



**Parent Education & Encouragement Group**  
*"Represents Parental Protection, Mercy and Nurturing"*

Presented at: **Good News Church**  
 239 W Washington Blvd Pasadena 91103  
**English and Spanish classes on Thursday 6:30pm- 8:30pm**

1. **Communication, Active Listening, Acknowledging Feelings**  
*Comunicación, Escuchando con oído activo, Reconociendo sentimientos*
2. **Family Meetings, Effective Praise and Rewards /Conflict resolution**  
*Reuniones familiares, Elogio y recompensas*
3. **Parental Function, Defining My Parenting Style**  
*Función de padres, Definiendo mi estilo de crianza*
4. **Five-Step Problem Solving / Children's Court /Parent's Rights**  
*Cinco pasos para resolución de problemas, Corte de menores*
5. **Single Parent and Multiple Parent Families**  
*Padres solteros y de ambos padres*
6. **Domestic Violence, Self Control, Anger Management**  
*Violencia domestica, Autocontrol, Control de Ira*
7. **Teens and Gangs**  
*Adolescentes y Pandillas*
8. **Teaching Principles, Values / Family Rules / History of my Family**  
*Ensenando principios, Valores, reglas familiares y la historia de mi familia*
9. **Education Guidance / Show & Tell**  
*Orientación educacional, Enseñar y demostrar*
10. **Natural & Logical Consequences / Structure**
11. **Mild Social Disapproval, Ignoring / Point System, Contracts and Bargaining**
12. **Structure, Establishing Limits & Boundaries**
13. **Human Sexuality and Teens**  
*Sexualidad Humana, El desarrollo sexual en los adolescentes*
14. **Family Health Nutrition and Child Safety**  
*Salud familiar, Nutrición, Seguridad de niños*
15. **Teens, Drugs and Alcohol**  
*Adolescentes, Drogas, Alcohol y Tabaco*
16. **Family Group Support, Skills Evaluation, Potluck**  
*Grupo de apoyo familiar, Habilidades de evaluación, Platillo para compartir*

**Daily Homework**

Active Listening and acknowledging feelings  
 Five Step Problem Solving  
 Hug and Kiss your child

**Homework Review**

**Lesson # 14 Family Health Nutrition and Child Safety**

**New Material**

**Lesson # 15 Teens, Drugs and Alcohol**

**Homework Assignment**

Write a paragraph:  
 1) What I learned  
 2) What I tried

**Facilitators:**  
**Horacio Garcia / Myles Williams / Elvia Casas**  
**Program Director: Dr. Janice Woods**

## LESSON 16 TEENS, ALCOHOL AND DRUGS

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### Teens, Drugs, and Alcohol

Carleton Kendrick Ed.M., LCSW

Talking with your kids about drugs and alcohol can be difficult. It is a highly sensitive topic, but the possible consequences of drinking and taking drugs are far too dire to ignore. So even though you might stumble and falter, the stakes are too high for you to remain silent.

Communicating your beliefs and values about drugs and alcohol gives your children a set of guidelines and limits to help them make healthy decisions. One “big talk” (like the “birds and bees” lecture) is not the route to follow; you can find many opportunities to introduce your opinions, beliefs, and questions. TV shows, news reports, movies, and newspaper stories are good starting points for a conversation.

Discussions about these issues should begin in early childhood, long before the teenage years. Adolescence is actually the worst time to begin talking to kids about drugs and alcohol; teens are the most likely to reject their parent’s advice and to be influenced by their peers. In spite of this, it’s never too late to begin the dialogue.

### Why do they do it?

Why did you drink, smoke, or take illegal drugs as a teenager? Was it peer pressure? Curiosity? Or did you just want to feel happier and better about yourself? Your teen’s reasons are probably the same.

The vast majority of teenagers don’t take drugs or drink because they are clinically depressed, suicidal, or lacking in self-esteem. They do it because it gives them pleasure, in the same way that drinking coffee, smoking cigarettes, drinking liquor, and taking drugs (prescription or illegal) gives adults pleasure.

### Just say no!

“Just say no” is absurd advice to give teenagers when it comes to drugs and alcohol. It grossly simplifies a very complex issue; it insults the kids it purports to help. It’s part of an adult mindset that says “good kids” don’t take drugs or drink alcohol; “good kids” know these substances are bad and simply repeat the mantra “just say no” to conquer temptation. Oh, if all of life’s tough problems could be solved simply by repeating a campaign slogan!

Taking drugs or drinking alcohol has nothing to do with your teens’ being “good” or “bad” kids. It’s got everything to do with the allure of experimenting with “forbidden substances” that promise pleasure, status, and acceptance.

You can prohibit your teenagers from drinking or taking drugs, but that does not necessarily mean you can prevent it. This does not mean that you should casually accept your child’s alcohol and drug experimentation. Your biggest concern should be the prevention of chronic use and addiction.

### Do as I do

Do you “have to have” your morning coffee, your after-dinner cigarette, your evening cocktails, your stress-relieving Valium? How often do you turn to over-the-counter, prescription, or illegal drugs to relieve your symptoms or to make you happier? Do your kids see you drink and drive? Through your own example, what messages are you sending your kids about drugs and alcohol?

Your teens will notice any hypocrisy on your part. Talk is cheap. Serve as your own example of your beliefs and values concerning drugs and alcohol. Don't just preach it — LIVE IT!

### **Give them facts**

Teenagers don't buy the argument that trying a "milder" drug means they'll soon be shooting heroin. They aren't scared by this "domino theory," because they rarely see it happening in real life. In place of scary theories, you can give them facts. You and your teen should know the names of all popular drugs, what effects they have on young minds and bodies (short and long-term), and the legal penalties for drug possession and use.

Tell them that drugs and alcohol make teens more prone to dangerous accidents. Tell them that they can never trust the quality of drugs or know exactly how they will respond to them. Tell them that drugs can poison and kill them. Tell them that their lives are too precious to take these chances. Tell them that you love them.

### **Drinking and driving**

Drinking and driving is the biggest killer of adolescents. You must be steadfast and clear about your rules concerning drinking and driving. You have every right to insist that your teenager not drive after drinking or ride with a driver who has been drinking. These same rules should apply to any drugs.

This rule should be accompanied by a heartfelt promise: If your teen is ever faced with drinking/drugging and driving or riding with an intoxicated driver, he **MUST** call you up. You will pick him up (regardless of the time) or arrange to have him picked up. Upon his safe return home, you promise you will not question, punish, or lecture him. If your teen fears calling you, he may drive drunk and never make it home.

### **Doing your best**

You can't eliminate your teenager's curiosity about drugs and alcohol; you can't shield her from the social pressures to use them. Keeping silent and letting her come to her own conclusions about this is unconscionable. You can encourage her self-worth, give her the hard facts, establish firm limits, set a positive example, and always keep the lines of "communication without condemnation" open.

### **The Dangers of Marijuana**

Alvin Poussaint, M.D., and Susan Linn, Ed.D.

Your 15-year-old graciously allows you to play an oldies station on a short drive to the mall. In the middle of the Beatles' "Strawberry Fields," your reverie is shattered. "Mom," your teenager asks, "Did you ever smoke pot?"

Talking with teens today about marijuana is complicated, in part because parents who've smoked it aren't sure whether or not to "fess up." Parents have to make their own decisions about how much to share with their children. But being honest and reflecting on how you feel about the risks you took in as a youth is a good way to engage teens in dialogue about what's going on in their lives.

According to a 1998 survey by the Department of Health and Human Services, 22 percent of eighth-grade students and 40 percent of twelfth-graders report having tried marijuana. Whether or not you've used marijuana and choose to share that with your children, it's essential for them to know some important things about the drug.

## Give a Clear Message

Kids get mixed messages about marijuana, but your message needs to be clear:

It's an illegal substance in the United States. While many people feel that marijuana should be legalized, and it's not thought to be as lethal as drugs like heroin or cocaine, smoking marijuana isn't harmless.

Because marijuana is so available to young people, it's important to begin talking with kids about it by the time they are 12, even if they don't raise the issue themselves. Many schools start drug-education programs as early as sixth grade. Find out how your school system handles drug education, and work with other parents to make sure children get accurate information.

Expect to have conversations with your kids about drugs throughout their adolescence. Magazines or newspaper articles are often good jumping-off points for talks. Or you can begin by saying, "You're getting to an age where you will have to make choices about all sorts of things, including drugs. I'm wondering if you know anything about marijuana?" Teens and preteens need to be told clearly that using the drug carries significant safety, health, and legal risks.

## Share the Facts

Here are some facts to share with your kids about marijuana:

- Possessing marijuana is a criminal offense. A person arrested for possession of marijuana can be charged with either a misdemeanor or a felony, depending on the amount involved and may receive a prison sentence.
- The marijuana available today is stronger than the marijuana available in the 1960s. It also may be laced with other drugs. Because it's impossible to judge its potency just by looking at it, its effects are hard for users to regulate.
- Tetrahydrocannabinol, the main, active ingredient in marijuana, temporarily alters brain functioning that affects sensory perception, reflexes, and coordination. Because it changes the way people see, hear, and feel, it can impair judgement. Driving under the influence of marijuana is extremely dangerous. The fact that many teens smoke marijuana while they are drinking alcohol makes driving even more lethal.
- Though many people believe it isn't, marijuana is physically addicting. Each year, 100,000 people in the United States alone are treated for marijuana dependence. Heavy marijuana smokers who quit smoking may experience the same symptoms of withdrawal as users of nicotine or other drugs.
- Studies suggest that marijuana may cause permanent short and long-term memory loss.
- Smoking marijuana can release inhibitions, causing people to engage in risky social and sexual behavior. In recent years, the consequences of such behavior has become deadly; since contracting AIDS is a possible consequence of unsafe sexual practices.
- As with any excessive drug use, smoking marijuana can interfere with school performance, extra-curricular activities, and peer relations. Heavy smokers often lose their sense of motivation and find it difficult to concentrate. Particularly potent marijuana can even induce paranoia.
- Regular use of marijuana may play a role in causing cancer (particularly lung cancer) and problems with the immune or reproductive systems. Studies also show that someone who smokes five joints a day may be taking in as many cancer-causing chemicals as someone who smokes a full pack of cigarettes every day.

- For additional information, contact The National Institute on Drug Abuse at 1-888-NIH-NIDA or [www.nida.nih.gov](http://www.nida.nih.gov).

### **Teens and Drugs — Get the Facts**

- In the next 24 hours, 15,006 American teens will use drugs for the first time. (*Source: Teen Help*)
- Since 1992, drugs use by 12 to 17 year- olds have doubled. (*Source: Department of Health and Human Services*)
- Today, in a classroom of 25 students, odds are that three of them will be drug users. (*Source: Department of Health and Human Sservices*)
- A majority of teens between the ages of 15 and 17 have been to a party in the last six months where marijuana was available. (*Source: National Center on Addiction and Substance Abuse at Columbia University*)

### **Save Your Teen from Smoking**

Alvin Poussaint, M.D., and Susan Linn, Ed.D.

#### **Teen Smoking Rates Decline, but Quitting is Still a Challenge**

Sixteen-year-old Haley A.'s New Year's resolution is to not criticize other people. As admirable as that goal may be, Haley's mother wishes her daughter had made another resolve: to quit smoking. But the teen is indifferent to the idea. She enjoys smoking, and at five or six cigarettes a day, does not believe she is addicted to nicotine.

"I think if I had something to motivate me, I could stop really easily," Haley says. "For me, it's a boredom thing. Whenever I'm bored, it's something to do."

The honor roll student who says she's the only smoker in her circle of friends is bucking a national trend. Monitoring the Future, a new survey released by the U.S. Department of Health and Human Services and the University of Michigan's Institute for Social Research, shows teen smoking in grades 8, 10, and 12 is declining "at a vigorous pace." This is a direct contrast to the early 1990s, when researchers saw a dramatic increase in the number of teens lighting up. Among eighth-graders, smoking rates fell from 21 percent in 1996 to 12 percent in 2001; and among tenth-graders, from 30 percent to 21 percent. Among high-school seniors, smoking rates dropped from 37 percent in 1997 to 30 percent in 2001.

The study attributed the decreases to the demise of the Joe Camel ad campaign, the increase in anti-smoking ads, and the jump in cigarette prices in most States.

"Young people are price-sensitive in their use of cigarettes," says the study's principal investigator, Dr. Lloyd D. Johnston of the University of Michigan. "When the price goes up, it is less likely that (kids) will proceed to greater use."

## Parents, Not Just Media, Need to Send “No Smoking” Signals

What about the influence of parents? While the latest survey didn't ask teens to describe parental influence, anti-smoking activists insist that what moms and dads say — or don't say — can have an enormous effect on teens. In other words, parents shouldn't just breathe a sigh of relief over the new decline in smoking rates and think TV ad campaigns have more influence than they do.

The National Youth Tobacco Survey, taken every other year for the federal government, has found significant racial and ethnic differences in the ways that parents deal with smoking. Researchers say that Hispanic parents, even if they smoke themselves, are less likely to allow teens to smoke in the house.

The rules appear to have the effect of discouraging teen smoking altogether, not just smoking at home, because Hispanic teens smoke at lower rates than white teens do.

Haley A.'s mother also has established a no-smoking rule at home, but the teen says there has been little discussion of the issue.

“She knows that I know about the consequences,” says Haley. Although the teen doesn't particularly want to quit, she says she might be motivated to kick the habit if the penalties were severe enough. “I think if I was grounded every time I got caught smoking or if my phone got taken away, then it would definitely make it harder to keep smoking.”

## Dos and Don'ts for Parents: Keeping Teens Smoke-Free

These suggestions for parents come from Lyndon Haviland, Executive Vice President of the American Legacy Foundation (a public health foundation created as part of the 1998 settlement agreement by the States with the tobacco companies):

1. **Do take nicotine addiction seriously.** “When I talk to parents, I sometimes hear, ‘It's only tobacco’ or ‘They're just experimenting,’” Haviland says. “It's critical to understand that teenagers do become addicted, and it's critical to intervene. For one thing, research shows that cigarettes can be a gateway to use of other drugs and alcohol.”
2. **Don't assume teens know the dangers.** While the latest teen smoking stats are promising, there are still warning signs hidden behind the headlines. The Monitoring the Future study showed that 43 percent of eighth-graders still do not believe that there is a great risk associated with a-pack-a-day smoking.
3. **Do talk about (immediate) health consequences and the cost.** Teens tend to believe they'll never get pregnant or die in a car crash, so it may be a waste of time to talk about “someday” dying of lung cancer as a result of smoking. Instead, Haviland and other experts advise parents to focus on short-term health and economic effects: “You get a lot of sore throats because you smoke.” “If you want to run cross-country next semester, you'll have an easier time if you quit.” “Your teeth are starting to get stained.” Or focus on the money they're spending: “Gee, you could probably afford your own car if you weren't spending so much on cigarettes!”
4. **Don't underestimate your own influence.** “We've talked to teens who say, ‘If my mom and dad really cared, they'd push me on it,’” Haviland reports.
5. **Do talk to your child's healthcare provider, athletic coaches, and guidance counselors.** The more caring adults who know your child smokes, the better, Haviland says. “You're

surrounding your teen with support for cessation behavior. There is nothing wrong with saying to a soccer coach, ‘My daughter will be playing on your team in the fall and I want you to know that she began smoking over the summer.’”

6. **Don’t turn cigarettes into a “forbidden fruit.”** No-smoking rules are fine, but only if they are premised on the dangers associated with cigarettes, not just “Those are my rules and you must obey.” Make sure you tell your teen how much you admire and respect his or her decision not to smoke, or to quit.
7. **Do look for help.** The American Lung Association has a comprehensive program for teens called “NOT.,” — “Not On Tobacco.” Check their website for details at [www.lungusa.org](http://www.lungusa.org). Or visit [www.quitnet.com](http://www.quitnet.com). This site has a calculator to help teens (and adults!) calculate the savings they reap when they kick the habit.

### **Smoke Signals: One in Eight Middle-School Kids Uses Tobacco**

Katy Abel

#### **The First Comprehensive Survey on 11 to 13-Year-Olds’ Smoking Habits**

The results are in – new research shows that 13 percent of middle-school students are smoking. Among the findings:

- Nine percent of middle-school students and 28.4 percent of high-schoolers smoke cigarettes.
- Cigars are the second-favorite tobacco product.
- Use of “bidi” or “kretek” flavored cigarettes from India is on the rise.

The 1999 National Tobacco Youth Survey, conducted for the American Legacy Foundation in collaboration with the Centers for Disease Control, was administered to more than 15,000 students at 131 schools nationwide.

“People are really startled by the use among young kids, and also the diversity of tobacco products being used,” says Cheryl Heaton, President and CEO of the American Legacy Foundation, a group founded with proceeds from a \$206 billion tobacco lawsuit settlement in 1998. Heaton warns parents that it is projected that 5 million young people under the age of 18 will die prematurely as a result of smoking. She urges “consumer action” by parents to curb displays of cigar smoking by professional athletes.

“A lot of great work was done to get smokeless tobacco off the baseball field,” Heaton states. “We need to put the same energy into getting all tobacco products out of team sports.”

The good news: This study shows a decline in the number of high-school students smoking cigarettes, down from 36 percent in a Centers for Disease Control study released in 1996. The drop was not unexpected, however, and is attributed to the increase in cigarette prices to pay for the tobacco lawsuit settlement.

### **Smoking in the Boy's Room**

"You see the smoke in the bathrooms after school when the building is open for activities," says Margaret H., a parent and PTO president at her daughter's middle school. "I'm not surprised. We're seeing kids being exposed to things earlier, maturing faster."

Margaret's 12-year-old daughter Erin says smoking is not yet a big problem in her sixth-grade class, but "a lot of people do it to look cooler. They might be under pressure at home. They might feel they have to get perfect grades."

Smoking prevention specialists say no one should be surprised by the numbers of preteens who are lighting up, given the fact that this age group has been identified by peddlers of all types of products, not just tobacco, as an important demographic.

"You look at tobacco advertising. It's all image-based," says Ron Todd, Director of Tobacco Prevention and Control for the American Cancer Society. "They say if you use tobacco, this is the kind of person you'll be."

Prevention Specialists and Educators agree that 11 to 13 year-olds are particularly vulnerable to such media messages. With earlier studies showing even first graders identifying Joe Camel as easily as they do Mickey Mouse, the need to help children learn to decode the meaning of advertisements may be essential.

"They need to be taught they're being duped," says Healton. "The question needs to be raised for them: 'Is this a product that's good for you, really?' And they need to understand the nature of addiction, the notion of nicotine as biologically the most addictive drug known to man."

"The thing I've tried to stress with my kids is that to make the choice to smoke is easy," says Margaret. "To make the choice *not* to smoke is hard."

### **Schools and Prevention: What Works**

Despite the growing evidence that kids are lighting up in greater numbers at earlier ages, the record on school Prevention Programs is decidedly mixed, experts say.

"There are multiple layers to this problem," says Healton, "And only so much time in the curriculum."

A number of States are using a comprehensive curriculum called "Life Skills" that wins high marks from both the American Cancer Society and the Centers for Disease Control. Preliminary research done in Florida, where the curriculum was introduced several years ago, shows it has had an impact in helping to curb student smoking.

Smoking Prevention Specialists say most States receiving money from the 1998 settlement, plan to earmark a portion of the funds for improved education efforts.