

# Parent Guide To ATOD Issues and Helpful Resources

## ACKNOWLEDGMENT

*This handbook was created and compiled by Eileen Nevers and Stephanie Neu. Eileen is a licensed clinical professional counselor who works with teens and their families. Stephanie was the Education and Training Consultant for the Regional Prevention Center, part of Johnson County Mental Health Center. Saint Thomas Aquinas High School administration and staff would like to sincerely thank Eileen and Stephanie for their work in the community to help educate families. It was revised and edited by Laura Cline, STA Counselor.*

Please visit <http://www.4prevention.info/> for the latest information on drug trends in Johnson County.

## WHAT OUR SCHOOL WILL DO ABOUT SUBSTANCE ABUSE

1. Refuse to enable student use of alcohol and other illegal drugs. Do not cover up or deny the problem. Allow students to experience consequences.
2. Have teachers and other concerned individuals make student referrals to the counselors in the Student Formation office.
3. Maintain the Student Services Team (counselors and administrators) who meets to compare concerns for students exhibiting high-risk behaviors and to make appropriate referrals.

## DRUG/ALCOHOL POLICY

**Please see our full policy in the Student Handbook.**

**Saint Thomas Aquinas reserves the right to ask any student to comply with a witnessed alcohol test or urine screen at any time if the school administration decides that there is a reasonable cause to do so.**

## PREVENTION GUIDELINES

1. Be aware of your own use of alcohol and other drugs. Your habits will send your child a powerful message. One of the most frequent questions asked is how parents justify the use of alcohol in adult society and at the same time, tell children they cannot use alcohol or marijuana or other mood-altering chemicals. Parents should avoid the trap of comparing legally responsible adult use of alcohol with illegal, irresponsible use of alcohol and other drugs by adolescents. A suggested response could point out the following information:
  - a. Most mood-altering drugs (other than alcohol after the age of 21) are illegal, except as prescribed by a physician.
  - b. The purchase of alcohol by minors (those under 21) is illegal.
  - c. “Keg Parties” are illegal. Providing alcohol to an adolescent is illegal (“Contributing to the delinquency of a juvenile.”) **Never serve alcohol to another person’s minor child.**

2. Share your convictions about drug and alcohol use with your child. Try to always keep communication channels about this subject open. Let your child know where you stand concerning their use/abuse of alcohol, tobacco, and other illicit drugs. Point out the “pro-drug” message on TV and in movies.
3. Throw away old medicines, especially tranquilizers, diet pills, sedatives, and other mood-altering pills. Lock up those you are currently using.
4. Do not put your students in charge of their medication, especially pain medication, antidepressants, and ADHD medication. A parent/guardian should be in charge of administering them and locking them up.
5. Lock your liquor cabinet. Although your child might not use alcoholic beverages, babysitters, friends of your children and/or others might do so.
6. Share information with parents of your child’s friends. Your child is networking every day .are you?
7. Learn about the effect of various drugs. Watch for articles in newspapers and magazines and use the resources listed at the end of this handbook.
8. Teach your child responsibility by holding him/her accountable for his/her choices and behavior.
9. Show them you are proud of the good things they do.
10. Share your feelings about things going on in your life with your child.
11. Cooperate with school personnel in a positive way.
  - a. Participate responsibly in your child’s school activities.
  - b. Become informed about the new drug programs in the school such as prevention classes, school policies on prescription medication use, parenting courses and parent support groups.
12. Form a parent network group with the parents of your child’s friends.
  - a. Parents agree on a general behavior code appropriate to their children and community.
  - b. Parents inform themselves about drugs and the extent of their children’s involvement.
  - c. Parents cooperate in developing a program of non-using activities.
13. Ensure supervision wherever your child is (e.g., parties in your home or other locations.)
14. Get to know your child’s friends and their parents. “Check up” on your child periodically. Don’t hesitate to drive by or stop by a party your child is attending. Have your child call from a residence phone (not a cell phone) and use caller ID to make sure they are where they say they will be.

## A FAMILY CONTRACT

I, \_\_\_\_\_, agree to come and get you at any hour, any place, no questions asked and no argument at the time, or I will arrange to bring you home safely. We will discuss this issue calmly at a later time. I agree to work with you in this situation and seek an appropriate solution that is acceptable to both of us.

I agree to seek the same sober transportation if I am ever in a situation where I have had too much or a friend who is driving me has had too much to drink.

Parent \_\_\_\_\_

Teen \_\_\_\_\_

Date \_\_\_\_\_

Courtesy of SADD (Students Against Destructive Decisions)

## **GUIDELINES FOR PARTIES**

1. Do not offer alcohol to guests under the age of 21 or allow illicit drugs in your home. You may be brought to court on criminal charges and/or have to pay monetary damages in a civil lawsuit if you furnish alcohol and/or other drugs to minors.
2. Do not let your teen or anyone post information about the party on social media. You will likely have uninvited crashers showing up, possibly in large numbers.
3. Be alert to the signs of alcohol and/or other drug use by teens.
4. Guests who try to bring in alcohol and/or other drugs or who otherwise refuse to cooperate with your rules should be asked to leave.
5. Notify the parents of any teen who arrives at the party under the influence of any drug to ensure the teen's safe transportation home.
6. **DO NOT LET ANYONE DRIVE UNDER THE INFLUENCE OF ALCOHOL AND/OR OTHER DRUGS.**
7. Set the ground rules and consequences with your teen before the party. This will give both of you a good opportunity to express feelings and concerns.
8. Notify your neighbors that there will be a party.
9. Notify the police when planning a large party. This will help the police protect you, your guests and your neighbors. Discuss with the police an agreeable plan for guest parking.
10. Plan to have plenty of food and non-alcoholic drinks on hand.
11. Plan activities with your teens prior to the party.
12. Limit party attendance and set a time for it to end. Avoid open-house parties. It is difficult for parents and teens to keep control over this kind of party. It is important to discourage "crashers".
13. Do not allow your child or his/her friends to post the party and location on social media. This will help avoid uninvited/unwanted guests.
14. At least one parent **MUST** be home and awake during the party.
15. Do not allow any guest who leaves the party to return. This will discourage teens from leaving the party to drink or use drugs elsewhere and then return to the party.
16. Many parties occur spontaneously. Parents and teens should understand beforehand that the above guidelines are in effect at **ALL** parties. If, despite your precautions, things get out of hand, do not hesitate to call your local police department for help.

## **SYMPTOMS OF TEENAGE SUBSTANCE ABUSE**

### **Family**

- Changing attitude toward rules and regulations, parents, brothers, and sisters
- Lack of participation in family activities
- Isolation (staying in room, etc.)
- Breaking curfew or sneaking out past curfew
- Lying; blaming others for irresponsible actions
- Stealing (money, pills, and goods to be "hocked")
- Violence – physical and verbal
- Erratic sleeping habits; extremes of too much or too little
- Erratic eating habits; extremes

- Vagueness about company kept
- Strange telephone calls; parties hang up or refuse to be identified
- Compliant and agreeable, but fails to follow through with promises made

### **Friends**

- Changing attitude toward non-using friends
- Change of circle of friends with little interest in old friends
- Parents don't know friends; can't get names or addresses
- Hanging out with an older crowd

### **Religion**

- Decreasing interest in attending religious services; soon starts missing services
- Uncomfortable talking about religion

### **School**

- Grades begin falling for inexplicable reasons
- Skipping classes or entire days
- Dropping out of sports or other activities
- Disrespectful of teachers, assignments, rules, and regulations
- Frequent disciplinary referrals
- Suspension or expulsion

### **Legal**

- DUI (Driving Under the Influence)
- Accidents or near misses
- Speeding/carelessness on roadway/highway
- Thefts, assaults, infringements of the law

### **Physical – Psychological**

- Alcohol can be smelled on breath
- Alcohol hangover; headache, vomiting, malaise
- Reddened eyes or frequent use of eye drops (marijuana induced) / dilated pupils (stimulant use)
- Deep, nagging cough – dry and persistent
- Weight loss/gain
- Lethargic attitude; doesn't seem to be interested in anything
- Undisciplined; doesn't get things done on time or as agreed
- Blackouts; has period where memory is lost
- Sometimes inappropriately happy; sometimes depressed/ paranoid

### **Miscellaneous**

- Poor financial management; seems to spend lots of money and asks for money
- Paraphernalia kept or admired; rolling paper, pipes, bongs, roach clips, pro-drug magazines, aluminum cans with holes punched in them
- Sudden change in slang; "junkie" behavior observable
- Uses excessive profanity
- Frequent visits to pro-drug websites

## **RISK CHECK FOR PARENTS CONCERNED ABOUT CHILD'S POSSIBLE SUBSTANCE ABUSE**

What's the risk that your child will abuse alcohol or other drugs? Different children in the same family can have a different risk for drug abuse, so consider the risk factors for each child separately.

- ***Family history of alcoholism.***

A biological parent or relative is an alcoholic.

- ***Early problem behavior.***

The child was aggressive and difficult to control when (s)he was 5, 6, or 7 years old.

- ***Family patterns***

- \* Your child does not share his/her thoughts and feelings regularly with at least one family member.

- \* You rarely let your child know in advance what kind of behavior you expect.

- \* You don't usually keep track of where your child is, the kinds of things your child is doing, and who your child's friends are.

- \* You rarely praise your child for doing well.

- \* When your child breaks family rules, you are not consistent and controlled in your punishment.

- ***Family drug use***

Household members use illegal drugs around the child. There is heavy recreational drinking in the home, or adults in the family involve the child in their drinking or other drug use, such as asking the child to get a beer or matches! lighter or to light a cigarette.

- ***Poor school performance***

Your child failed to achieve in school when (s)he was 9, 10, and 11.

- ***Dislike of school***

Your child strongly dislikes school or has a poor attendance record.

- ***Alienation from family and society***

Your child has become isolated from the family and cynical about his/her own involvement in family and school.

- ***Delinquent behavior/school misbehavior***

Your child is involved in delinquent behavior or has been suspended or expelled for school misbehavior.

- ***Friends who use drugs***

Your child has close friends who use alcohol and/or other drugs.

- ***Favorable attitudes toward drug use***

Your child expresses the view that it's okay for teens to use alcohol and/or other drugs.

- ***Early first use***

Your child began to use alcohol, tobacco, marijuana, or other illegal drugs before they were 15.

Remember, this is not a scientific assessment of your family. These are only statistical probabilities. The presence of many risk factors doesn't condemn your child to be a drug abuser. This risk assessment is intended simply to alert you to pay attention to these factors, and to make the extra effort needed to change patterns where necessary.

## **INTERVENTION**

Intervention is a loving thing to do when family, friends, teachers, employers, and/or co-workers “hold up the mirror” for the drug-using person to see what (s)he cannot see for himself/herself. It has helped thousands of people to accept their need for help. Professional counselors have family programs to teach the concerned persons about the illness and help them to learn to intervene successfully.

## **THE DISEASE CONCEPT OF ALCOHOLISM**

“Heredity studies, done all over the world, clearly show that genetics is far more significant in determining whether or not you’ll be an alcoholic than any other single factor examines. Genetics is more significant than any combination of social or environmental factors. Some people are indeed predisposed to alcoholism because of their heredity; and if they ever start drinking, they run an unbelievably high risk of developing the disease,” David L. Ohhms, M.D.

People predisposed to alcoholism have a chemical in the brain called tetrahydroisoquinoline, which when combined with alcohol produces the same effect as heroin. Alcohol, upon entering a person’s body, passes into the bloodstream and goes straight to the brain without needing to be digested. These people have no control over this chemical process in their body. All they can control is whether or not they put alcohol in their body.

## **ENABLING BEHAVIOR**

Enabling is what one person does which helps another individual continue unhealthy behavior (e.g.. using drugs, eating disorders, violence, theft.) The enabler is helping with a present need. It prevents the person from experiencing the consequences. Until the consequences are felt and/or recognized, (s)he will not see the need for help and the situation will worsen.

*Enabling behaviors or signs:*

1. Denying that the person is engaging in unhealthy behaviors.

Are you ignoring troubling behavior in your child?

Are things changing in terms of behavior, appearance, moods, and you are feeling uncomfortable, but it’s not “bad enough” yet?

2. Keeping your feelings inside or covering them with alcohol.

Do you have a drink or two at the end of the day to relax?

Is alcohol a necessary part of each day for you and your spouse?

3. Avoiding problems — keeping the peace, believing lack of conflict will solve problems.

When you are skeptical about your child’s behavior or excuses, do you press on for the truth or do you drop it because you are afraid of what you might find out?

Do you hold your child accountable for his/her own actions or do you clean up the messes and protect him/her?

4. Minimizing (“It’s not so bad; things will get better when...”)

Have you accepted the fact that “all kids” do a little pot or alcohol? If so, have you tried to control it by agreeing to let your child smoke or drink only at home? Most teens do not practice moderations with drugs. Have you indicated approval by telling a few “wild oats” stories from your own youth?

5. Protecting the person from pain.

Have you rescued your child from trouble with school or police?

6. Taking over his/her responsibilities.

Are you making excuses for your child to your spouse, to teachers, or to other family members?

Are you passing off your child’s behavior as a learning problem, as being trouble with puberty, as an angry reaction to a divorce or some other physical or psychological problem?

7. Controlling-Lecturing.

Are you trying to control your child’s use by permitting drinking, smoking pot, or keeping paraphernalia at home?

Do you find yourself constantly “lecturing” without positive change?

8.”This too will pass.” “It’s just a phase.” “(S)he will grow out of it.”

Risk of addiction is very high for adolescents. Teens who develop an addiction do not “grow out of it.”

## **ALCOHOL A DANGEROUS DRUG**

- Alcohol is the most abused drug in America.
- A 12 oz. beer, 5 oz. glass of wine, 1 oz. shot of liquor contains the same amount of alcohol.
- Alcohol impairs vision, judgment, reactions, coordination and the ability to think clearly.
- Alcohol destroys brain cells.
- Alcohol is a cause of birth defects in newborn babies.
- Fetal alcohol syndrome is the third leading cause of mental retardation and the only preventable cause of birth defects.
- Long-term drinking causes damage to the liver, heart, nervous system and kidneys.
- Alcohol is a mind-altering drug that works as a central nervous system depressant.
- Alcohol changes the way a person thinks and acts.
- It takes an adolescent only 6-18 months to become an alcoholic as opposed to 5-15 years for an adult.
- The younger a person begins to use alcohol, the greater the risk of alcoholism.
- Research verifies that children of alcoholics are at high risk to become alcoholics if they choose to drink alcohol.
- Binge drinking is life-threatening. At least one college student a week dies from alcohol overdose.

## **STEROIDS**

- Anabolic steroids, a synthetic version of testosterone, are attractive to adolescents because they may help put muscle on some people when they are used while lifting weights, and sport performance may appear to be enhanced.
- Steroid use has a long list of adverse side effects. Check your local resources for more information.

## **TOBACCO**

- The use of tobacco products is the chief avoidable cause of death in our society. Over 425,000 people in America die of tobacco-related illnesses each year.
- Cigarette smoke contains over 4,000 chemical compounds including 43 known carcinogens. It is responsible for 30% of all cancer deaths and 87% of lung cancer deaths.



- Smoking is associated with cancers of the lungs, mouth, pharynx, larynx, esophagus, pancreas, uterine cervix, kidneys, bladder, coronary heart disease and stroke.
- Nicotine is one of the most highly addictive stimulant substances known.
- Tobacco, along with alcohol, are often referred to as “gateway drugs” which means they often lead to illicit drug use.

## **SMOKELESS TOBACCO AND TOBACCO “MINTS”**

- Critics maintain that the tobacco companies are using these products to attract younger customers.
- 13.4 percent of high school boys and 2.3 percent of high school girls use smokeless tobacco, according to the Campaign for Tobacco-Free Kids, based in Washington, D.C.
- The products are linked to oral cancers, gum disease, nicotine addiction and heart disease.
- Since they are sometimes packaged like candy, between 2006 and 2008, nearly 1,800 U.S. youngsters — almost 600 a year — accidentally consumed smokeless tobacco products

## **MARIJUANA**

- Marijuana (pot, grass, weed) smoke contains substantially more cancer causing chemicals and carbon monoxide than tobacco smoke.
- THC, the addictive chemical in marijuana, can store up in the fatty tissues of the body for a month or longer. The marijuana available to your children today contains over 15 times the amount of THC than it did in the 1960s.
- Marijuana impairs memory, the immune system, alters the sense of time, reduces ability to do things which require concentration, swift reactions, and coordination and causes users to lose interest in goal setting (amotivational syndrome).
- Because marijuana impairs thinking and reflexes, driving skills are impaired for at least 4-6 hours after smoking a single marijuana cigarette.
- Marijuana is physically and psychologically addictive.

## **SYNTHETIC MARIJUANA (K2, SPICE)**

- Sometimes sold as incense.
- The effects can be 10 times more harmful than marijuana.
- Teenagers have been hospitalized, suffered severe hallucinations, increased heart rate, seizures, and **even death.**
- Teenagers have suffered long periods of unconsciousness and coma after smoking only a small amount.

## **STIMULANTS**

- Cocaine is a strong stimulant of the central nervous system.
- It is generally in the form of a white crystalline powder like sugar. It can be snorted, injected, eaten or smoked.
- “Crack” is a smokable form of cocaine that looks like small lumps or shavings of soap, but has the texture of porcelain.
- Cocaine constricts the blood vessels and produces complete but temporary local anesthesia. It rapidly increases heart rate and raises blood pressure.
- Cocaine can cause brain seizures and strokes.

- Cocaine is highly addictive, and addicts use the drug just to feel normal or to avoid the severe depression and fatigue that set in when they try to stop.
- Amphetamine, dextroamphetamine, and methamphetamine (speed, white crosses, uppers, ice, dexies, bennies, crystal) increase heart and breathing rates and blood pressure, dilate pupils, and decrease appetite. High doses can cause people to flush or become pale, cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse.
- Amphetamines are physically and psychologically addictive. When people stop using stimulants abruptly, they may experience fatigue, long periods of sleep, irritability, hunger, and depression.

## **OPIATES**

- These are narcotics which include opium, morphine, heroin and codeine, as well as the synthesized meperidine (Demerol).
- Teens usually smoke the dark brown chunks of opium, either alone or add it to marijuana cigarettes.
- The appearance of powdered heroin in high schools in Johnson County has become a grave concern.
- Effects include restlessness, nausea, vomiting. With large doses, the user cannot be awakened, pupils become smaller, skin becomes cold, moist, and bluish in color. Breathing slows down and death may occur.
- Opiates are highly addictive and become the main focus of the addict's life because of the development of tolerance.

## **HALLUCINOGENS**

- Hallucinogens include LSD ("acid"), mescaline, psilocybin ("shrooms") and DMT.
- PCP is an hallucinogen, but it also can relieve pain or act as a stimulant.
- The effects of psychedelics are unpredictable. It depends on the amount taken, the user's personality, mood and expectations, and the surroundings in which the drug is used.
- Physical side effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth and tremors.
- Having a bad psychological reaction to LSD and similar drugs is common. The user may experience panic, confusion, suspiciousness, anxiety, feelings of helplessness and loss of control.
- Heavy users of LSD sometimes develop signs of organic brain damage, such as impaired memory and attention span, mental confusion and difficulty thinking
- PCP can produce violent or bizarre behavior in people. This behavior can lead to death from drowning, burns, falls and automobile accidents. Taking large amounts of PCP can cause death from repeated convulsions, heart and lung failure, or ruptured blood vessels in the brain.

## **OVER THE COUNTER DRUGS**

- Over the counter (OTC) cold remedies which contain ephedrine or alcohol are abused by many teens.
- Varying amounts of caffeine, ephedrine, and phenylpropanolamine are usually found in OTC preparations such as diet pills and decongestants.
- Young teens shoplift to obtain these products because they are expensive.
- Effects include anxiety, restlessness, weakness, headache, difficulty breathing and rapid heartbeat. There have been reports of severe high blood pressure, leading to cerebral hemorrhaging and death.
- Danger from overdose is extremely high because of the appearance of safety created by easy availability.

## **INHALANTS**

- Inhalants are breathable chemicals that produce mind-altering vapors. They include solvents, aerosols, some anesthetics (e.g. airplane glue, nail polish remover, lighter and cleaning fluids, gasoline, paints, hair sprays, nitrous oxide.)
- One in five kids report having used inhalants by the 8th grade.
- Using inhalants may result in nausea and vomiting, losing touch with one's surroundings, a loss of self-control, violent behavior, unconsciousness, or death. Solvents and aerosols also decrease the heart and breathing rate and affect judgment.
- Death from inhalants is usually caused by a very high concentration of inhalant fumes (teens use paper bags).

## **ECSTASY AND CLUB DRUGS**

- MDMA (Adam, ecstasy, XTC) is a "designer drug" concocted by mixing varying amounts of hallucinogens, stimulants, and sometimes opiates. Sold in pill form, it can cause a variety of behavioral and cognitive consequences, and affect memory.
- Ketamine (Special K) is a powerful hallucinogen in powder (snorted or sprinkled on marijuana) or liquid form and used as an anesthetic by veterinarians. It can cause delirium, amnesia, impaired motor function and potentially fatal respiratory problems.
- Methcathone ("cat") is a stimulant sold in powder or pill form.

It causes severe internal bleeding, but it looks and acts like cocaine enough to fool even the experienced user. Can be snorted or sprinkled on marijuana.

- Rohypnol ("ruffies"), the "date rape" drug is a colorless, odorless, tasteless sedative-hypnotic. It causes the recipient to appear drunk and eventually results in an inability to move and total memory blackout. It is addictive.
- GHB, gamma hydroxybutyric, also known as "date rape" drug, was originally used by body builders and is available in clear liquid, white powder, or tablet. Odorless and nearly tasteless, it results in a state of relaxation for up to four hours and has also been used as a "date rape" drug. Effects can include nausea, vomiting, respiratory problems, seizures and coma.
- Many of these club drugs can be easily slipped into drinks at raves and parties, and because they are clear, odorless, nearly tasteless, the recipient will be unaware that (s)he is ingesting the substance.

## **CONFLICT AND CRISIS WARNING SIGNS**

Many young people caught up in crisis situations may not display warning signs, which would be immediately obvious to the casual observer. The more obvious warning signs may mean the young person is already deeply embroiled in trouble.

Serious problems may manifest through any of the following:

- Any of the warning signs for alcohol-drug use/abuse
- Any of the warning signs for depression/suicide
- Physical signs such as:
  - ~ Frequent illness
  - ~ Frequent emergency room visits
  - ~ Broken bones
  - ~ Frequent or extensive bruises
  - ~ Isolation from family and friends

- ~ Becoming withdrawn
- ~ Acting out behavior

## **THE LAW:**

### **MARIJUANA & ALCOHOL**

- It is unlawful for any person to possess, have under such person's control, prescribe, administer, deliver, distribute, dispense, or compound any marijuana. A violation is considered a Class A misdemeanor punishable by a fine not to exceed \$2,500 and/or imprisonment not to exceed one year.
- It is unlawful for any person to sell, offer for sale or have in such person's possession with the intent to sell any marijuana. A violation is a drug felony punishable by a fine not to exceed \$10,000 and can result in prison time. Should a person be convicted of possession of marijuana for a second time. The penalties are increased. It is also unlawful to possess controlled substances such as LSD, narcotics, heroin, codeine, MDMA, rohypnol, etc., and such possession could carry even greater penalties than those prescribed for possession and sale of marijuana.
- A minor (under 21 years of age) convicted of being in possession of alcohol loses his/her driving license for 30 days. If someone 14 or under is with the minor being arrested, the minor risks losing his/her license for an additional 30 days. Minimum fines are up to \$1000.
- A person who illegally furnishes alcohol to a minor may be liable in a civil action for damages brought against them by someone who suffers personal injury or property loss occasioned by the acts of an intoxicated minor.

## **CHOOSING NOT TO USE ALCOHOL & DRUGS:**

### **BENEFITS FOR ADOLESCENTS**

*Parent: "Have a good time at the party tonight and remember I don't want you to do any drinking or using other drugs."*

*Child: "Okay, but I don't see what the big deal is. You drink beer whenever you want to."*

This scene is repeated in homes throughout the country every weekend night. We tell our children not to drink alcohol or use, and remind them that it's illegal. Often that is where the conversation ends and our children wonder if there are any benefits of not using alcohol. Certainly we can tell our children about the risks of chemical use. We can give clear examples of how alcohol and drug use is unhealthy, unwise, and inappropriate, as well as illegal. However, what can we say about the benefits of non-use that can help our children delay or avoid the use of these chemicals?

Here are a few suggestions:

#### **1. The risks of experiencing alcohol and drug-related problems are greatly reduced. The person who chooses not to use will:**

- \*reduce the risk of being in legal trouble
- \*never become an addict
- \*reduce the risk of involvement in an alcohol-related traffic accident
- \*reduce the risk of involvement in an alcohol-related swimming or boating accident
- \*reduce the risk of pregnancy, truancy/academic problems, delinquency, involvement in violence

*Alcohol and drug use is a major factor in all of these problems.*

**2. Life skills can develop fully. The adolescent who chooses to abstain from alcohol and drug use gives himself/herself the best opportunity to develop skills in:**

- \* stress management
- \* problem solving
- \* goal setting
- \* conflict resolution

*Alcohol and drug use can mask problems and interfere with the development of these important life skills. Adolescents who use regularly fail to develop psychologically -an 18-year-old may only have the skills of a 15-year-old! The adolescent's goal of maturing toward independence, self-responsibility, and meaning in life is best achieved without the interference of drugs.*

**3. Performance in many areas is best when free of the influence of drugs. When free of the influence, young people can perform a variety of tasks with full judgment and physical skills such as:**

- \* academic performance
- \* athletics
- \* driving any kind of vehicle
- \* use equipment and tools
- \* music or dramatic arts

*Alcohol and drug use can diminish motivation, impair judgment, reduce physical and intellectual performance in many areas.*

**4. Relationships can develop honestly and be based on mutual interests. Young people who meet and talk together when sober do not have to be concerned about the effect alcohol and drugs have on what they say or what is said to them.**

- \* Morale on teams or groups can be good.
- \* Sexual health problems, such as unplanned pregnancy, sexually transmitted diseases including AIDS can be reduced.
- \* People are less likely to say or do things to others they might later regret.
- \* Family standards or parent expectations will be satisfied.
- \* There is no need to lie to parents or be secretive.

*Many relationships have been damaged by the use of alcohol and other drugs.*

The benefits of not using alcohol by adolescents are clear. While none of the benefits alone is likely to persuade young people to delay a decision to use alcohol or other drugs, together they can allow parents and other adults to share information that goes beyond the fact that drinking and using are illegal. These benefits can be communicated to young people, one at a time, by parents, teachers, relatives, clergy, employers, coaches, advisors, activity directors, and any other adults in the community. Collectively, the same message by many messengers can make a powerful, positive influence on the choices young people make about using alcohol and other drugs.

## **SUICIDE**

### ***Warning Signs Include:***

- ~Talk of death as an escape.. .the only way out.. .freedom
- ~ Drawing or writing about death
- ~ Exhibiting a sense of failure, marked by feelings of hopelessness or worthlessness
- ~ Expressions of apathy and helplessness lack of interest in future plans
- ~Personality changes—withdrawal, aggression, moodiness
- ~Depression—marked by changes in normal appetite or sleep patterns, sudden drop in grades, inability to be happy
- ~ Daring and risk-taking behavior
- ~Ending friendships
- ~Final arrangements – giving away cherished possessions; instructions, comments or requests to be carried out “when I’m gone
- ~Previous suicide attempts

### ***What Your Teen Can Do:***

- ..Believe and trust your suspicions that another teen may be self-destructive.
- ~ Talk with the teen about his/her concern, letting him/her know (s)he cares and is willing to discuss the feelings. Remember that communication includes listening. Believe what the person tells him/her about the feelings. Ask direct questions without being judgmental. Try to determine if the person has a plan and the means to carry it out.. .the more detailed the plan, the greater the immediate risk.
- ~Encourage the person to get professional help.. .or at least call a hotline or crisis number.. .or call one him/herself (see resource list at end of booklet).
- ~ Don’t allow your teen to be sworn to secrecy.
- ~ Don’t leave the person alone if (s)he believes the risk for suicide is immediate. Don’t act shocked or judge what the person tells him/her.
- ~ Don’t counsel the person yourself.
- ~ Be alert to drug/alcohol use ..most teen suicides are preceded by drug use.
- ~Do contact the teen’s parent.

## **RESOURCES**

### **ST. THOMAS AQUINAS HIGH SCHOOL**

Guidance Office

Laura Cline 913-319-2457

Matt Hallauer 913-319-2418

Parent Advice

One-on-one personal counseling

Student support groups

**STAND UP PARENTING SUPPORT GROUP (913) 492-3338 [www.standupparenting.org](http://www.standupparenting.org)**

## **COMMUNITY RESOURCES**

**ADOLESCENT CENTER FOR TREATMENT** (913) 782-0283 <http://mentalhealth.jocogov.org/htpages/act.shtml>

Residential treatment after detoxification for youth 12-18.

**ADULT DETOXIFICATION UNIT** (913) 897-6101 <http://mentalhealth.jocogov.org/htpages/adu.shtml>

**ALCOHOLICS ANONYMOUS** (913) 384-2770 [www.aa.org](http://www.aa.org)

Support for adults and teens dealing with recovery from alcohol dependency.

**AL-ANON AND A LA TEEN** (913) 384-4653 <http://www.al-anon.alateen.org/>

Support groups for teens with alcohol or chemically dependent parents or family members or friends.

**BATTERED PERSONS SHELTER**

(913) 321-0951 Joyce Williams Shelter for Women

(816) 861-6100 Rose Brooks Shelter for Women

(816) 471-5800 New House

(913) 262-2868 Safe Home, JoCo

(913) 621-1504 Catholic Charities

(816) 257-9340 Hope House Shelter for Women in Lee's Summit

**THE COMPASSIONATE FRIENDS** [jocotcf@hotmail.com](mailto:jocotcf@hotmail.com)

Offers understanding and hope to bereaved parents, siblings, and friends. Offers monthly support meetings, phone assistance, books, and tapes.

**HOSPITALS WITH PSYCHIATRIC CARE**

CRITTENDON (AGES 4-18) (816) 767-4157

RESEARCH PSYCHIATRIC (6-ADULTHOOD) (816) 276-4155

TWO RIVERS (6-ADULTHOOD) (816) 382-6300

SHAWNEE MISSION MEDICAL CENTER (913) 789-3218

MARILLAC (913) 681-5437

**JOHNSON COUNTY MENTAL HEALTH** <http://mentalhealth.jocogov.org/>

Mission (913) 831-2550

Olathe (913) 782-2100

CRISIS RESPONSE (913) 384-3535

**JOHNSON COUNTY PUBLIC HEALTH** (913) 826-1200 <http://health.jocogov.org/>

**KANSAS PARENT INFORMATION RESOURCE CENTER** 1-866-711-6711 <http://www.kpirc.org/>

Promotes educational success of every Kansas child.

**MADD OF KANSAS AND VICTIMS' SERVICES** (800) 443-6233 <http://www.madd.org/local-offices/ks/>

**NAB-ANON and NARCOTICS ANONYMOUS** 1-800-561-2250 <http://www.kansascityna.org/>

Support group for families of drug abusers.

**FIRST CALL ALCOHOL AND DRUG PREVENTION AND RECOVERY** (816) 361-5900 [www.firsttalkkc.org](http://www.firsttalkkc.org)

Education and prevention programs.

**PARENTS ANONYMOUS** 1-855-427-2736 <http://www.parentsanonymous.org/>

For parents concerned about abusive or potentially abusive behavior toward their children. Support groups available.

**REGIONAL PREVENTION CENTER** (913) 362-1990 <http://www.4prevention.info/>

**TEMPORARY LODGING FOR CHILDREN** (913) 764-2887, Emergency shelter for abused or abandoned children. Temporary care and short-term treatment for children 12-17.

**SEXUAL ASSAULT SERVICES (MOCSA)**

Emergency 913-642-0233 or 816-531-0233 Office 816-931-4527

## **HOTLINES**

**ADDICTION** 877-579-0078 <http://24houraddictionhelp.org/>

**BATTERED PERSONS** (816)468-5463

**CHILD ABUSE HOTLINE (KS)** 1-800-922-5330  
(MO) 1-800-392-3738

**CRISIS/SUICIDE INTERVENTION**

Johnson County Kansas Mental Health Center, mentalhealth.jocogov.org The 24-hour emergency line is 913-268-0156.

**RUNAWAY** 1-800-RUNAWAY <http://www.1800runaway.org/>

**SEXUAL ASSAULT CRISIS** 1-800-656-HOPE (4673) <http://www.rainn.org/get-help/national-sexual-assault-hotline>

**SUICIDE** 1-800-SUICIDE

**FEDERAL HOTLINE FOR ALCOHOL AND DRUG TREATMENT REFERRAL BY STATE** 800-662-4357

## **WEBSITES**

Johnson County: [www.jocoks.com](http://www.jocoks.com)

Teen Suicide Prevention: [www.teenanswer.org](http://www.teenanswer.org)

General parenting and prevention:

[www.health.org](http://www.health.org)

[www.ncadd.org](http://www.ncadd.org)

[www.drugfreeamerica.org](http://www.drugfreeamerica.org)

[www.madd.org](http://www.madd.org)

[www.clubdrugs.org](http://www.clubdrugs.org)

[www.childrennow.org](http://www.childrennow.org)

[www.parents.com](http://www.parents.com)

[www.jointogether.org](http://www.jointogether.org)

[www.activeparenting.org](http://www.activeparenting.org)

[www.ahaparenting.com](http://www.ahaparenting.com)