TMA, DOM, DOB, EVE	White powder, tablets, capsules	Taken orally, injected or inhaled
4. Analog of Phencyclidine (PCP)	PCPy, PCE	White powder	Taken orally, injected, or smoked

Getting the Facts

As parents, we need to know about alcohol and other drugs so that we can provide our children with current and correct information. If we have a working knowledge of common drugs, know their effects on the mind and body, and the symptoms of their use, we can discuss these subjects intelligently with our children. In addition, well-informed parents are better able to recognize if a child has symptoms of alcohol or drug-related problems:

At a minimum, you should:

- u know the different type of drugs and alcohol most commonly used and the dangers associated with each;
- u be able to identify paraphernalia associated with each drug;
- u know what drugs look like;
- u know the signs of alcohol and other drug use and be alert for changes in your child's behavior or appearance;
- u know how to get help promptly if you suspect your child may be using alcohol and other drugs.

For current information on alcohol and other drug use, the resource section in this guide can help direct parents to clearing houses, drug and alcohol prevention organizations, and parents groups—to name a few(see Page 5).

A Quiz for Parents

1. **What is the most commonly used drug in Canada?**
 - (a) heroin
 - (b) cocaine
 - (c) alcohol
 - (d) marijuana

2. **Name the three drugs most commonly used by children.**

3. **Which drug is associated with the most teenage deaths?**

4. **Which of the following contains the most alcohol?**
 - (a) 12-ounce can of beer
 - (b) a cocktail
 - (c) a 12-ounce wine cooler
 - (d) a 5-ounce glass of wine
 - (e) all contain equal amounts of alcohol.

5. **Crack is particularly a dangerous drug because it is:**
 - (a) cheap
 - (b) readily available
 - (c) highly addictive
 - (d) all of the above

6. **Fumes from which of the following can be inhaled to produce a high:**
 - (a) spray paint
 - (b) model glue
 - (c) nail polish remover
 - (d) whipped cream canisters
 - (e) all of the above

Narcotics

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

Type	What is it called?	What does it look like?	How is it used?
1. Heroin	Smack, Horse, Mud, Brown sugar, junk, black tar, and Big H	White to dark-brown powder or tarlike substance	Injected, smoked, or inhaled
2. Codeine	Empirin compound with codeine, Tylenol with codeine, Codeine in cough medicine	Dark liquid varying in thickness, capsules, tablets.	Taken orally, injected
3. Morphine	Pectoral syrup	White crystals, hypodermic tablets, or injectable solutions	Taken orally, injected, smoked
4. Opium	Paregoric, Dover's powder, Parepectolin	Dark brown chunks, powder	Smoked, eaten, or injected
5. Meperidine	Pethidine, Demerol, Mepergan	White powder, solution, tablets	Taken orally, injected
6. Other narcotics	Percocet, Percodan	Tablets or capsules	Taken orally, injected

Hallucinogens

Phencyclidine (PC) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries. Users frequently report a sense of distance and estrangement. Time and body movements are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent. In later stages of chronic use, users often exhibit paranoid and violent behavior and have hallucinations. Large doses may produce convulsions and coma, as well as heart and lung failure. Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors. The user may experience panic, confusion, suspicion, anxiety, loss of control and flashbacks, even after ceasing use.



Type	What is it called?	What does it look like?	How is it used?
1. Phencyclidine	PCP, Hog, Angel Dust, LoveBoat, Lovely, Killer Weed	Liquid, white crystalline powder, pills, capsules	Taken orally, smoked (sprayed on joints or cigarettes)
2. Lysergic acid diethylamide	LSD, Acid, Microdot, White lightning, Blue heaven, and Sugar cubes	Colored tablets, blotter paper, clear liquid, thin squares of gelatin	Taken orally, licked off paper, gelatin and liquid can be put in the eyes
3. Mescaline and Peyote	Mesc, Buttons, and Cactus	Hard brown discs, tablets, capsules	Disc-chewed, swallowed, or smoked. Tablets and capsules taken orally
4. Psilocybin	Magic Mushrooms, 'shrooms	Fresh or dried mushrooms	Chewed and swallowed

7. **People who have not used alcohol and other drugs before their 20th birthday:**

- (a) have no risk of becoming chemically dependent
- (b) are less likely to develop a drinking problem or use illicit drugs
- (c) have an increased risk of becoming chemical dependent.

8. **A speedball is a combination of which two drugs?**

- (a) cocaine and heroin
- (b) PCP and LSD
- (c) valium and alcohol
- (d) amphetamines and barbiturates

9. **Anabolic steroids are dangerous because they may result in:**

- (a) development of female characteristics in males
- (b) development of male characteristics in females
- (c) stunted growth
- (d) damage to the liver and cardiovascular system
- (e) overaggressive behavior
- (f) all of the above

10. **How much alcohol can a pregnant woman safely consume?**

- (a) a 6-ounce glass of wine with dinner
- (b) two 12-ounce beers each day
- (c) five 4-ounce shots of whiskey a month
- (d) none.

Answers

1. (c) Because it is legal for adults and widely accepted in our culture, alcohol is the drug most often used in Canada.
2. Alcohol, tobacco, and marijuana. These are the “gateway” drugs, drugs that children are first exposed to and whose use often precedes use of other drugs.
3. Alcohol. More than 10,000 teenagers died in alcohol-related traffic accidents in 1986; 40,000 more were injured.
4. (e) All four contain approximately 1.5 ounces of alcohol.
5. (d) Small quantities of crack can be bought for as little as \$5.00. The low price makes it easily affordable to young people. In addition, crack is thought to be one of the most addictive drugs.
6. (e) Virtually anything that emits fumes or comes in aerosol form can be inhaled to obtain a high.
7. (b) Early use of alcohol and other drugs, often by age 15 or less, is strongly associated with future drug-related problems such as addiction and crime.
8. (a) Combining cocaine and heroin is increasingly popular as a way of trying to lessen or control bad side effects.

Depressants

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, increasing the risks. Regular use of depressants over time can result in physical and psychological addiction. People who suddenly stop taking large doses can experience withdrawal symptoms, including anxiety, insomnia, tremors, delirium, convulsions, and death.

Babies born to mothers who abuse depressants may also be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems may result.

Type	What is it called?	What does it look like?	How is it used?
1. Barbiturates	Downers, Barbs, Blue Devils, Red Devils, Yellow Jacket, Yellows, Nembutal, Tuinals, Seconal, and Amytal	Red, yellow, blue, or red and blue capsules	Taken orally
2. Methaqualone	Quaaludes, Ludes, Sopors	Tablets	Taken orally
3. Tranquilizers	Valium, Librium, Miltown, Serax, Equanil, and Tranxene	Tablets or capsules	Taken orally

Other Stimulants

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

9. (f) Steroids users subject themselves to more than 70 side effects. The liver and cardiovascular and reproductive systems are most seriously affected by steroid use. In females, irreversible masculine traits can develop. Psychological effects in both sexes can cause very aggressive behavior and depression.
10. (d) Medical researchers have not established any safe limits for alcohol intake during pregnancy.

Type	What is it called?	What does it look like?	How is it used?
1. Amphetamines	Speed, Uppers, Ups, Black beauties, Pep pills, Copilots, Bumblebees, Hearts, Benzedrine, Dexedrine, Footballs, and Biphphetamine	Capsules, pills, tablets	Taken orally, injected, inhaled
2. Methamphetamines	Crack, Crystal meth, Crystal Methedrine, and Speed	White powder, pills, rock that resembles a block of paraffin	Taken orally, injected, inhaled
3. Additional Stimulants	Ritalin, Cylert, Preludin, Didrex, Pre-State, Voranil, Sandrex, and Plegine	Pills or capsules	Taken orally, injected

Talking with and Listening to Your Child

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

Don't wait until you think your child has a problem. Many young people in treatment programs say that they had used alcohol and other drugs for at least two years before their parents knew about it. Begin early to talk about alcohol and other drugs, and keep the lines of communication open.

Don't be afraid to admit that you don't have all the answers. Let your child know that you are concerned, and that you can work together to find answers. Some references that may help are listed on pages 44-58 of this guide.

Here are some basic hints for improving your ability to talk with your child about alcohol and other drugs:

▼ ***Be a good listener.***

Make sure your child feels comfortable bringing problems or questions to you. Listen closely to what your child says. Don't allow anger at what you hear to end the discussion. If necessary, take a break to calm down before continuing. Take note of what your child is not saying, too. If the child does not tell you about his or her problems, take the initiative and ask questions about what is going on at school or in other activities.

Cocaine

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with contaminated equipment can cause AIDS, hepatitis, and other diseases. Preparation of free base, which involves the use of volatile solvents, can result in death or injury from fire or explosion.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures. The use of cocaine can cause death by cardiac arrest or respiratory failure.

Type	What is it called?	What does it look like?	How is it used?
1. Cocaine	Coke, Snow, nose candy, Flake, Blow, Big C, Lady, White, and Snowbirds	White crystalline powder	Inhaled, injected
2. Crack Cocaine	Crack, rock, freebase	White to tan pellets or crystalline rocks that look like soap	Smoked

Inhalants

The immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates or impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage.

Deeply inhaling the vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

Type	What is it called?	What does it look like?	How is it used?
1. Nitrous Oxide	Laughing gas or Whippets	Small 8-gram metal cylinder sold with a balloon or pipe propellant for whipped cream in aerosol spray can	Vapors inhaled
2. Amyl Nitrite	Poppers or Snappers Rooms, and Climax	Clear yellowish liquid in ampules	Vapors inhaled
3. Butyl Nitrite	Rush, Bolt, Bullet, Locker	In small bottles	Vapors inhaled
4. Chlorohydrocarbons	Aerosol sprays or Cleaning fluids	Aerosol paint cans	Vapors inhaled
5. Hydrocarbons	Solvents	Cans of aerosol propellants, gasoline, glue, paint, thinner	Vapors inhaled

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

- u ***Give lots of praise.***
Emphasize the things your youngster is doing right instead of always focusing on things that are wrong. When parents are quicker to praise than to criticize, children learn to feel good about themselves, and they develop the self-confidence to trust their own judgment.
- u ***Give clear messages.***
When talking about the use of alcohol and other drugs, be sure you give your child a clear no-use message, so that the child will know exactly what is expected. For example, "In our family we don't allow the use of illegal drugs, and children are not allowed to drink."
- u ***Model good behavior.***
Children learn by example as well as teaching. Make sure that your own actions reflect the standards of honesty, integrity, and fair play that you expect of your child.

Communication Tips

Effective communications between parents and children is not always easy to achieve. Children and adults have different communications styles and different ways of responding in a conversation. In addition, timing and atmosphere may determine how successful communication will be. Parents should take time to talk with their children in a quiet, unhurried manner. The following tips are designed to make communication more successful.

Listening

1. Pay attention.
2. Don't interrupt.
3. Prepare what you will say while your child is speaking.
4. Reserve judgment until your child has finished and has asked you for a response.

Looking

1. Be aware of your child's facial expressions and body language:
Is your child nervous or uncomfortable; frowning; drumming fingers; tapping a foot; looking at the clock? Or does your child seem relaxed; smiling; looking you in the eyes? Reading these signs will help parents know how the child is feeling.
2. During the conversation acknowledge what your child is saying: move your body forward if you are sitting; touch a shoulder if you are walking; or nod your head and make eye contact.

Cannabis

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite. Its use may impair or reduce short-term memory and comprehension, alter sense of time and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Motivation and cognition may be altered, making the acquisition of new information difficult. It can also produce paranoia and psychosis. Because users often inhale the unfiltered smoke deeply and then hold it in their lungs a long time, it is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco smoke. Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives. This is what it looks like:



Type	What is it called?	What does it look like?	How is it used?
1. Marijuana	Pot, Reefer, Grass, Weed, Dope, Ganja, Mary Jane, or Sinsemilla	Like dried parsley, with stems and/or seeds; rolled into cigarettes	Smoked or eaten
2. Tetrahydrocannabinol	THC	Soft gelatin capsules	Taken orally
3. Hashish	Hash	Brown or black cakes or Balls	Smoked or eaten
4. Hashish Oil	Hash Oil	Concentrated syrupy liquid varying in color from clear to black	Smoked-mixed with tobacco

Facts on Tobacco

We know that smokers are 10 times as likely as non-smokers to develop lung cancer and 3 times as likely to die at early ages from heart attack. In fact, in 1985, smoking was the leading cause of early death among adults. Nicotine, the active ingredient in tobacco, is as addictive as heroin, and fewer than 20 percent of smokers are able to quit the first time they try. Despite these facts, many children use these products.

- u 9 percent of high school seniors are daily smokers; 3 percent smoke 20 or more cigarettes per day.
- u Young people who use cigarettes are also at great risk for all other drug use.
- u a high percentage of all children try cigarettes, 40 percent of them before they have reached high school.
- u Cigarettes contain more than 4,000 harmful substances, several of which cause cancer.
- u Smokeless tobacco is just as addictive and harmful as tobacco that is smoked.

Responding

1. "I am very concerned about..." or "I understand that it is sometimes difficult..." are better ways to respond to your child than beginning sentences with "You should," or "If I were you," or "When I was your age we didn't..."
Speaking for oneself sounds thoughtful and is less likely to be considered a lecture or an automatic response.
2. If your child tells you something you don't want to hear, don't ignore the statement.
3. Don't offer advice in response to every statement your child makes. It is better to listen carefully to what is being said and try to understand the real feelings behind the words.
4. Make sure you understand what your child means.
Repeat things to your child for confirmation.

The preceding sections have outlined some general guidelines for talking with children about alcohol and other drugs. We can make these messages more effective by taking into account the knowledge youngsters have and their readiness to learn new information at different ages.

Preschoolers

Drug education may seem unnecessary for preschoolers, but the attitudes and habits learned early can have an important bearing on the decisions children make later.

Three and four year olds are not yet ready to learn complex facts about alcohol and other drugs, but they can learn the decision-making and problem solving skills that they will need to refuse alcohol and other drugs later. Remember that children in this age group are not able to listen quietly for very long; they are more interested in doing things for themselves.

It's tempting for busy parents to do things for young children because it's quicker and easier. With a little planning, however, you can use the earn-by-doing approach to teach your pre-schooler how to make decisions. Let your child pick from a range of options that are acceptable to you. When the choice is made, make sure your child sticks with it.

Tobacco

The smoking of tobacco products is the chief avoidable cause of death in our society. Smokers are more likely than nonsmokers to contract heart disease, hundreds of thousands die each year from smoking-related coronary heart disease. Lung, larynx, esophageal, bladder, pancreatic, and kidney cancers also strikes smokers at increased rates. A high percentage of cancer deaths are linked to smoking. Chronic, obstructive lung diseases such as emphysema and chronic bronchitis are 10 times more likely to occur among smokers than among nonsmokers.

Smoking during pregnancy also poses serious risks. Spontaneous abortion, pre-term birth, low birthweights, and fetal and infant deaths are all more likely to occur when the pregnant woman is a smoker.

Cigarette smoke contains some 4,000 chemicals, several of which are known carcinogens. Perhaps the most dangerous substance in tobacco smoke is nicotine. Nicotine is the substance that reinforces and strengthens the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking. Of 1,000 smokers, fewer than 20 percent succeed in stopping on the first try.

Children and Alcohol

Parents who are clear about not wanting their children to use illicit drugs may find it harder to be tough about alcohol. After all, alcohol is legal for adults, many parents drink, and alcohol is a part of some religious observances. As a result, we may view alcohol as a less dangerous substance than other drugs. The facts say otherwise:

- u Hundreds of thousands of teenagers have a drinking problem.
- u A high percentage of high school seniors drink alcohol everyday.
- u Alcohol-related accidents are the leading cause of death among young people 15 to 24 years of age.
- u About half of all youthful deaths in drowning, fires, suicide, and homicide are alcohol-related.
- u Young people who use alcohol at an early age are more likely to use alcohol heavily and have alcohol related problems; they are also more likely to abuse other drugs and to get into trouble with the law.
- u Young people whose body weight is lower than adults reach a higher-blood alcohol concentration level than adults and show greater effects for longer periods of time.

Suggested activities

- u Set aside regular times when you can give your child your full attention. Playing together, reading a book, and taking a walk are special times that help to build strong bonds of trust and affection between you and your child.
- u Point out to your child poisonous and harmful substances that can be found in your home. Household products such as bleach, lye, and furniture polish all have warning labels that you can read to your child. Keep all household products that could harm a small child away from the place you store foods and out of your child's reach.
- u Explain how medicine can be harmful if used incorrectly. Teach your child not to take anything from a medicine bottle unless you give it to the child yourself or specify someone else who can give it, such as a babysitter or grandparent.
- u Explain why children need good food and should put only good things into their bodies. Have your child name several good foods that he or she eats regularly, and explain how those foods will make your child strong and healthy.
- u Provide guidelines that teach your child what kind of behavior you expect. Teach your child the basic rules of how to get along with other children: play fair; share toys; tell the truth; treat others the way you want them to treat you.

Alcohol

- u Encourage your child to follow instructions. For example, invite your child to help you cook: following a recipe; measuring ingredients; cracking eggs; kneading dough can help children have fun while learning about step-by-step procedures. Playing simple board games with your child can give practice in following instructions and rules.
- u Take advantage of opportunities to use play as a way to help your child handle frustrating situations and solve simple problems. A tower of blocks that continuously collapses can drive a child to tears. You can offer a few suggestions to keep the tower up, but at the same time you should ask your child what he or she thinks is the best way to do it. Turning a bad situation into a success reinforces a child's self-confidence.
- u To help your child learn decision making in a practical way, lay out some clothing from which the child can select what he or she wishes to wear. Don't worry if the choices don't quite match. Let your child know that you think he or she is able to make good decisions.

Alcohol consumption causes a number of changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely. Low to moderate doses of alcohol can increase the incidence of a variety of aggressive acts, including spousal and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death.

Continued use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Long-term effects of consuming large quantities of alcohol, especially when combined with poor nutrition, can lead to permanent damage to vital organs such as the brain and the liver. In addition, mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants may suffer from mental retardation and other irreversible physical abnormalities. In addition, research indicates that children of alcoholic parents are at greater risk than other children of becoming alcoholics.

Checklist of Signs and Symptoms

Behavioral

- Q Drug-oriented graffiti on notebooks or clothes
- Q Poor memory
- Q Distorted sense of time
- Q Increasing irresponsibility about doing chores, getting home on time or following instructions
- Q Borrowing of large sums of money without repayment; inability to account for spending
- Q Complaints or comments from neighbors, friends or relatives about child's behavior or attitude
- Q Attempts to discipline are challenged or ignored
- Q Clashes with the law
- Q Argumentative attitude
- Q Physical violence
- Q Change in cleanliness or habits of dress

Social

- Q Most of his friends use drugs and/or alcohol
- Q Believes that kids who use drugs or alcohol are more popular than those who do not
- Q Has recently changed crowds or dropped childhood friends and no longer allows you to meet new friends who call on the phone but do not come around. If they do come around they are disrespectful towards you or your house, viewing it as merely a place for a pit stop
- Q Frequent fight or arguments with friends

Kindergarten-Grade 3

Five to nine year olds usually feel good about themselves. They like growing up, and they generally like school and all the new opportunities it provides. They still think and learn primarily by experience, and they don't have a good understanding of things that will happen in the future. Fact and fantasy mingle easily; the world is seen as the child wishes it to be, and not as it actually is. Children of this age need rules to guide their behavior and information to make good choices and decisions.

Discussions about alcohol and other drugs must be in the here and now, and related to people and events the child knows about. Most children are very interested in how their bodies work, so discussion should focus on maintaining good health and avoiding things that might harm the body.

Adults are very important both as teachers and as role models. Children are generally trusting, and they believe that the decisions adults make for them are right. Helping your child know whom to trust is important. They need to understand that just because someone tells them to do something, it is not always right to do it.

By the end of the third grade, your child should understand:

- u what an illicit drug is, why it is illegal, what it looks like, and what harm it can do;
- u how foods, poisons, medicines, and illicit drugs differ;

- u how medicines may help during illness, when prescribed by a doctor and administered by a responsible adult, but also how medicines are drugs that can be harmful if misused;
- u why it is important to avoid unknown and possibly dangerous objects, containers and substances;
- u which adults, both at school and outside, you want your child to rely on for answers to questions or help in an emergency;
- u which foods are nutritious and why exercise is important;
- u what the school and home rules are about alcohol and other drug use; and
- u how using alcohol and other drugs is illegal for all children.

Suggested Activities

- u Children in this age group need to understand the family's rules. You can explain the need for rules by talking about traffic safety rules and school rules with which your child is already familiar.
- u Emphasize the importance of good health by talking about things people do to stay healthy, such as brushing teeth after each meal, washing hands, eating good foods, getting plenty of rest and sleep.

Physical

- Q Glassy or red eyes
- Q Fatigue, lethargy or loss of vitality
- Q Extremes of appetite
- Q Swings from hyperactivity to sluggishness
- Q Poor coordination
- Q Slurred speech
- Q Frequent physical complaints or injuries
- Q Persistent cough
- Q Frequent headaches or nausea
- Q Excessive aspirin use

Emotional

- Q Lack of emotion, persistent apathy
- Q Unpredictable responses to you
- Q Defiance or aggressiveness
- Q Frequent periods of withdrawal and solitude
- Q Abandonment of plans or goals for the future

School

- Q Losing motivation or interest in doing well
- Q Drop in grades
- Q Extracurricular activities abandoned
- Q Often late or absent from school
- Q Falling behind in class work
- Q Suspended or expelled from school

Parent Support Groups

Other parents can be valuable allies in your effort to keep your child drug free. Get to know the parents of your child's friends. Share expectations about behavior and develop a set of mutually agreed upon rules about such things as curfews, unchaperoned parties, and places that are off-limits. Helping youngsters stay out of trouble is easier when the rules of conduct are clearly known and widely shared.

Build a network of other adults with whom you can talk. Join a parent organization in your community, or talk informally with your friends about common concerns in rearing children. Sharing experiences can provide insights that help you deal with your child's behavior. It also helps to know that other parents have faced similar situations.

Despite the grim stories that fill our newspapers and dominate the evening news, most young people do not use illicit drugs, they do not approve of drug use by their friends, and they share their parents' concern about the dangers posed by drugs.

Successful prevention efforts, whether in a family, school, or community setting, have many elements in common: a concern for the welfare and well-being of young people; dedicated adults who are willing to devote their time and energy, and have an unwavering commitment to being drug free.

You can use this discussion to contrast the harmful things that people do, such as taking drugs, smoking, or drinking to excess.

- u Discuss how TV advertisers try to persuade children to buy their products, including high-sugar/additives-loaded cereals, candy bars, and toys named after characters in cartoon shows that children find appealing.
- u Discuss illnesses with which your child is familiar and for which prescription drugs are often necessary. Many children have had strep throat, ear infections, the flu, and colds. Discussing such illnesses can help your child understand the difference between medicine and illicit drugs.
- u Practice ways to say no with your child. Describe situations that may make your child feel uncomfortable: being invited to ride a bike where you do not allow your child to go, for example, or being offered medicine or other unfamiliar substances. Give your child some responses to use in these situations.
- u Develop a "helpers" file of people your child can rely on. Put together a phone list of relatives, family friends, neighbors, teachers, religious leaders, and the police and fire departments. Illustrate the list with photos. Talk with your child about the kind of help each person on the list could provide in case of various unexpected situations, such as being approached by strangers or losing a house key.

Grades 4-6

This is a period of slowed physical growth when typically a lot of energy goes into learning. Children 10-12 years old love to learn facts, especially strange ones, and they want to know how things work and what sources of information are available to them.

Friends - a single best friend or a group of friends- become very important. What children this age are interested in or will be committed to often is determined by what the group thinks. Children's self-image is determined in part by the extent to which they are accepted by peers, especially popular peers. As a result, a lot of "followers" are unable to make independent decisions and choices.

This age is perhaps the most important time for parents to focus on increased efforts at drug prevention. These late elementary school years are crucial to decisions about the use of alcohol and other drugs. The greatest risk for starting to smoke comes in the sixth or seventh grades.

Let other parents know about the school's policies through meetings of the parent-teacher organization. At least one meeting each year should be devoted to issues of alcohol and other drug use. Knowledgeable local physicians and pharmacists can be invited to discuss how drugs affect the growth and development of children; police officers can outline the scope and severity of the drug problem in your community; and substance abuse counselors can discuss symptoms of alcohol and other drug use and treatment options.

Parent-Community Activities

Help your child to grow up alcohol and drug free by supporting community efforts to give young people healthy alternatives. Alcohol and drug-free proms and other school-based celebrations are growing in popularity around the country. You can help to organize such events, solicit contributions, and serve as a chaperon.

Local businesses are also an excellent source of support for alternative activities such as athletic teams and part-time jobs.

School-Parent Cooperation

The development of strong policies that spell out rules governing use, possession, and sale of alcohol and other drugs is a key part of any school-based prevention program. Learn what your school's policies are and actively support them. If your school has no policy, work with teachers, administrators, and community members to develop one. Good school policies typically specify what constitutes an alcohol or other drug offense, spell out the consequences for violating the policy, describe procedures for handling violations, and build community support for the policy.

Visit your child's school and learn how drug education is being taught. Are the faculty members trained to teach about alcohol and other drug use? Is drug education a regular part of the curriculum or limited to a special week? Is it taught through the health class, or do all teachers incorporate drug education into their subject area? Do children in every grade receive drug education, or is it limited to selected grades? Is there a component for parents?

If your school has an active program to prevent drug use, ask to see the materials that are being used. Do they contain a clear message that alcohol and other drug use is wrong and harmful? Is the information accurate and up-to-date? Does the school have referral sources for students who need special help?

Teaching Your Child to Say No

Here are some steps that you can practice with your child to make it easier for the child to refuse an offer of alcohol and other drugs. Tell your child to:

- u Ask questions: If unknown substances are offered, ask, "What is it?" and "Where did you get it?" If a party or other gathering is proposed, ask, "Who else is coming?" "Where will it be?" "Will parents be there?"
- u Say no: Don't argue, don't discuss. Say no and show that you mean it.
- u Give reasons: "I'm doing something else that night" or "The coach says drugs will hurt my game" are examples of some reasons that youngsters can use. Also, don't forget the oldest reason: "My parents will kill me."
- u Suggest other things to do. If a friend is offering alcohol or other drugs, saying no is tougher. Suggesting something else to do: going to a movie, playing a game, or working together on a project. this shows that drugs are being rejected, not the friend.
- u Leave. When all these steps have been tried, get out of the situation immediately. Go home, go to class, join a group of friends, or talk to someone else.

'SMART KIDS DON'T DO DRUGS'

Research shows that the earlier youngsters begin to use alcohol and other drugs, the more likely they are to have real trouble.

Your child will need a clear no-use message, factual information, and strong motivation to resist pressures to try alcohol and other drugs and to reinforce the determination to remain drug free.

Appropriate new information could include:

- u ways to identify specific drugs, including alcohol, tobacco, marijuana, inhalants, and cocaine in their various forms;
- u the long and short term effects and consequences of use;
- u the effects of drugs on different parts of the body, and the reasons why drugs are especially dangerous for growing bodies;
- u the consequences of alcohol and other illegal drug use to the family, society and the user.

'SMART KIDS DON'T DO DRUGS'

First, do not confront a child who is under the influence of alcohol or other drugs, but wait until the child is sober. Then discuss your suspicions with your child calmly and objectively. Bring in other members of the family to help, if necessary.

Second, impose whatever discipline your family has decided on for violating the rules and stick to it. Don't relent because the youngster promises never to do it again.

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

If your child has developed a pattern of drug use or has engaged in heavy use, you will probably need help to intervene. If you do not know about drug treatment programs in your area, call your doctor, local hospital, or community health center for a referral. Your school district should have a substance-abuse coordinator or a counselor who can refer you to treatment programs, too. Parents whose children have been through treatment programs can also provide information.

The most promising drug prevention programs are those in which parents, students, schools, and communities join together to send a firm, clear message that the use of alcohol and other drugs will not be tolerated.

'SMART KIDS DON'T DO DRUGS'

- u Has your child dropped his old friends?
- u Is your child no longer doing well in school- are grades slipping; is attendance irregular?
- u Has your child lost interest in hobbies, sports, and other favorite activities?
- u Have your child's eating or sleeping patterns changed?

Positive answers to any of these questions can indicate alcohol or other drug use. However, these signs may also apply to a child who is not using drugs but who may be having other problems at school or in the family. If you are in doubt, get help. Have your family doctor or local clinic examine your child to rule out illnesses or other physical problems.

Watch for signs of drugs and drug paraphernalia as well. Possession of common items such as pipes, rolling papers, small medicine bottles, eye drops, or butane lighters may signal that your child is using drugs.

Even when the signs are clearer, usually after the child has been using drugs for a time, parents sometimes do not want to admit that their child could have a problem. Anger, resentment, guilt, and a sense of failure as parents are common reactions.

If your child is using drugs, it is important to avoid blaming yourself for the problem and to get whatever help is needed to stop it. The earlier a drug problem is detected and faced, the more likely it is that your child can be helped.

'SMART KIDS DON'T DO DRUGS'

Suggested Activities

- u Create special times when you are available to talk to your child. Try to give your child undivided attention. A walk together, dinner in a quiet place, or a visit to the ice cream parlor after a movie are some ways to make talking together a little easier.
- u Encourage your child to participate in wholesome activities that will allow the child to form new friendships and have fun. Sports, Scouts, religious-sponsored youth organizations are excellent ways for children to meet others of their own age.
- u Teach your child to be aware of how drugs and alcohol are promoted. Discuss how children are bombarded with messages - from TV, song lyrics, billboards, and advertisements - that using alcohol and other drugs is very glamorous. Clearly separate the myths from the realities of alcohol and other drug use.
- u Continue to practice ways to say no with your child, emphasizing ways to refuse alcohol and other drugs. It is not uncommon for sixth graders to be offered beer and cigarettes and to know other children who smoke and drink alcohol.

Encourage your child to join a local antidrug club or peer assistance group that encourages drug-free activities.

'SMART KIDS DON'T DO DRUGS'

Ask your child to scan the morning newspaper and to circle any article that has to do with alcohol and other drug use. No doubt there will be articles about drug-related murders, strife in other countries due to drug trafficking, and alcohol-related auto accidents. Talk with your child about the tremendous loss of lives and resources because of the use of alcohol and other drugs.

Make friends with the parents of your child's friends so that you can reinforce one another's efforts in teaching good personal and social habits. A neighborhood social gathering, sporting events or school assembly are good places to meet.

Join with other parents in providing supervised activities for young people to limit "free time", which often leads to experimentation with alcohol and other drugs.

'SMART KIDS DON'T DO DRUGS'

and career options. Plan a family outing to the local colleges and universities.

Young people use drugs for many reasons that have to do with how they feel about themselves, how they get along with others, and how they live. No one factor determines who will use drugs and who will not, but here are some predictors:

- u low grades or poor school performance;
- u aggressive, rebellious behavior;
- u excessive influence by peers;
- u lack of parental support and guidance; and
- u behavioral problems at an early age.

Being alert to the signs of alcohol and other drug use requires a keen eye. It is sometimes hard to know the difference between normal teenage behavior and behavior caused by drugs. Changes that are extreme or that last for more than a few days may signal drug use.

Consider the following questions:

- u Does your child seem withdrawn, depressed, tired, and careless about personal grooming?
- u Has your child become hostile and uncooperative?
- u Have your child's relationships with other family members deteriorated?

Grades 7-9

- u Talk with your teenager about joining a sports club, drama club, arts and crafts center, or dance studio or about volunteering to work for a church group or community organization. The busier your teenager is, the less likely he or she is to be bored and to seek an outlet in alcohol or other drugs. Volunteer with your teenager, if you have the time.
- u Plan alcohol-and drug-free activities with other families during school vacations and major holidays, which can be high-risk idle times for teens.
- u Make sure your teen has access to up-to-date information on alcohol and other drugs and their effects. Make an effort to be informed about any new drugs that are popular, and know their effects.
- u Cooperate with other parents to make sure that the parties and social events your teenager attends are alcohol and drug-free. Some families choose to draw up a contract holding adults responsible for parties given in their homes; the contract specifies that all parties will be supervised and that there is to be no use of alcohol or other drugs.
- u Help plan community-sponsored drug-free activities such as alcohol and drug-free dances and other recreational activities such as "midnight basketball."
- u Talk with your teenager about the future. Discuss your expectations and your teenager's ambitions. Collect college or vocational catalogues for your teenager, and discuss different educational

During the early teens "fitting in" with friends is a controlling influence. In some ways, the onset of puberty is like a "rebirth". Children want and need to let go of the past and to find their own unique identity. This often means letting go of old friendships and ties with teachers and other adults, as well as old ways of doing things. The decision-making and problem-solving methods that they learned as young children are still helpful, but young teens will be making new decisions based on new information and new goals.

Young people this age can begin to deal with abstractions and the future. They understand that their actions have consequences, and they know how their behavior affects others. They sometimes have a shaky self-image: they are not sure whether they are growing and changing adequately, they are often in conflict with adults, they are not sure where they are headed, and they tend to see themselves as not "okay". Strong emotional support and a good model of adult behavior are particularly important now.

Young people who use alcohol, tobacco, and other drugs typically begin before leaving the ninth grade. Be sure that family discussions about drugs emphasize the immediate, unpleasant effects of alcohol and other drug use. Telling junior high school students who are smoking that they will get lung cancer or heart disease in several decades is less likely to make an impression than talking about bad breath, stained teeth and fingers, and burned clothing.

'SMART KIDS DON'T DO DRUGS'

Many young people use drugs because their friends use drugs. A large portion of your prevention efforts during these years should be spent reinforcing your child's motivation to avoid alcohol and other drugs. Here are some important steps:

- u ***Counteract peer influence with parent influence.***
Reinforce your no-alcohol/no-drug-use rules and expectations so that your child clearly understands that drinking and using drugs are unacceptable and illegal. Children may argue that "everyone is doing it, and not experiencing any harmful effects". Inform your child that alcohol and other drug use is illegal for children and that "everyone is not doing it". Emphasize how unpredictable the effects of alcohol and other drugs can be, so that although many drug users may appear to function properly, drug use is extremely risky, and all it takes is one bad experience to change a life.
- u ***Get to know your child's friends and their parents***
Meet your child's friends. Invite them to your home frequently. Share your expectations about behavior with other parents. Work together to develop a set of rules about curfews, unchaperoned parties, and other social activities.

'SMART KIDS DON'T DO DRUGS'

You may want to focus on the potential long-term effects of alcohol and other drugs during these years: drugs can ruin your teen's chances of getting into college, being accepted by the military, or being hired for certain jobs. Your teen may also be impressed by the importance of serving as a good role model for a younger brother or sister.

Although young people long for independence, it is particularly important to keep them involved in the family and family activities. They should join the rest of the family for dinner regularly, be part of the family vacations, and remain part of the family routines.

Suggested Activities

- u Continue to talk with your teenager about alcohol and other drug use. Chances are your teen has friends who use alcohol and other drugs or knows people who do. Talk about how alcohol and other drug use threatens lives and may limit opportunities for the future.
- u Plan strategies to limit your teen's unsupervised hours at home and while you are at work. Researchers have found that lunchtime and 3:00-6:00 p.m. are periods teenagers are likely to experiment with alcohol and other drugs.
- u Encourage your teenager to work on behalf of a drug prevention program by being trained as a volunteer to answer hot-line calls or as a peer counselor.

Grades 10-12

High school students are future-oriented and can engage in abstract thinking. They have an increasingly realistic understanding of adults. Young people therefore want adults to discuss their concerns and the ways they solve problems and make decisions. You may have a tremendous new opportunity to help your children at this age. At the same time, the teenagers continue to be group-oriented, and belonging to the group motivates much of their behavior and actions. During these years, young people often develop a broader outlook and become more interested in the welfare of others.

By the end of high school, your child should understand:

- u both the immediate and long-term physical effects of specific drugs;
- u the possibly fatal effects of combining drugs;
- u the relationship of drug use to other diseases and disabilities;
- u the effects of alcohol and other drugs on the fetus during pregnancy;
- u the fact that drug use is not a victimless crime;
- u the effects and possible consequences of operating equipment while using alcohol and other drugs;
- u the impact that drug use has on society;
- u the extent of community intervention resources.

- u ***Monitor your child's whereabouts.***
If your child is at "a friend's house" be sure that you know the friend and the parents. If your child is at the movies, be sure you know what film is playing and at which theatre. Last-minute changes in plans, such as visiting a different friend or going to a different movie, should not be permitted unless the child checks with Mom, Dad, or another designated adult.

By the end of the ninth grade your child should know:

- u the characteristics and chemical nature of specific drugs and drug interactions;
- u the physiology of drug effects on the circulatory, respiratory, nervous, and reproductive systems;
- u the stages of chemical dependency and their unpredictability from person to person;
- u the ways that drug-use affects activities requiring motor coordination, such as driving a car or participating in sports;
and
- u his or her family history, particularly if alcoholism or other drug addiction has been a problem.

Suggested Activities

- u ***Continue to practice ways to say no with your child.***
Teach your child to recognize problem situations, such as being at a house where no adults are present and young people are smoking or drinking beer. Devise situations in which your child may be asked to try alcohol and other drugs and let the child practice saying no using the steps outlined. Try many variations until you are confident that your child knows how to say no.
- u ***Children this age are very concerned about how others see them.***
You can help your child develop a positive self-image by making sure that the child looks good and feels healthy. In addition to providing well-balanced meals, keep your refrigerator and pantry stocked with appealing alternatives to junk food.
- u ***Continue to spend private time with your child to discuss what your child feels is important in his or her life right now.***
Your child's fears about emerging sexuality, appearing different from friends, and going on to high school are real problems and deserve your concern and attention.
- u Periodically review and update, with your child's participation, your house rules and your child's responsibilities regarding chores, homework, time limit on TV watching, and the curfew on school and weekend nights, discussing these questions with your child:
Are the rules fair and the consequences appropriate?
Is it time to switch to some new chores?
Should there be fewer or different chores because of

added homework assignments or after-school activities?
Should the curfew be adjusted?

- u Talk with your child about friendship. Make the point that true friends do not ask each other to do things they know are wrong and risk harm to themselves, their friends, or their families.
- u Plan supervised parties or other activities for your child in your home which reflect a no-alcohol/no-drug-use rule. For example, have your child invite friends to share a pizza and watch TV.