

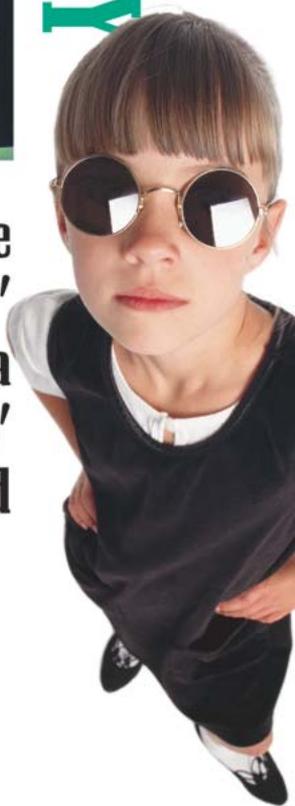
DRUG

PROOFING

**THE
FAMILY**



**How to Raise
'I'm Okay'
Kids in a
'No You're Not'
World**



**A Do It Now Foundation Publication
by Erica Wittenberg & Jim Parker**



DRUG **PROOFING** **THE FAMILY**

▶ A Guide for Parents

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by Erica Wittenberg and Jim Parker



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Choices



This is a book about choices, about your choices for coping with substance abuse in your family and for stopping it before it starts — or starts getting out of *hand*, if it's already started.

To most of us, the idea that our kids might do drugs is scary enough. But when you consider the kind of damage they could do to themselves — or may already *have* done — it gets worse. And our fears escalate further when we realize how little control we have over what they're exposed to these days, and the freedom they have to make mistakes.

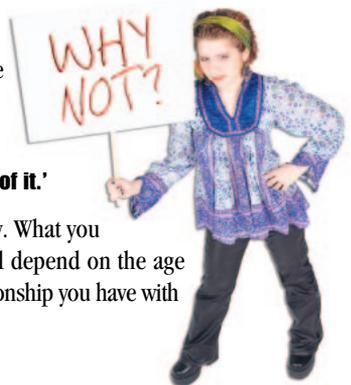
Compounding the confusion, we're all constantly bombarded by the media with well-meaning (and even off-the-wall and contradictory) advice on parenting and tips for “coping” with our kids.

When it comes to the topic of drugs, suggestions range all the way from

'Take a hard stand, and back it up!' to

'Relax...and let them experiment. They'll grow out of it.'

The questions are complex and the answers aren't easy. What you ultimately choose as the best direction for your family will depend on the age of your children, your personal values, and the kind of relationship you have with your kids.



You're the expert about your values and your kids. And you're the one who'll have to live with the consequences of your choices. Just like they will.



Some people argue that there's only one way to respond to chemical use by young people. We only wish it were that simple.

We know that parents have a number of alternatives they should consider carefully. We hope that in reading this booklet you'll come to your own conclusions and make your own decisions about the best options for "drug-proofing" your family.

Because you're the expert about your values and your kids. And *you're* the one (along with the other members of your family) who'll have to live with the consequences of your choices. Just like they will.

In the sections that follow, we'll talk about the interplay of parenting and preventing problems from as many perspectives as we can squeeze in this small a space. We'll consider some of the reasons kids do drugs and how the dynamics that contribute to drug abuse can be turned around.

We'll describe "drug-proofing" parenting techniques you can try in your home — no matter how old your kids are — and help clarify your options if your children are already involved with chemicals, at *any* level.

We'll also include perspectives from public figures on their values and beliefs about effective approaches to drug-proofing, and mix in some basic information on common drugs, so you can back up your opinions and values with real facts.

Outlining alternatives is our part. It's also the easy part of drug-proofing the family. The hard part is up to you. But who told you it was supposed to be *easy*?

▶ *"Listen for a long time..."*

Trust me: Nothing jolts a parent's nervous system more than the thought that his or her child might be using drugs. Even when suspicious, parents are often afraid to ask.

Will we alienate our children by accusing them falsely? Yet if we don't speak to them, how will they know that we are beside them if they need our help? Make your first communication with your child about drugs a good one because you may not get another chance.

Make an appointment. Let your child talk. Listen for a long time. Then when you do comment, don't be judgmental. If your child indicates that he or she is using drugs or might consider doing so, take several deep breaths.

Remember, your goal is not to change your child's behavior, because that is impossible. Your goal is to encourage and guide your child into changing his or her own behavior. ■



Facts & Values

making the really *big* choices in life has always been tough enough for anyone, at any age. But it can seem even tougher in the world today, because of the near-endless variety of values and points of view available on almost any topic, including the use of drugs and alcohol.

This isn't necessarily a "bad" thing.

People have always differed in their beliefs. And it gives us all more of an opportunity to choose the values that we live by — and question and modify those values as they bump up against the real world.

Still, this *has* to be the first time in human history that any society has had to accommodate such *vast* differences in moral values and lifestyles.

One result is that our kids question our values, as children have probably always done. And they see all around them — in movies and TV, in magazines and on the Internet — examples of people shaping their lives in radically different, even "deviant," ways, and not only surviving, but apparently thriving and striving to tell the world just how happy they are.

As a parent, you may even begin to lose hope of *ever* convincing your kids to learn and live by the same standards that you value. Still, there *are* ways of getting your values across to your kids, *if* you know how to do it.

Start by realizing that it's virtually impossible to win a contest of values by convincing others (especially older kids and teens) that they're wrong.

More often, a contest of values ends like the hypothetical collision between an irresistible force and an immovable object — lots of sound and fury,



In the “courtroom” of public opinion in your home, you’re the judge, not the prosecutor—or the defendant.



with both force and object diminished in the process.

In families, the end result most of the time is stalemate, with neither side gaining or giving ground, and both sides more convinced than ever that the other is clueless and possibly dangerous.

It’s hard enough for adults to agree to disagree and continue to respect each other, but it can be harder for parents and children to give each other the same kind of respect.

At this point, you may be thinking something like this:

Sure, but I have a responsibility to my kids that I don’t have for other adults. And besides, the fact that I’m older ought to count for something. I know more about life — and the world and its dangers. My values work for me, and I want my kids to respect them. And respect me.

We agree. You have a right to uphold your values and have them respected by others. As a parent, you also have the right to decide what’s acceptable behavior in your home — but not because everyone in the family agrees that it’s right. Your preference is your privilege.

You can stay in charge, and both you and your kids can retain more dignity and self-respect, if neither side is “on trial” in a home version of “Judge Judy.”

So state your position in a friendly way. You can afford to do that when you don’t need your kids’ agreement. Listen respectfully to their ideas, but let them know that the final decision on rules is still yours.

After all, children want to believe that their point of view is the “right” one, too. And often this leads the family into a “fact” war, with each side hurling facts and statistics that support their beliefs.

So don’t even *try* to win a war of values or courtroom-style debate over “facts” with your kids about drugs or drinking. Simply state your values and make household rules consistent with them, without necessarily demanding or expecting agreement.

Remember, in the “court” of public opinion inside your home, you’re the judge, not the prosecutor — or the defendant.



Kids & Drugs

There are as many different reasons for using drugs and alcohol as burgers served at McDonald's — around 99 trillion, at last count, and *still* climbing. And while you may insist that *any* drug or alcohol use by young people is unacceptable, it's important to realize that some factors signal trouble much more clearly than others. And different levels of involvement can mean different things — and lead to very different courses of action.

That's why, in developing a “drug-proofing” plan for your family, it's helpful to consider how problems get started, what keeps them going, and why.

We'll begin by pointing out that people of all ages use psychoactive chemicals (and here we include coffee and alcohol and tobacco, alongside pot, heroin, crystal meth, and the rest) for the same reasons that anybody does anything: To meet internal and external needs with the most available (and apparently-effective) means at their disposal.

Drugs and alcohol can *seem* the most available and effective means for young people to meet a variety of needs, including the following:

- ▶ *to satisfy their curiosity*
- ▶ *to feel included in their social group*
- ▶ *to feel older, more grown up*
- ▶ *to fill (or kill) time*
- ▶ *for fun or adventure*
- ▶ *to cope with feelings of anger, fear, loneliness, or sexuality*



None of these reasons in itself is a sign of serious trouble. They're needs that all normal kids (and adults) experience from time to time.

One important difference is that young people may feel these needs more urgently, and have fewer resources to deal with them.

Our goal as parents should be to help our kids meet their normal needs in ways that are more acceptable (and less potentially harmful) than drug abuse. That's what we call "drug-proofing," and we'll talk more about it in the next chapter.

On the other hand, there *are* reasons for use that should really jump out as danger signals. And each needs to be considered carefully.

■ **Self-Medication.** Often, kids start taking drugs as a way of medicating themselves against chronic, undiagnosed anxiety or depression. The emotional turmoil of growing up is only compounded as kids begin to realize their own limitations and vulnerabilities, and bump up against standards they can't meet or problems they can't easily resolve. Part of the problem is hard to defend against, since kids are bombarded with fantasy-based images of beauty and success and happiness in the media every day. Still, it's important to do what we can to help them deal with emotions constructively. But don't expect the media to do it for you: It does a better job of selling dreams than preparing kids to take their place in the real world. That's *our* job.

■ **Family problems.** When kids are unhappy because of tension inside the family, they look for solace *outside* the family, and drugs and alcohol rush in to fill that void. Often, drug use really *is* a cry for help — not only for the user, but for a whole family.

■ **No control.** Sometimes, kids learn (whether we mean to teach it or not) that they're not *really* expected to succeed in life, that they're incapable of making great things happen, or they're defective in an important way. This is a crippling view of life, whether drugs and alcohol come into play to insulate against it or not.

■ **Imitation.** Then there are kids who do such a good job of internalizing mom or dad's values that they adopt their chemical use patterns, too. The psychological label for this process is *modelling*. And whether we like it (or are even aware of it) or not, we're role models for our children. So if you have a problem with drugs or alcohol, your kids could have one, too — if they don't have one already.



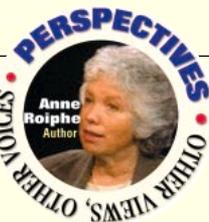
▶ “Instill joy & confidence...”

Rather than saying “You must *never* ever,” what you have to keep saying is that [drug use] prevents you from having real relationships. It prevents you from understanding what is going on in your life. It prevents you from having real happiness. And it's dangerous.

I believe we have to instill a great deal of joy and confidence in our children before they get to be teenagers in order to protect them through those hard years. Parents tend to blame themselves for things that are culture-wide.

The difference between moderate experimentation and catastrophic drug taking is vast. We should not get desperately alarmed about mild social experimentation. But we should get desperately alarmed about the child who is *compelled* to use drugs.

Flat rules like “Just say no” are easy to pronounce but hard to enforce. It's so easy to make that statement, and so hard to live by it Saturday night by Saturday night. ■



The media does a better job of selling dreams than preparing kids to take their place in the real world. That's our job.



■ Patterns of Use

Not only do kids use drugs and alcohol for different reasons, but they also use them in different ways. And while most parents see *any* use as dangerous or just plain wrong, it can still be useful to consider what different levels of involvement with drugs can mean.

Looking at things from this perspective can help a parent better “read” a specific situation, preserve their credibility with an involved child, and generate an appropriate (and effective) response.

■ **Experimental use.** This is square one in the use-abuse matrix. Here, kids are basically curious about drugs and their effects, just like their first kiss or first car. They may look for a chance to experiment, or just take advantage of one that presents itself. For most kids, chemical use stops or stays at this level. It isn't inevitable that use *must* continue or increase. Whether or not it *does* depends on specific reasons for experimenting, on personal values and resources, and on how parents respond.

■ **Integrated use.** If involvement *does* move beyond experimentation, the next level involves more frequent use and greater risk. Still, use tends to be casual (and mainly social), and everyday functioning isn't necessarily impaired. This level of use is comparable to alcohol use by a social drinker. About 90 percent of the substance-using population falls into the “experimental use” or “integrated use” categories.

■ **Excessive use.** Here, use often becomes obvious, as does impairment. Day-to-day functioning can become difficult, as responsibilities are blown off and relationships become strained. Family members may find themselves making excuses for the user, or taking over his/her tasks and obligations.

■ **Psychological/physical dependence.** Impairment is self-evident at this stage, and use becomes an end in itself. A user's behavior is clearly affected, and performance in school or work usually declines. Few friends remain who aren't heavy users, and run-ins with police and the courts become likely — if they haven't already happened.

We need to emphasize that many other factors — social, economic, psychological, physiological — also enter into the equation which complicate a true reading of a person's chemical involvement. Still, just because the equation is complicated doesn't mean it's indecipherable — or unfixable.

Since all patterns of chemical use have common elements, appropriate actions can be taken at any stage to reduce the risk of greater involvement. And understanding those factors and applying those options before they're *necessary* can reduce the risk of high-risk use ever taking place.

Families & Values

Once we recognize that kids get involved with chemicals for understandable (if not altogether-*wise*) reasons, we can move to the next level of family drug-proofing: helping kids find acceptable, healthy alternatives to drugs and alcohol.

Because in spite of what we may sometimes *think*, kids don't experiment with drinking and drugs to upset us personally. They do it to meet their own needs in the best available way. This is the critical factor that makes drug-proofing possible — because it *is* possible to help them learn that better ways are available.

But to do that, we should first consider the personal needs and biological drives that often push kids towards drugs, and see what alternatives best plug into those needs.

■ **Curiosity.** Like it or not, you don't want to squelch curiosity in your kids. It's better to find ways of satisfying natural curiosity *in* the home.

One way of harnessing curiosity is to talk openly about real-world topics, including drugs and alcohol. If this seems questionable to you, or you don't feel comfortable talking with your kids about such “taboo” topics as sex, drugs, or alternative lifestyles, get over it. Your whole family will be better for it.

Some parents are afraid they'll give their kids “ideas” or somehow encourage curiosity if they talk about social taboos. Others just seem to wish that subjects that expose their own embarrassment or awkwardness or ignorance would just go away. If you're one of these parents, we say: *Get* comfortable. *Get* real. And get *busy*.

Even though fear or awkwardness is understandable, neither is justified. Remember: Young people are more likely to be drawn to (even fascinated by) activities that have the mystique of the unmentionable. And kids are more vulnerable if they're uninformed.

Informal family talks on serious topics can create “teaching moments,” where kids can satisfy their natural curiosity without actually experimenting with *anything*.



More importantly, it gives them access to *you*, which kids value most of all. It also lets you know how they think and feel, and lets them know how you do, too.

■ **Fitting in/feeling included socially.** Wanting to be liked and accepted is a *major* drive for all of us. You wouldn't want your child to ignore what others think. In fact, we've all urged our kids to consider the opinions and feelings of others since they could toddle, waddle, or crawl. That's how they learn acceptable behavior.

It's natural for kids to care what their friends think, too. It's part of their evolving sense of identity and social mastery. They *want* to learn what's appropriate socially. Sometimes, that means doing what everyone else is doing. At the same time, though, we need to help them develop their own critical judgment skills and be free to act differently when that's in their best interests.

It may be hard for you to let your kids exercise their own judgment at home, or to encourage them to do it elsewhere. But if they don't have your support (and a fair amount of practice) in being different from you or other adults at least *some* of the time, how will they ever be different than their friends?

Still, there *are* times when we should insist on certain behaviors, just because they're expected in a given situation.

Whenever possible, though, encourage your kids to be aware of their own interests, and act on them — at least, when there isn't a compelling reason not to. You may not like every choice your child makes, but you will demonstrate that he or she *does* have a reasonable amount of autonomy.

Since drugs are a potential issue, point out that one of the reasons for choosing not to use drugs or alcohol is that chemicals can seriously limit all of a person's future choices, socially and otherwise. And if you *really* want to your child feel at ease socially without chemicals, you can start by being socially at ease without them yourself.

Include your kids in the family's social life as much as possible. Show them that they're appreciated and help them see themselves as basically okay without having to "perform" in some way or conform beyond what's truly necessary.

Talk about problems from *their* point of view, and suggest ways of handling social and school-related pressures. Knowing what's appropriate builds social confidence. And it's our job as parents to help our kids build theirs.

■ **Dealing with feelings.** We all get tangled up in feelings sometimes, but for kids growing up in today's world, the tangles can begin to seem like *knots*.

For them, strong feelings are largely uncharted territory. That's why it's not unusual for teens to feel embarrassed, out of control, or overwhelmed by feelings.

To make things tougher, they live with external pressures — from peers and the media, to be cool, and from us, to show restraint and self-control.

How can we help our kids through their struggles? We can start by teaching them that feelings — even strong ones — *aren't* bad.

What's important is how we *express* our feelings and what we *do* about them. There aren't any rules for what we "should" or "shouldn't" feel in a given situation. We feel what we feel.

Families and friends can help by simply acknowledging each other's feelings without criticism — and without blame.

We don't help matters along when we try to minimize or joke about their feelings, under the guise of "making them feel better." Feeling better is the business of the person having the feelings.

Strong or unpleasant feelings won't kill us. They're part of being human. Make sure your kids realize that feelings are only temporary, but the choices they make because of them can limit their options for a lifetime.

Accept a child's anger, envy, fear, dependence, independence, sexual feelings and curiosity as natural. Encourage responsible expression of those feelings — without blame or guilt or unnecessary anger.

If you do, you'll be in a better position to help them channel their feelings and guide their behavior without damaging their self-esteem or their relationships with friends and family.

■ **Being grown up, establishing a separate identity.** The main developmental task of the teen years is to arrive at a sense of being an authentic and complete person, one who can support himself or herself emotionally and economically, without having to rely on parents.

It can be a tough time for both parents and child. Often, rebellion marks a teen's struggle to balance the need to feel and act independently with the need for continued parental support. Drugs and alcohol use can symbolize this struggle. Drinking or smoking pot with friends can seem both an act of independence from parents and of intimacy with peers. And when a young person feels overwhelmed by the real or imagined demands of independence, drugs can temporarily ease those fears.

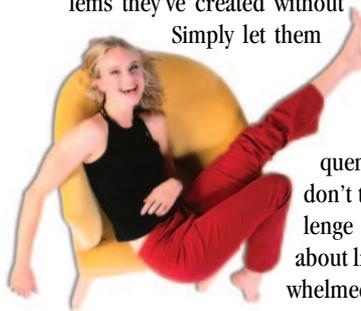
You *can* help make chemicals seem a less attractive means of asserting independence. One way is by giving your kids increased opportunities to exercise independence and judgment.

If your children are approaching their teen years, give them more responsibility — whether for choosing their clothes, choosing their friends, or for getting along with other family members and friends. When you make a rule that limits a child's area of independence, make sure that it's really necessary and useful.

Increased independence also means increased responsibility. Don't shield your kids from the consequences of their choices and actions. Help them find solutions to problems they've created without telling them what to do or saying "I told you so!"

Simply let them know, in a non-judgmental way, that they have a responsibility to change or resolve the problem, and that you expect them to do just that.

When problems arise, clarify alternatives *and* consequences. If you're willing to help in some way, say so, but don't take away your child's right to reject that help. The challenge is to create safe opportunities for your child to learn about life, through mistakes if necessary, instead of feeling overwhelmed by a sense of helplessness or failure.



The need for emotional highs, of feeling excitement and joy and pleasure in just being alive, is a real need for all of us.



You can help by displaying the attitudes and behaviors you'd like your kids to adopt. Remember: Kids don't develop in a vacuum.

Their ability to learn to think and act independently, to accept responsibility for their own lives and choices, and to persist in the face of difficulty comes in large part from what we show them in our own lives.

We can help them learn better by being better teachers.

■ **Filling and killing time/having fun or adventure.** Sometimes, it's hard for parents to take these needs seriously. The time we have for ourselves often already seems too limited, and not exactly *overrun* with fun. But the need for emotional highs, feeling excitement and joy and pleasure in just being alive, is a *real* need for all of us.

It's how we re-create and expand ourselves. People generate natural highs through thousands of activities, from quiet meditation to skydiving. Anything that takes us beyond our normal boundaries, or that tests us or brings us into greater harmony with the world or each other can produce a peak emotional state.

The problem with using drugs to achieve high states is they don't teach much or involve much effort beyond obtaining and taking them. Still, their effects usually *are* predictable and more intense than the results a depressed or anxious or dependent person can imagine achieving on his or her own.

So recognize your child's need to develop a core sense of personal competence and to feel good about being alive. You can help this along by structuring activities that give your kids a chance to share peak experiences with family and friends. But try to avoid turning all your own or your kid's leisure time activities into "chores" or "projects."

Also, remember that it's important to find occasions for joy even in busy or troubled times — and, if they don't pop up on their own, it's okay to create them yourself.

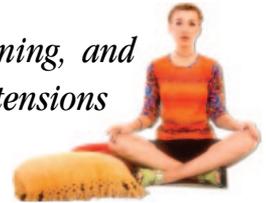
■ Be a Positive Role Model

Want to *really* do all you can to drug-proof your family? Realize that you're a role model for your kids, particularly in the area of substance use.



Do you smoke? Do you talk about the rough day you've had, then reach for a beer? Do you drink till you're drunk? Do you need to pop tranquilizers to meet the normal stresses and strains of life? Do you refuse to eat intelligently and get the sleep your body needs — and then rely on coffee or junk food to get you through the day?

Being a good role model may require learning, and teaching your kids, how to reduce everyday tensions without chemicals.



If you do these things consistently, your children may just get the message that drug use or drinking is okay with you and if not actually *fun*, at least necessary. Sometimes the only question that really remains is which drug *they'll* abuse and when.

We're not suggesting that the only way to have drug-free kids is for you to give up alcohol, coffee, or necessary medications.

What we do recommend, though, is that you be *aware* of how you use and talk about chemicals. Being a good role model means that you use psychoactive substances in moderation, not out of imagined needs.

It means that use is always a matter of choice, not compulsion, and only in moderation in front of your kids.

Being a good role model may also require learning, and teaching your children, how to reduce everyday tensions without chemicals — through exercise, meditation, or plain-old quiet time — and how to live a healthy life.

Because when we talk about family “drug-proofing” and raising “I’m okay” kids in a “No, you’re not” world, what we’re really talking about is a whole philosophy of life. And like any philosophy, the earlier it’s started, the more impact it’s likely to have.

If your kids are already teens — or if they’re already using drugs or drinking — making the changes we’ve suggested can still be helpful. But it *will* take some time for them to believe that you really do mean to make changes, and to trust you to stick with them.

With older teens, positive effects may not even show up until after they’ve left home. This could mean that you may need to settle for paving the way for a more constructive relationship with them in the future.

But whatever their age, our kids see us as walking, talking examples of our ideas and values in action.

And we can help them grow into resourceful, independent people with a genuine respect for others and a real sense of responsibility for themselves, if we only show them how.

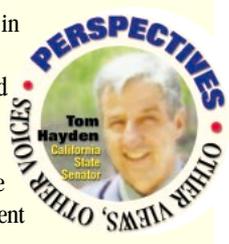
▶ *“Live without addictions”*

I didn't smoke much dope in the '60s. Pot sent me into giggling fits, and I feared the loss of control.

My addiction was alcohol, which was approved by the same establishment that was bent on criminalizing marijuana.

My kids saw that, and they developed an acute sensitivity to hypocrisy. It took me many years to stop drinking and live without such addictions.

When I did, that was a better lesson than any words I could have preached to them. ■





Red Flags

Suppose the unthinkable happens and you suspect (or, even worse, you have *proof*) that your child is already using drugs. What can you do? What should you do first?

Your first task will be to deal with your own feelings, whatever they are — denial, shock, anger, fear, guilt, or shame.

These feelings are natural, but don't let them get in the way of an effective response. Talk the situation over with your spouse or a friend. Realize that you're not alone, you're not a bad parent, and you don't have a bad child.

The second step is getting both parents (if both are present and involved) to agree on a way of handling the situation that both feel comfortable with.

In private, you may differ in your feelings and opinions about how to respond. But no effective action is possible if parents are at odds with each other and you use the situation to carry on that conflict.

Without a coherent, unified plan, individual parents can dilute or sabotage the other's efforts. And an already-confused child can interpret conflicting messages as one more piece of evidence that adults are just too weird (or out of it) to confide in or take seriously about *anything*, much less something as important as drinking or drug use.

Sometimes, in the grip of a crisis, it's hard for parents (especially divorced or combative ones) to cooperate and resist the impulse to blame each other.

If this is the case with your family, counseling might help.

A good counselor has no interest in assigning blame or "rightness" or in taking sides, but in helping the family discover what keeps it from functioning cooperatively to find less conflict-oriented options.

Once you've dealt with your initial reaction and worked out an action plan with your partner (or any other adults having responsibility for your children), the next step is to gather information. Begin by getting answers to these questions:

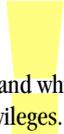
- ▶ What drug(s) is your child using?
- ▶ How much? How often?
- ▶ Who else is involved?
- ▶ What else has changed in your child's behavior?



Be specific. Some of this information may come from your own observations or from adults who see your child daily, such as teachers and school counselors. It can come from your child or from other kids in the family. The goal here is simply to assess the level of your child's involvement — to determine whether their use is only experimental or already at a higher level of risk.

At this point, remember that you have a number of obvious alternatives. You can:

- ▶ Do nothing and hope for the best.
- ▶ Confront your child in the heat of the moment and improvise.
- ▶ Let your child know how disappointed/angry/ashamed/sad you feel and why.
- ▶ Impose an immediate punishment — grounding or taking away privileges.



Believe it or not, there's nothing wrong with any of these options, and any of them — even doing nothing and taking a wait-and-see attitude — could be the best away of responding to a given situation.

But another type of response can also have value: working with other parents to establish common rules and a consistent means of enforcing those rules.

If some or most of your child's friends are drinking or experimenting with drugs, chances are the other parents are as uncomfortable as you are. Get in touch with them. Parents can use the support of other parents in working out consistent rules for their kids and jointly following up if problems arise.

Parent support groups can take many forms, from informal coffee groups to teams organized to share responsibilities, such as driving the kids to and from school or providing after-school supervision.

There are a lot of advantages to talking and working with the families of your child's friends. Kids benefit from being part of a community where adults feel a mutual responsibility for their welfare and common expectations are shared and rules are clear.

Even if specifics vary from one home to another, it helps if each parent can say clearly: "This is what's expected in *this* house," and kids understand that. The exact content of a family's rules is probably less important than the fact that there *are* rules and they're understood by the whole family.

It's also important that rules be applied impartially and consistently. Children need to know that adults are aware of what they're doing, and have agreed to enforce mutually-accepted rules.

The point isn't to make kids feel policed or threatened, but to provide a sense of common values and concern involving as many parents as possible in your child's circle of friends for everyone's well-being.



The exact content of a family's rules is probably less important than the fact that there are rules that are understood by the whole family.



■ Grade School

If your kids are too young to be involved with drugs, you're lucky. You've still got time to do the things that will reduce their risk later. And taking the time now to enhance your parenting and drug-proofing skills can cut your own risk of heartache later.

Here are some ideal places to start...

- **Talk.** Kindergarten isn't too early to start talking with your child about drugs and other serious topics. Point out the dangers of smoking, drinking, and drug use, and let them know your feelings and values.
- **Be clear about rules.** Let your child know that you regard any drinking, smoking, or drug use as a big deal, and clearly state your family's rules. If any experimental use has taken place, ask your child about details and circumstances.
- **Make communication safe.** Open communication is the key to family drug-proofing and protecting your child from other potential problems. Learn, if you haven't already, to listen — not just talk. Let your kids know that you're always there to talk about problems, and that it's safe for them to tell you anything they have to say.
- **Get to know the parents of your child's friends.** You don't have to start a major project here, but at least establish a basis for future communication and cooperation. If you need to, set up a support system for watching the kids after school or set common rules about mealtimes, curfews, homework, and acceptable activities.

■ Middle School

For most parents, drinking and drugs don't even seem *real* until their kids enter junior-high or middle school. And for the most part, they aren't.

But as kids move away from the familiarity of grade school into the more anonymous, competitive world of middle school — *and* undergo the physical-emotional changes of puberty — risk factors increase, and new needs should be considered.

- **Respect your child's privacy.** At this stage, kids want more privacy and begin to find adult intrusion irritating. Nothing new here, except many parents react to this change in their children by feeling rejected — and becoming *more* determined to maintain control.

The problem? If you don't handle your child's legitimate needs for privacy and psychological *space*, you risk increasing resistance at exactly the point where mutual respect and honest communication are most crucial.



■ **Make rights equal to responsibilities.** Older kids are more mobile — they generally need less supervision and range further from home in non-school activities. To the extent that they can handle more responsibility, it's okay to give them more freedom. Negotiate with your child. Make increased privileges dependent upon increased compliance with family rules.

■ **Don't take a child's behavior personally.** “Middle-aged” kids are more likely to be critical, resentful of control, temperamental, and manipulative. Remember that they're not doing anything to *you*. They're simply responding, as best they can, to the physical, emotional, and social changes they're experiencing. Your kids are simply doing what they're meant to do at this age.

While your child is going through the personal changes that come with the transition into early adolescence, your role as parent changes, too. Your kids still need support, guidance, and discipline. Now more than ever you must provide those things with firmness, clarity, good humor, and a touch of impersonality.

If you feel rejected, attacked, or out-of-control, realize that's *your* problem, not your child's. You don't have to like or even accept their behavior toward you, but your feelings are *your* responsibility.

This is also a time when you begin to glimpse the end of your career as a full-time parent. A new identity crisis may emerge — yours, this time, not theirs. Questions may stir: Do you need to develop sources of achievement, companionship, or self-esteem separate from your kids? Do you need to work on your marriage? On your social life?

We're not suggesting that you start ignoring your kids at this crucial time in their lives. We're just pointing out that you're part of *their* family, too, and your own positive feelings need to be independent of their struggles to grow up.

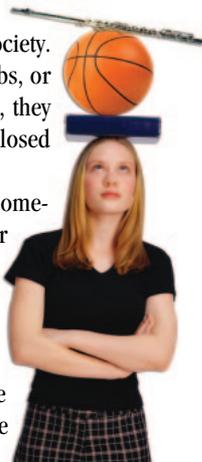
■ High School

Most of what we've said about the middle-school years can be said again, underlined, then **highlighted**, for the high-school years.

Teens are more mobile and more immersed in their own peer society. They may stay out of the house — in after-school activities, part-time jobs, or just hanging with friends — most of the day. And when they *are* home, they may spend time barricaded in their rooms, shut off from the family by closed doors and a wall of loud music.

It's hard for parents not to wonder what they're up to — and hard, sometimes, not to assume the worst. Your ability at this point to shape your teen's life depends on the foundation of mutual trust and respect you've built your relationship on. And whether we like it or not, their ability to emerge as independent, competent adults depends on our willingness to let them make increasingly independent choices.

Suddenly, there's a lot about your teen's life that you'll know for sure only if they're willing to tell you. Trying to establish whether or not you're being told the truth can be futile and may even create further conflict.



While your child is going through the personal changes that come with the transition into early adolescence, your role as parent changes, too.



You may have to accept the fact that you won't *always* know where or how or with whom they spend their free time.

Still, you should still be clear about your own values, preferences, and house rules. This is the basis of your working relationship in the home, and for exerting whatever leverage you can in helping to shape your child's life.

Remember, though, that you may not be in a position to extend your rules very far beyond the confines of your home. You may not have the information or the physical control to ensure that your rules are followed or enforced. But there *are* ways to continue to get your message across.

■ **Let your teen know what you expect.** It then becomes his or her job to live up to your realistic expectations. That task probably isn't compatible with drinking or drug use. By communicating, you develop a framework for ensuring that expectations are met. You may not always be able to see whether your teen is drinking or using drugs, but you can tell if he or she is keeping other rules.

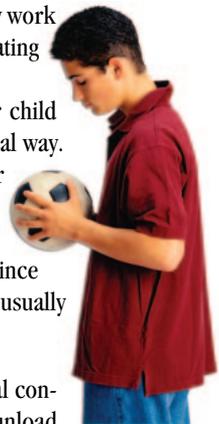
■ **Discuss and develop family rules together.** Your job as a parent is easier if your children understand the need for rules that reflect your values and preferences. You've done your job as a parent if they can acknowledge the fairness of limits you set on their behavior. Work to build this kind of relationship, realizing that you won't always be fair and patient, and your kids won't always understand. Also, realize that your rules will need to evolve as your kids do.

■ **Avoid power struggles.** Focus on behaviors that are important to you and the family (like staying in school) no matter what else comes up. Emphasize your teen's responsibility for school work, attendance, grades, and conduct, whether they work part-time or not. Responsibility for household duties and for cooperating at home are important, too.

■ **Be sure of the consequences you're willing to impose.** If your child breaks house rules, set consequences in a firm, clear, and impersonal way. By "impersonal," we don't mean uncaring or cold; simply let your child know that a rule was broken or your expectations weren't met, and you have to set limits or impose consequences as a result.

■ **Don't degrade, judge, or diagnose the child.** Never try to convince your kids that they're bad, crazy, or stupid. That's not fair — and it usually isn't even true.

Whenever you have to impose discipline, make it flow as a natural consequence of the misbehavior itself. Don't store up resentments, then unload



“consecutive sentences” for minor misdeeds that you didn’t bother to correct when they occurred. Negative reinforcement only works if it *immediately* follows an infraction. In building character and accountability in your young person, justice delayed really *is* justice denied.

■ If Your Child Needs Help

No matter how hard you try and how conscientiously you follow the guidelines we (and others) lay out, at some point you may decide that your child or family should see a counselor, or even that your child needs to be in a treatment program.

If you’re at this point *now*, don’t take it as a sign of failure. The cultural influences we’re all up against are vast: Kids are subjected to a wall of cultural “noise” today that goes far beyond anything we were exposed to at their age.

From advertising and music videos to movies and TV, kids today are awash in an ocean of manipulative imagery and conspicuous consumerism, indoctrinated from the moment they can sit upright in front of a television by an ethic of quick-fix materialism and instant gratification, where long-shared cultural values (including personal responsibility, hard work, and diligence) are often seen as the province of squares and losers.

Getting outside help is a powerful statement that you see your child’s problem as a serious matter. You can help by not presenting treatment as a punishment or a burden that the child has inflicted on the family. If it’s *your* choice to seek treatment, it’s your responsibility to follow through on it.

Before you do anything, come to a joint decision regarding the need for treatment with your spouse or partner. Decide whether or not to give your child any choice in the matter — and what consequences will follow if he or she refuses — before discussing it with the child. If both parents don’t agree — or your child refuses — consider getting involved with a parent support group or consulting a family counselor, yourself.

■ If Your Child Is An Adult

Parents who “graduate” from their child’s childhood may still worry about drug use, even though their child is no longer a minor and may not even be living at home. Their concerns usually center on the moral and physical harm that drugs can cause, and they may see any use as evidence that their kids are “victims” and unable to help themselves.

It’s hard for any of us to give up the fantasy that we can “help” others change — especially when they’re our kids. The fact is that it’s almost impossible to get *anyone* to do *anything* they don’t want to do, unless you have leverage over them. And today, most parents of adult children have precious little of that.

That’s why the best way of responding to occasional drug use by an adult child may be not to respond at all. And the most helpful attitude can be one that says, in a firm and friendly way: “You have to live with the consequences of your choices. I love you, but I won’t allow your behavior to control my life.”

Of course, this advice doesn’t apply to situations where adult children are seriously

No single family can solve a problem that exists virtually everywhere. If you need outside help, get it.



addicted or behaviorally impaired — and especially if their own children are being neglected. That’s another matter altogether, and may actually require intervention. Consult a professional to clarify your options if such a situation ever applies to you.

No matter how much some young adults seem to resent parental control, grown-up (or nearly grown-up) kids may still expect you to bail them out if they get into trouble. At the very least they probably won’t refuse help if it’s offered.

They might hear a statement like the one we just described as a withdrawal of love — even a betrayal, if it comes at a time when they’re facing serious difficulties. They might respond by getting angry and by trying harder to get support from the family.

Many parents find it hard to keep from giving in. They feel guilty about abandoning a child in trouble, or don’t want their children to be angry. Their definition of “family” may include the notion that family members stick by each other no matter what.

Parents in this situation can use practical advice and emotional support. Groups such as ToughLove, Al-Anon, and Families Anonymous can provide non-coercive, non-judgmental support for those who need to rethink their relationship with substance abusers in the family.

■ Options & Resources

There is almost *always* more than one way to respond to difficult family problems. And few family problems are more troubling to parents than the use of drugs or alcohol by their children.

Remember: You *do* have choices. You *can* act in a way that fits both your personal style and your intuitive sense of what’s right and wrong. Although some responses might *seem* more likely to work than others, it’s up to you to test the options and choose what works best for you and your family.

Remember that no single family can solve a problem that exists virtually everywhere. If you need outside help, get it.

Check out available resources in your community. Use the support, counseling, and other services available from professional programs and self-help groups. And make use of other parents in your neighborhood who share your concerns. If you do, everyone involved will benefit, including your kids.

In the next chapter, we’ll provide some basic current information on commonly-abused drugs and alcohol. If you’re interested in obtaining more detailed information about specific drugs, or you’re curious about some of the approaches to parenting we’ve suggested, check out our web site at www.doitnow.org. After that, it’s up to you.

Drugs Today

What You Need to Know



If you're really serious about drug-proofing your family, plain old-fashioned facts can be important — almost as important as the parenting techniques we've discussed thus far.

Because whether we like it or not, the world that kids grow up in today is a chemical culture, and they've been bombarded with images and innuendo touting an artificially-enhanced reality long before the first Budweiser frog croaked or the first X-treme athlete shrugged "Been there, done that," and popped the top of a cold Mountain Dew.

That's why it's important that parents have a *clue* about which drugs are being used in today's youth culture, and the real (and specific) risks that go along with using them.

Because the greatest sin of all to kids in today's Information Society is to be *out of it*, and you don't have to be if you don't want to be.

■ Marijuana



Marijuana has been at the front line of the clash between youth and mainstream culture for so long now — and so much misinformation has been told and retold about it — that it's probably useful to start from scratch in discussing it and its potential risks.

Derived from the leaves and flowering tops of the hemp plant (*Cannabis sativa*), marijuana is usually rolled into cigarettes or smoked in water pipes or "bongs" or hollowed-out cigars called "blunts." Marijuana is commonly known as "weed," although "grass," "pot," and "reefer" are still common terms, too.

Two other forms of cannabis, hashish and hash oil, can be made from the plant's resin, but they're less prevalent than marijuana. What all forms of the drug have in common is *tetrahydrocannabinol* (THC), the main psychoactive chemical in the drug.

According to the Drug Enforcement Administration, the average potency of street marijuana in 2001 was 4.1 percent THC. That may not seem like much, but it's higher than levels of 10-15 years ago, when potency averaged around 2 percent.

That extra potency could mean extra problems for users, since THC tends to stay in the body longer than other drugs. In fact, traces of THC can be detected in urine 3-5 days after use, and for up to a month in heavy users.

Subjective effects of THC include euphoria and a mild disorientation. Other short-term effects include increased appetite and heart rate, and reddening of the eyes. Effects typically last 3-4 hours.

Probably of more concern to more parents, though, is how THC affects the brain. Recent research shows the drug affects three key brain functions:

- **Memory.** Pot disrupts short-term memory and increases distractibility.
- **Motor skills.** Marijuana can slow reaction time and reduce “tracking ability,” which could mean serious problems for inexperienced drivers.
- **Thought.** Higher-order thinking is also affected, including calculation skills and the ability to follow complex instructions.

Long-term risks of marijuana are less clear-cut, but research shows that pot poses at least some degree of risk in several areas:

- **Heart/Lungs.** Since marijuana raises heart rate, it could pose a risk to people with heart problems or hypertension. And since marijuana smoke irritates lung tissue and reduces respiratory capacity, which means that long-term pot smokers could be at risk for many of the same smoking-related diseases as cigarette smokers.
- **Hormones.** Marijuana lowers levels of sex hormones in both sexes. In children, such changes could affect sexual maturation and physical development.
- **Brain.** Research shows that marijuana can interfere with the process by which short-term memories are encoded and stored in the brain. And even though such impairment seems to be reversible, its effects on school grades *definitely* isn't.

While pot's long-term effects on memory, motivation, and learning may depend largely on how much is smoked, and how often, teen users face other, special risks.

That's because the teen years are the time when kids refine the personal skills they'll rely on as adults. Successfully meeting challenges, solving problems, and coping with stress are an important part of this process. As much as anything, parents should point out the risk of diluting this important aspect of growing up with pot — or any other drug.

Other parents worry about the so-called “amotivational” effects of marijuana: the apathy and passivity sometimes seen in heavy users. It's impossible to say whether marijuana actually *causes* apathy, or if depressed, apathetic people are just more likely to use it in trying to cope with their feelings, it's still important to deal with apathy whenever it rears its head.

Dealing effectively with apathy — or any other emotional problem — is more difficult when the underlying problem is masked by a drug. Teenagers who exhibit such symptoms need help, and drug use may not be their only problem.

■ Alcohol & Depressants



It may seem odd at first, lumping alcohol and the depressant (“downer”) drug group together, but they’re more alike than different, both in terms of their drug action and the risks they pose to young people.

Like alcohol, downers reduce activity in the brain and central nervous system, easing tension and lowering inhibitions. Since the net result of these sedative/disinhibitory effects is increased sociability and decreased self-consciousness — downers *can* seem compelling to young people. Examples include such sleeping pills as Halcion® and Dalmane® and such tranquilizers as Xanax® and Valium®.

At prescribed doses, downers produce the same type of relaxation and social ease that alcohol produces after one or two drinks. At higher doses, these effects dissolve into confusion, slurred speech, extreme mood swings, and increasing impairment of reflexes and coordination. Other risks are also similar, and include:

- **Overdose.** Since depressants also slow respiration and heart rate, very high doses can result in coma, even death.
- **Drug/Alcohol interactions.** Effects are multiplied when depressants are used in combination, raising the risk of overdose. In fact, alcohol/depressant drug combinations is one of the leading causes of overdose and drug-related deaths in America.
- **Dependence.** All depressant drugs produce some degree of physical and psychological dependence with continued use.

Even at prescribed doses, regular use may lead to sleep disturbances and increased tension and irritability. Personality changes, including increased hostility and irritability, may also develop.

Although many kids (and adults, for that matter) don’t think of it that way, alcohol really *is* a drug, just like other CNS depressants. Maybe that’s why problem drinking among teens has remained high even as the use of illegal drugs has ebbed and flowed over the years.

A big reason for this centers on society’s double standards about drinking and drugs. Since drugs are illegal, the thinking goes, they *must* be bad. But alcohol is an *institution*. Beer ads on TV are usually *cute* (or *seem* cute, at least, the first dozen times you see them) and form a big part of our collective national consciousness — or the agencies that make them get fired, pronto.

Maybe that’s why whenever a new poll shows an uptick in drug use or a downturn in the “perceived risks” of illegal drugs, the government cranks up a huge campaign (ironically, often involving the same agencies that sell beer on TV and cigarettes wherever else they can) to scare kids away from illegal drugs. But nobody ever shows an egg in a frying pan with the voice-over, “This is your brain on alcohol. Any questions?”

The result? Teen drinking *never* goes down.

One reason why is that booze is fairly easy to get. Since alcohol is legal for adults, it’s never *that* tough for teens (or pre-teens) to get their hands on some — either from dad’s liquor cabinet or from an older, barely-legal friend or a friend-of-a-friend.

Dealing with apathy (or any other emotional problem) is more difficult when the underlying issues are masked by a drug.



We don't help our kids when we pretend that problem drinking is something other than what it is — drug abuse — or model it for them.

Besides its social costs (on families, relationships, and jobs) alcohol can cause such serious damage to the liver, pancreas, and brain that, in a real sense, it's one of the most dangerous drugs of all.

One of the most obvious and *immediate* dangers to kids, of course, comes from drinking and driving.

Be sure to impress on your kids never to drive while drinking and never ride with a friend who's been drinking. Let them know they can always call you for a ride home, should the need ever arise. You can always discuss rules and behavior when they're home safe again.

■ Heroin & Narcotics

Although the term “narcotics” is sometimes used inaccurately to describe all drugs (or, at least, all *illegal* drugs), narcotics are actually a small family of drugs hanging by a common thread: they relieve pain.



There are two basic types of narcotics: *opiates*, which are derived from the opium poppy (e.g. morphine, codeine, and heroin), and *synthetics*, including such drugs as methadone, Dilaudid®, Demerol®, Darvon®, and Percodan®.

Although narcotics are the least-used of all the major drug groups by children, heroin use *has* been on the upswing in recent years, with past-year use in 2002 by high school seniors running more than double over 1992 totals.

Heroin travels under a lot of assumed names, including “H,” “horse,” “smack,” and “junk.” It's sold as a white or brown powder (sometimes called “China white” or “Mexican mud”) or as a dark, sticky resin, called “black tar.” Heroin and morphine are usually injected, although in recent years the average purity of street heroin has been so high that it can be sniffed or smoked. Prescription narcotics are usually dispensed in pill form, but can be dissolved and injected.

Besides relieving pain, narcotics also reduce anxiety and induce feelings of euphoria. In the process, they constrict pupils, cause constipation, and reduce both respiration and blood pressure.

Dangers tied to street narcotics are well known, although many people forget that prescription drugs can cause the same problems:

■ **Dependence.** All narcotics produce a strong physical and psychological dependence, linked to drug specifics and duration of use.

■ **Overdose.** Narcotic overdoses are life-threatening, especially with heroin, since potency can vary so much on the street.

■ **Withdrawal.** Symptoms include chills, cramps, sniffles, diarrhea, and vomiting piled on top of intense anxiety. Still, even if it might *seem* a fate worse than death to unwilling addicts, opiate withdrawal rarely involves life-threatening complications.

■ **HIV/AIDS.** Since users often have to share “works” (injection-drug equipment), contaminated needles remain a major source of HIV infection.

Surprisingly, narcotics are less likely than alcohol, depressants, or stimulants to cause direct harm to the central nervous system or to internal organs. Aside from the risks of overdose and HIV infection, physical damage most often results from indirect causes, such as malnutrition and poor health.

An especially risky form of narcotics are so-called *designer drugs*, which usually turn up on the street during heroin shortages or “panics.” Manufactured in illegal labs, designer “heroin” is often a variation on the synthetic narcotic, *fentanyl*.

It carries the same risks as heroin, but poses an even greater threat of overdose, since the fentanyl high wears off before its respiratory depressant effects.

■ Speed

If you thought speed went out with miniskirts and tie-dyed shirts in the '70s, you missed the '90s — and the first few years of Century 21. Because it's back, and in a big way — along with miniskirts and tie-dyed shirts, in fact.



The stimulant drug group is a chemical mixed bag that includes both legal and illegal substances that share a single pharmacological focus: increasing arousal in the brain and central nervous system.

Just the *legal* side of the bag deserves a once-over: It includes a variety of easily-available, over-the-counter products marketed to, and increasingly used by, young people:

■ **Caffeine.** The old stay-awake standby, caffeine is dispensed in liquid form by espresso machines and in even more concentrated form as energizer tablets (No-Doz®, Vivarin®) and “performance boosters” (UpTime®) at the local mini-mart.

■ **Phenylpropanolamine (PPA).** This stimulant is a main ingredient in over-the-counter diet aids, often used by teen (and pre-teen) girls for weight control.

■ **Ephedra/ephedrine.** A variety of commercial teas, nutritional supplements, and bodybuilding aids contain the Chinese herb *ma huang* (ephedra). Besides curbing appetite and increasing fat metabolism, ephedra is also a potent CNS stimulant.

■ **Herbal “Ecstasy.”** Sold at head shops and dance clubs, herbal drug combinations are touted as substitutes for controlled substances, particularly the psychedelic stimulant MDMA. Depending on contents, they're legal in some states, illegal in others.

On the other, controlled side of the stimulant equation are drugs commonly prescribed to kids with hyperactivity or attention-deficit disorder — including methylphenidate (Ritalin®), Dexedrine®, and Cylert® — and such illicit drugs as methamphetamine

If you thought speed went out with miniskirts and tie-dyed shirts in the '70s, you missed the '90s—and the first few years of Century 21.



(“crystal meth,” “tweak”) and MDMA (“Ecstasy”). Rounding out the list is cocaine, which is still around, still expensive, and still causing serious problems.

Like alcohol and downers, stimulants are all more alike than they are different, both in their effects and the risks they pose. That’s why we’ll discuss the various chemicals as a group — and to underscore the simple, often-ignored point that, in spite of significant differences in both cost and legal status, stimulants are stimulants. Speed is speed.

It’s not that illegal ones are “bad” and legal ones are “good” or “safe” — they’re not, at least, not all the time. Speed is speed; and just like the other form we’re all familiar with, it doesn’t matter that much whether you’re in a car or on a plane: The faster you go, the more likely you are to crash.

One reason that users tend to crash so often is that speed causes a rapid buildup of tolerance, which means that the drugs’ effects fade after a few weeks, unless dosage is increased. For some reason, this doesn’t generally apply to stimulants prescribed for attention-deficit disorder, but it does apply to the ones prescribed for weight control.

It *especially* applies to crystal meth, which causes such powerful euphoria that users (AKA “tweakers”) *want* to increase dosage. What tweakers *don’t* want, but which goes with the territory in Crystal Country, are any or all of the following:

- **Emotional problems.** Heavy use can unleash profound psychological changes. In its most severe form, a toxic psychosis can emerge, characterized by hallucinations, paranoia, a feeling of bugs crawling on the skin, and bizarre behavior.
- **Physical hazards.** Since stimulants enable the body to go for long periods without food or sleep, a number of physical problems and nutritional deficiencies have been linked to use of the drugs.
- **Overdose.** High doses can trigger heart attack, seizures, stroke, and death.

► Cocaine

The problem drug of the 1980’s, cocaine is still a big factor in the drug world today. Derived from the leaves of the South American coca plant for its stimulant-euphoriant effects, cocaine has long ranked among the priciest drugs on the street. But when it emerged in a cheap, smokable form known as *crack* in the ’80s, it suddenly became one of the most dangerous.

Usually snorted as a powder (although it can be injected), cocaine produces a brief blast (30-60 minutes) of effects similar to other stimulants.

Crack squeezes the entire experience into an even smaller unit of time, triggering a lightning-like high lasting 3-5 minutes, leaving the user craving more.

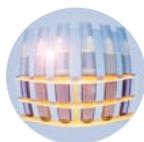


More than anything, crack turned cocaine into a problem for young people. Sold in small chunks for as little as \$3-5 each, crack seemed tailor-made to the budgets of younger-age and lower-income users, who could afford a few chunks of crack more readily than high-priced powder cocaine.

If it was a conscious choice, the marketing plan worked better than the one devised for the “New Coke,” which was also released at the time. Cocaine-related emergencies and deaths soared throughout the 1980’s and early ’90s and crack is the reason why.

Cocaine’s dangers are identical to those produced by other stimulant drugs, and psychological dependence develops easily, particularly with crack.

■ LSD, Ecstasy & Other Psychedelics



This group includes a hodge-podge of chemicals that cause a range of sensory distortions, emotional changes, and hallucinatory effects. In fact, the word *psychedelic* (mind-manifesting) was coined by an early researcher to label the drugs, whose effects were thought to be otherwise indescribable.

Today we know they *may* be remarkable, but they *are* describable, at least in general terms. Still, it *is* a tricky task, because unlike other drugs we’ve discussed thus far, psychedelics don’t necessarily act alike — or even *look* much alike.

LSD (AKA “acid”), for instance, is an odorless and tasteless liquid that’s dripped onto squares of blotter paper (often imprinted with such youth-culture icons as Beavis and Butt-head or Bart Simpson), while **psilocybin** mushrooms (AKA “shrooms”) and the **mes-caline**-bearing buttons of the **peyote** cactus are plants native to North America.

There’s also an alphabet soup of speed-based psychedelics, including **MDMA** (“ecstasy,” “XTC,” or just “E”), **DMT**, and **2C-B** (“U4EA”), that are sold in tablet form and produce more-or-less similar effects, and such anesthetic-deliriant as **ketamine** (“Special K”) and phencyclidine (or **PCP**), that can turn up as a tablet, capsule, powder, or even soaked into cigarettes.

Short-term effects really *are* hard to generalize about the psychedelics, since they’re largely shaped by specifics of drug and dosage and the interplay of psychological *set* — user experience, expectations, and mood — and physical *setting*. Emotional effects can range from pleasant, even “cosmic,” feelings of serenity to intense fear and panic.

Psychedelics most used by teens today are LSD and **ecstasy**, often in raves — all-night dance parties aimed at triggering a trance-like, communal vibe via a continuous current of pulsating techno music.

According to a national survey in 2002, 8.4 percent of high school seniors reported trying LSD, while 10.5 percent admitted using MDMA.

The good news about *that* is the drugs they’re trying are less potent (and thus less likely to cause serious, lasting harm) than similar drugs in the past.

According to the U.S. Drug Enforcement Administration, current average LSD dosage ranges from 20-80 micrograms, down sharply from the 150-250 mcg common a generation ago.

The good news about hallucinogens is that the drugs are less potent (and less likely to cause serious, lasting harm) than similar drugs in the past.



And the tablet form of MDMA makes “ecstasy” a lot less likely to cause agony — and accidental overdose — than powder MDA, its 1960’s ancestor.

That’s probably a main reason that psychedelic use has been on the upswing in recent years. That doesn’t mean problems can’t happen — they can and do.

In fact, “behavioral toxicity” — drownings, falls, auto fatalities — is one of the most serious risks associated with high-dose LSD use.

MDMA is more likely to cause high body temperature, which when combined with the frenzied dancing that takes place at raves, has put some young users in the hospital, and at least a handful in the morgue.

In addition, some psychedelics — especially high-dose forms of LSD and PCP — also trigger “flashbacks” — usually recurrences of panic and other aspects of a bad trip, days or weeks after taking the drug. According to the best evidence, flashbacks aren’t caused by traces of the drug in the body, but are more likely to be an instant-imprint conditioned response to panic.

Still, even if a flashback is just an anxiety attack and only plays itself out in a user’s head, that *doesn’t* make the experience any easier to take, particularly for a younger person.

If anything, it can seem *more* intimidating than a real drug freak-out, since a panic-stricken teen can assume the problem is in his or her own mind, and is likely to be permanent.

And even though such panic rarely lasts more than an hour or so, big trees can grow from little seeds.

▶ *“Parents must set the example”*

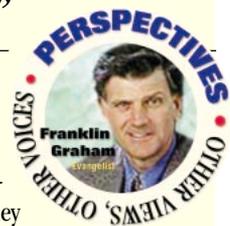
I think all of us know drugs are physically harmful, but there is another side to that notion, because we are spiritual beings.

Drugs are spiritually destructive. People who use drugs are getting a double whammy — they are weakened physically and they are weakened spiritually.

It’s hard if parents are getting stoned themselves or getting drunk. Kids respond, “If you get high, why can’t we?”

Parents must set the example.

That’s what’s missing: The will to set an example. ■



Inhalants are a toxic wasteland of common household and industrial chemicals that are sniffed for their intoxicating effects.

■ Inhalants

Inhalants are a toxic wasteland of common household and industrial chemicals that are sniffed for their intoxicating effects. How common are they? About as common as you can get. In fact, you've probably got at least a dozen different examples of them sitting in your home right now.



Inhalants fall into three main groups: Volatile solvents, aerosol sprays, and nitrites. Although their effects are similar in many ways, they're also different enough — and often, dangerous enough — to consider individually.

■ **Solvents.** Glue, paint, butane, and gasoline are among the most-used solvents. Sniffers act as if they're drunk, down to the slurred speech and stagger, with effects lasting less than an hour. Heavy use can cause hallucinations and impair memory, concentration, and coordination. Long-term use can damage the brain and other organs. Other risks derive from how fast solvents are absorbed when inhaled. Effects hit *immediately*, but so can overdose, without gradual warning signs. Sudden shock or exertion after sniffing can also trigger heart failure.

■ **Aerosol Sprays.** Aerosols pose different, but equally-lethal, dangers. In this case, the intoxicant is the propellant used to make hairspray or cooking oil or deodorant spray out of the container, and usually produces only a brief high. Still, in the process of inhaling the propellant, users also inhale the grease or gunk being sprayed, which can coat the lungs and result in suffocation.

■ **Nitrites.** The nitrites group includes chemicals you've probably never heard of (such as butyl nitrite and cyclohexyl nitrite) and one you probably *have* heard of (and may even have used yourself, probably when you were sitting in a dentist's chair): nitrous oxide, or "laughing gas."

Sometimes sold over the counter at head shops or adult bookstores in a variety of sham products ("room odorizers" or VCR "head cleaners" are common examples) nitrites produce a brief buzz that usually lasts only a minute or two. They're less toxic than other inhalants, but can be deadly, if swallowed. And even nitrous oxide has been linked to a small number of deaths, usually involving kids who passed out in cars (or other enclosed spaces) while sniffing it from pressurized tanks.

Since inhalants are fairly easy to obtain, they're most often used by young people, particularly younger teens and pre-teens. That's too bad, because in many ways, inhalants are among the most potentially dangerous substances kids *can* ever get into.



Starting Points

Trying to articulate a simple, single philosophy that addresses all the issues posed by drug and alcohol use in our world, and reduces its implications for our families, is a lot like trying to take a picture of 6 billion people, all at once: It's hard to fit everyone into the same shot.

The fact is that any response we try — either in society as a whole or in our individual families, that has any real chance of preventing drug abuse or reducing its toll, has to address a shifting, complex web of factors, including the spiritual and psychological needs that have driven substance use in human beings through the ages, as well as the medical, legal, social, and ethical questions that derive from it.



It's only possible to skim the surface of such complex and diverse issues in as short a handbook as this.

Still, we hope we've given you an expanded perspective — including some of the social and cultural factors that shape us all — in which to create your own context and clarify your own feelings for “drug-proofing” your family.

We've suggested ways in which your family can create its own processes and resources, and utilize resources in your community, to help prevent or minimize substance abuse by young people. We've discussed treatment options, because even the best of intentions can't always hold back a flood.

And the personal and social forces that propel drug abuse really *can* look like a flood sometimes, when they don't actually seem more like a tidal wave.

But if we've pointed out nothing else in this booklet, we hope we've pointed out that things aren't always exactly the way they might seem.

Floods *can't* be stopped, but their destructiveness can be contained, given high enough flood walls and sufficient preparation. So, too, can the devastating personal consequences of drug abuse, if we only have the courage and the wisdom to respond *before* a crisis.

We haven't tried to answer all the questions about drugs and alcohol and we hope we haven't seemed to pretend that we have all the answers to all the questions that confront all our families in this handbook. That's a study that would take a lifetime and one that would fill *libraries*.

What we *have* tried to do is to make you aware of some starting points, some places of departure, from which you might be able to make your life, and the lives of the individual members of your family, work a little better.

And if we've learned nothing else along the way, we've learned that making our lives work, and the lives of the people we care about, requires a big dose of commitment from everyone involved.

We've taken on a big job as parents, the biggest job there is, in fact: helping to shape the values and visions and feelings and dreams of our children into those of the men and women they will become.

It's a big job, but it's one that's worth doing — and worth doing well.

Because if we learn nothing more in life than to accept and love ourselves and teach our children to accept and love themselves and each other, our life's work will always be complete and will never have an end. ■

*So let the music keep our spirits high.
Let the buildings keep our children dry.
Let Creation reveal its secrets, by and by,
When the light that's lost within us reaches the sky.*

—Jackson Browne, "Before the Deluge"





Do It Now Foundation

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