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PARENTS' TALKING TO TEENS HANDOUT

Facts to know

- Ages 15-25 are the third and final phase of brain development, with teens going from very concrete to abstract reasoning; during this time their brain first expands its capacity to experience reward and pain (making them more susceptible to addiction), followed by better coordination, vision, sensation seeking, movement, and only that the end "judgment".
- Over 90% of all people who become addicted start using under the age of 18 and met criteria by age 20, thus adolescence is the primary period of risk & on-set
- Those who start under the age of 15 are much more likely than those who start over the age of 18 to become addicted to cigarettes (1.5 times), alcohol (2.0 times) marijuana (6.0 times)
- Among youth in school, 13.6% (3.87 million) are already addicted, split about equally between those in the mild (4.6%), moderate (4.0%) and severe (4.9%) range
- As youth use and move up in severity, they are significantly more likely to have lower grades, lower standardized test scores, hate school, not do well in school, get into fights at school, miss more days of school, get into fights at school, go to the emergency room, go to the hospital, and get arrested
- Over their lifespan, people who are addicted also die an average of 22 years earlier than those who are not

Normal adolescent development calls for them to pull back some from their family, seek to spend more time with their peers and independence. As they continue to age into their mid 20s however they also pull back from their peers towards their family and find themselves and their own family somewhere in between. Yet at all times, the approval & care of their parent or other primary care givers is always one of the strongest single influence on their's opinions. A few things to be aware of:

- Not talking about alcohol and drugs is likely to be interpreted as tacit approval to use since that is the message coming from their peers and media, this is important to be explicit that you do not want them to use
- They will be more influenced by the "example you set" than what you say.
- Tell them about your past experience or "war stories" is likely to backfire if they view it as a rite of passage
- Out of context, negative consequences can actually make substance use sound "exciting" to some teens
- They want your attention, whether by being good or bad - so be present and pay attention
- Dinner, chores, playing games all provide opportunities to have conversations
- They do not yet know how to manage social situations with their peers and need help
- They will live down to your lowest expectations, raise your expectations and they will rise to it

Key things to focus on expressing when you talk with teens:

1. **Disapproval** - that you do not want them to do it (actually matters)
2. **Care** - that your care about what happens to them
3. **Informed** - that you know the facts/consequences
4. **Monitoring** - that you are paying attention
5. **Skills** - that you talk to them about how to manage and get out of the situation (as you put it how to leave the party)

Kognito's Start the Talk <http://www.kognito.com/startthetalk/> provides an on line video simulation to help parents practice these 5 things while talking to junior high school students.

ANSWERS TO COMMON PARENT QUESTION

Q1. What are the warning signs that a teen is using alcohol or other drugs?

Some of the warning signs a teen is using alcohol or other drugs include:

- Persistent physical symptoms like small, dilated or blood shot eyes, bloody or runny nose; hoarseness, wheezing, or persistent cough; goose bumps, nausea, or withdrawal; or needle marks on arms, neck, legs or feet
- A change in personal appearance (loss of hygiene) , behavior (withdrawal, aggression) , sleep pattern, or appetite/weight
- change in peer relationships (loss of long held friendships, new friends not known to parents, older friends)
- lost of interest or ability to do well at school, work, hobbies or chores
- Smelling like tobacco, alcohol or other drugs or breath mints or mouthwash to cover up other smells
- the presence of cigarette butts, cans, bottles, vials,, aerosol cans, chemical-soaked rags, lighters, pipes, baby pacifiers (without a baby), needles, glass, razors, other drug paraphernalia, or small bottles with liquid or powder or other people's medication
- Disappearance or watering down of alcohol or marijuana

It is important to recognize that several of these symptoms can be due to other mental or physical health issues and that many you have more than one issue (including both drug and non-drug related issues).

Q2. How does the use of alcohol, marijuana and other drugs impacts brain development, particularly during adolescents? Why is it so much worse for someone to try drugs under the age of 18 than to wait until later? (Danger of drugs on teen brains) Drugs and alcohol riskier for adolescent brains

Between the ages of 15 and 25 the brain undergoes its last major period of development. This starts on the inside where the brain process pleasure and pain – the two main motivations for substance use. It then moves through the back and over the top – resulting in increased sensitivity to visual cues, feelings and sensations, and movement. The last part of the brain to develop is the front, where we get judgment and impulse control from. People who first use alcohol or other drugs before the age of 15 are 2 to 6 times more likely to become addicted than those who start over the age of 18. While 3 in 4 who “try” substances will not become addicted, would you let them drive a car or go on a trip where there was a 1 in 4 chance of having problems that might last for decades?

Q3. Why are teens so likely to get involved with drugs and alcohol even if they have been educated not to? (Why teens use drugs and drink) Why teens use drugs and alcohol

From the ages of 12 to 20 the lifetime rates of illicit drug use rise from less than 10% to 54% and the rates of alcohol use rise from 12% to 78%. Thus the people around them are increasingly using and it is widely available. At the same time their normal brain development makes them more sensitive to pleasure and pain (the two main reasons people use). Conversely, while education often focuses on the long term risks of use – the development of the part of the brain related to “judgment” tends to run 5 to 10 years behind this increased exposure.

Q4. Why is it NOT a good idea to see teens just grow out of it when they start using drugs? (Substance abuse parenting) Teen likelihood to just grow out of a substance abuse issue

Teens who start using weekly or more often are 2 to 29 times more likely to have behavioral problems, drop out of school, get into fights, be admitted to emergency rooms, engage in illegal activity, be arrested and to develop abuse or dependence disorders. People who develop substance disorders on average die 22 years earlier than those who do not have them. Thus it is important not to ignore teens substance use. Conversely, 3/4ths of those who try alcohol or drugs do NOT develop substance disorders and over 2/3rds of those who do develop abuse or dependence disorders are able to achieve recovery. Thus there is also hope. But the longer a teen waits before getting treatment and/or continues using – the longer it takes them to get to recovery and the longer it takes them to get there.

Q5. How and when should you coach your child to stay away from drugs? Is there a program, film or books to recommend that really prove to kids why they should avoid ever trying drugs or alcohol? (How to train kids away from drugs) How to teach kids to never try drugs or alcohol

A key point to understand is that what parents say and do matters. When parents communicate a clear message about avoiding use and do not use (or use a lot) themselves, their youth are less likely to use. When parents use or tell war stories about their use, their youth are more likely to use. Interestingly, when parents are silent or say something different than what they do, youth still use at a higher rate. While educating youth about the risk of substance use is not going to stop all use, whenever the rates of perceived risk have gone down, the rates of youth substance use have typically gone up.

Q6. Should parents just assume that their kids will try drugs and alcohol someday? (Assuming kids will experiment) Danger of assuming kids will experiment

In spite of clear expectations that they should not use and education that substance use is very risky, most youth will try alcohol before they are of legal age and over half will try marijuana or other illicit drugs. Thus it is very important to be constantly on guard for early warning signs of substance use. At the same time it is important to avoid giving a mixed message that you expect them to use.

Q7. How can parents who did use drugs in their youth talk to their kids about it? (Parents talk about drug use) How to talk to kids about your own drug use history

In general it is a very BAD idea for parents to get into a discussion about their own histories of use with their children. With other adults such sharing may have a place, but with youth it is more likely to be heard as a kind of war story and make youth want to try it as well to measure up to their parents. Instead say "I am not going to get into telling war stories because I do not want you to do things that I regret doing now."

Q8. Should parents ever let their kids drink or do drugs at home in order to avoid them doing it somewhere else? (Permissiveness at home) Permissiveness of drugs and alcohol at home

In general this is a bad idea as it conveys a mixed message that use is OK and teens tend to interpret it as encouragement to use. Teens will generally live up or down to your expectations and this will tend to pull them down.

Q9. Should parents drug test their teens? What is the value of urine testing/monitoring? (Parents drug testing) Parents drug-testing their teens

Once a youth has started using (or you suspect they have), urine tests are a very useful tool in monitoring them. While this has traditionally been done with a \$35-70 laboratory test, in the past decade \$5-7 on-site test kits have won approval for home use. This is useful because teens do not often care about getting caught 3-7 days from now. Both approaches avoid the issue of 'trust' and mean you can directly measure it. Once positive, setting a goal (like a trip or getting off grounding) once they become clean helps make them aware how long it takes for drugs to clear the system. While alcohol and many pills will clear within a day, marijuana in particular can take 1 to 4 weeks to clear.

Q10. How can school-based drug programs help and are they enough? What should parents ask of their Middle and High school in terms of drug education? (Drug and alcohol ed at school) Drug and alcohol education at school.

Unfortunately we are in the middle of a growing crisis on substance abuse prevention. Rates of perceived risk and access to information about risk are down, while the rates of use are up – including a dramatic rise in the rates of abusing prescription medication. At the same time, the rate of funding and availability of prevention programs are at 10-20 year lows and many schools use ineffective programs that relied primarily **traditional didactic instruction to teach knowledge and attitudes**. On the good side, there is a growing body of literature that suggests that prevention can make a difference – particularly **programs that used participatory or interactive teaching strategies and focused on social influences, drug refusal skills, and generic competency skills**.

Q11. How can parents use a code word with their teen to get them out of uncomfortable social situations? (Use of code word with teens) Use of code word with teens.

One of the key things to teach your child is how to get out of a party or other situation that they do not want to be at, whether due to substance use or other behavior. One of the key techniques for doing this is setting up a code word they can use that means they want you to get them out. Another is to make it clear that they can call and if they start talking to you like you are telling them to come home you will go with the story. In other words, they might initially fake an argument that you want them to come home to clean a room or do school work. On the phone and when you show up you play the “heavy”, but in practice you are helping them to get out of a potentially bad situation (which you both want).

Q12. What habits should a parent get into in order to stay in contact with their teen, so they will pick up on any cues about potential drug abuse? (Answer should include things like: stay up at night – talk to them when they come home, smell for alcohol, smoke, or breath mints, look at eyes for dilation, look in your trash cans for empty beer cans, talk to parents of friends, call ahead for parties to check – have them call you from out throughout the evening) (Parent habits to avoid drug use) Parent habits that discourage teen drug or alcohol use

There are several tricks parents can use to help monitor their teens for substance use. First, they should be able to tell you when and where they will be. Second, they should not be allowed to go on a car trip with someone who has not met their parents and had a conversation about safety belts and good driving. Third, if they are going to a party ask to talk to the parents (to avoid a teen only party). Fourth, require them to come and check in with you when they come home a night. Asking them to give you a kiss good night is a good way to unobtrusively check their balance and smell for alcohol, tobacco or marijuana (or breath mints or other attempts to cover them). **Fifth, if you are suspicious check the trash cans in their rooms, kitchen and outside for beer cans or bottles. Sixth, take the time to talk to them – while walking, eating dinner or even watching TV.**

Q13. What should a parent do when they suspect their child is using drugs? (What to do when drugs are suspected) What to do when parent suspects used of drugs or alcohol

Don't panic. Most youth will try substances and not go on to get into trouble with them. This said, 1 in 4 will develop substance disorders. Thus it is important to watch for signs and intervene sooner rather than later. The warning signs that they might be using are not really drug specific and in fact may be because of other mental or behavioral health issues. A particularly useful strategy is to tell them the “signs” you are worried about as “facts” that concern you. Then ask about what they think is causing the signs and how you might help them with it (conveying a sense that they are not acceptable and that you are concerned for them). Youth will often own that they have used but it was just once or in the past. This can be used as an opportunity to propose urine testing. They will likely to try to turn that into a question of trust, but you can say it is not a question of trust but measurement. (Remember Regan's, Trust but Verify). If you are not comfortable about talking to them about it, arrange an assessment with a treatment program.

Q14. What are the risk factors for drug use? Which kids are more likely to use drugs and alcohol? (High-risk kids for drugs) Kids most likely to use drugs and alcohol

Substance use knows no boundaries based on class, religion, geography, gender, race or age. All teens have a substantial likelihood of trying substances. However, the likelihood that they will continue to use on a weekly or more frequent basis or develop substance disorders is predictable. They are more likely the younger they start, the more frequently they use, if they have peers or family members (including siblings) who use, if they have co-occurring mental health disorders, and/or a history of physical, sexual or emotional victimization. Continued use and problems are typically correlated with having problems at school and/or cash from working and less likely if they are involved in self help meetings or structural activities that do not involve alcohol or drugs.

Q15. What is the correlation between watching R rated movies and increased drug use? (R-rated movies lead to drugs) R-rated movies lead to greater drug use

Youth spend much of their day with electronic media (music, games, t.v., radio) and media has long used both direct commercials and/or product placement in story lines to “sell” products. Alcohol and drugs are no exception. Since illicit substance use is one of the reasons for getting R-ratings, R-rated movies have much higher rates of illicit

substance use that G or PG rated movies. Because they are also limited by age, there are also more desirable for teens who seek to be like people older themselves. Thus there is an effect of R-rating and substance use.

Q16. How does eating dinner with your teen reduce the likelihood of them using drugs? (Family dinner helps avoid drugs and alcohol) How family dinner helps kids avoid drugs and alcohol

Family dinners are a key strategy in helping to prevent substance use. They provide a key opportunity to find out what is going on in the teens life and to have them hear about your life as a positive role model. They are typically structured activities that do not involve alcohol or drugs and tend to create a sense of connectedness that also helps with their mental health and reduces their need to use. Conversely, they consume time where the youth might otherwise be on their own or with other teens at greater risk.

Q17. How should parents devise and enforce a curfew and why is it important? (Importance of curfews) Importance of curfews

Curfews are a useful tool in setting boundaries to keep your kids out of risk situations. In general as the night wears on the amount of adult supervision is going down and the risk of problems is going up. Setting clear guidelines on checking in and curfews also makes it harder for youth to be impulsive in their use.

Q18. Are people born with alcoholic or addictive tendencies or genes? Why can some kids have an occasional drink and be fine while others become addicts? (Genetic link to addictions) How genetics affect addiction.

Addiction is related to genetics or family history, exposure and access to alcohol or drugs, the developmental timing of exposure relative to age (with 12 to 20 being the highest risk) and other risk factors from physical or psychological victimization or mental health issues. Addiction and co-occurring mental disorders both are related to family histories. Such influences are real, but do not make it a foregone conclusion.

Q19. How is alcohol use related to drug use? (Relation of alcohol use to drug use) Relation of alcohol use to drug use

Over 2/3rds of the teens with alcohol use disorders also have drug disorders. Conversely over 2/3rds of those with drug disorders have alcohol disorders. Moreover, the combination of alcohol and marijuana or other drugs tends to have a synergistic effect where the same dosage has a greater effect.

Q20. What drugs are the most prevalent today for teens? (Most used drugs today) Most used drugs today

Alcohol continues to be the substance that is most widely used and leading to dependence or abuse disorders, followed by marijuana and non-medical use of psychotherapeutics. Among teens presenting to treatment, however, marijuana is single most common primary substance, followed by alcohol, nonmedical use of psychotherapeutics (particularly pain relievers and stimulants/methamphetamines). After marijuana and alcohol, the most common drugs vary by geographically with heroin use being more common in the northeast and south, amphetamines more common on the west coast and in rural areas, and cocaine mostly in several large cities.

Q21. What should parents expect after treatment and what can they do to help teens sustain recovery?

While many people hope that treatment will “cure” their teens, in practice two thirds will relapse within 12 months of discharge. Of those who make it 1 to 3 years in remission, a third will relapse during the next year. Even among those who make it 4 to 7 years in remission, 14% relapse in the next 12 months. Thus it is very important for parents to recognize that this is a chronic condition in terms of the high risk of relapse for several years. Second, it is important to recognize that different interventions are needed at different times. Treatment is typically focused on getting youth to see how substance use is related to the problems they are having, motivating youth to change and getting them to initiate abstinence or at least reduced use. Self help, recovery schools, other structured activities not involving alcohol and other drugs, and urine monitoring are primarily related to sustaining recovery – not starting it. In general and in particular when a youth is coming from a controlled environment linkage to these later services are keys to the long term success. No matter how comprehensive it is, residential treatment is only as good as its community re-entry and long term recovery services. Unfortunately this is one of the weakest parts of the system and often dependent on the parent to organize and facilitate it.

OTHER RESOURCES

1. Chestnut Health Systems GAIN Short Screener (<http://www.gaincc.org/gainss>) is a 20 item screener that can be vies for free and used to identify whether youth (or adults) need treatment related to substance use, mental health or crime/ violence and www.chestnut.org provides access to Chestnut treatment resources related to substance use, mental health, financial counseling and our new health clinic
2. Drug Strategies <http://www.drugstrategies.com/teens.html> provides a parent resource to find and compare adolescent drug treatment programs (currently being updated by TRI - see <http://www.tresearch.org/index.php/substance-abuse-treatment-adolescents-ask/>)
3. HBO Award winning Addiction Series http://www.hbo.com/addiction/adolescent_addiction/index.html?current=1 provides a free on-line resource to learn about adolescent addiction, including free access to their series on the topic (upper right corner)
4. Human Relations Media's, *Do I Have a Problem? Recognizing Drug and Alcohol Addiction* (http://www.hrmvideo.com/items.cfm?action=view&item_id=3196&search_category_id=1) is a video mostly with teens talking designed to help teens have a dialogue with each other about whether they have an alcohol or drug problem. (Cost to buy some some schools have to lend for free)
5. Kid's in the House On-line Parent Magazine <http://www.kidsinthehouse.com> has pages specifically on both teen substance use <http://www.kidsinthehouse.com/videos/parenting-advice-on-substance-use> and talking to teenagers in general <http://www.kidsinthehouse.com/videos/parenting-advice-on-parenting-teens>
6. Kognito's Start the Talk <http://www.kognito.com/startthetalk/> provides an on line simulation to help parent learn and master the skills of talking to their teens to help prevent substance use
7. Momstell's National Family Dialogue (<http://www.momstell.com/>) to provide voice to the needs of parents and help connect them to sources of support
8. Mother's Against Drug Driving (MADD) <http://www.madd.org/underage-drinking/the-power-of-parents/> provides resource for parents to think about and develop strategies to address underage drinking in their family and the community
9. National Institute on Alcohol Abuse and Alcoholism (NIAAA) classroom resources <http://www.niaaa.nih.gov/publications/classroom-resources> provides teacher and parent resources
10. National Institute on Drug Abuse's (NIDA) teen pages <http://teens.drugabuse.gov/> and <http://www.drugabuse.gov/students-young-adults> provides videos and short resources targeted at teens and young adults that help them learn and write about substance use for school projects , also has sections by drug and for parents; NIDA has also recently produced a Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide at <http://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide>
11. Partnership for a Drug Free America <http://www.drugfree.org/prevent> provides in-depth information for parents about helping your teen stay safe and make healthy choices and <http://www.drugfree.org/drug-guide> provides an up-to-date source of drug information, including drug descriptions, slang terms, short-term and long-term effects, images, and more
12. Substance Abuse and Mental Health Services Administration's (SAMHSA) Underage Drinking Prevention <http://samhsa.gov/underagedrinking/> resources to help prevention underage drinking and their Substance Abuse Treatment Facility Locator <http://findtreatment.samhsa.gov/TreatmentLocator> helps you identify treatment programs in your area and the services they offer
13. Students Against Destructive Decisions (SADD) <http://www.sadd.org/ptm/index.html> has expert advice and great tools that help you raise alcohol-free kids<http://www.drugfree.org>
14. Time to act <http://timetoact.drugfree.org/think-look-for-signs.html> gives some of the key signs and symptoms of underage alcohol and drug use