

How To Talk To Your Kids About Drugs

The best thing about this subject is that you don't have to do it well. You simply have to try. If you try, your kids will get the message. That you care about them, you understand something about the conflicts they face, and that you're there when they need you.

The alternative is to ignore the subject. Which means your kids are going to be listening to other people who have strong opinions about the subject. Including those who use drugs and sell them.

Accept Rebellion

At the heart of it, drugs, alcohol, wild hairstyles, trendy clothes, ear-splitting music, outrageous language are different ways of expressing teenage rebellion. That's not all bad. Part of growing up is to create a separate identity, apart from parents – a process which ultimately leads to feelings of self worth. A step along that path is rebellion of one kind or another – which is to say rejecting parental values, and staking out new ones.

You did it. They're doing it. And that's the way it is.

The problem comes when kids choose a path of rebellion that hurts them, destroys their self worth, and can ultimately kill them.

That's the reality of drugs.

Don't Get Discouraged

When you talk to your kids about drugs, it may seem as though nothing is getting through. Don't you believe it. The very fact you say it gives special weight to whatever you say.

But whether or not your kids let on they've heard you, whether or not they play back your words weeks or months later, keep trying.

Start Anywhere

"Have you heard about any kids using drugs?"

"What kind of drugs?"

"How do you feel about that?"

"Why do you think kids get involved with drugs?"

"How do other kids deal with peer pressure to use drugs? Which approaches make sense to you?"

"Have you talked about any of this in school?"

However you get into the subject, it's important to state exactly how strongly you feel about it. Not in threatening tones, but in matter-of-fact, unmistakable clear language:

"Drugs are a way of hurting yourself."

"Drugs take all the promise of being young and destroy it."

"I love you too much to see you throw your life down the drain."

Some Do's & Don't's

The do's are as simple as speaking from the heart. The biggest don't is don't do all the talking. If you listen to your kids – really listen and read between the lines, you'll learn a lot about what they think. They'll also feel heard and that, too, is a step along the path towards self-esteem.

There are other do's and don'ts: Don't threaten or badger them. Don't put your kid on the spot by asking directly if he or she has ever tried drugs. They'll probably lie, which undermines your whole conversation.

If you suspect your child is on drugs – there are all sorts of symptoms – that's a different matter. Then you've got to confront the subject directly.

In the meantime, just talk to them. It's okay if you don't know much about drugs. Your kids do.

But they need to know how you feel about the subject, and whether you care.

Communication Tips

Effective communication between parents and children is not always easy to achieve. Children and adults have different communication styles and different ways of responding in a conversation. In addition, timing and atmosphere may determine how successful communication will be.

Parents should make time to talk with their children in a quiet, unhurried manner. The following tips are designed to make communication more successful.

Listening

Pay attention

Don't interrupt

Don't prepare what you will say while your child is speaking

Reserve judgment until your child has finished and has asked you for a response

Looking

Be aware of your child's facial expression and body language. Is your child nervous or uncomfortable - frowning, drumming fingers, tapping a foot, looking at the clock? Or does your child seem relaxed - smiling, looking you in the eyes? Reading these signs will help parents know how the child is feeling.

During the conversation, acknowledge what your child is saying – move your body forward if you are sitting, touch a shoulder if you are walking, or nod your head and make eye contact.

Responding

"I am very concerned about..." or "I understand that it is sometimes difficult..." are better ways to respond to your child than beginning sentences with "You should," or "If I were you," or "When I was your age we didn't..."

If your child tells you something you don't want to hear, don't ignore the statement.

Don't offer advice to every statement your child makes. It is better to listen carefully to what is being said and try to understand the real feelings behind the words. Make sure you understand what your child means. Repeat things to your child for confirmation.

Source: A Parent's Guide To Prevention, U.S. Department of Education



Long Island Regional Poison & Drug Information Center

At

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Let's Talk About... Substance Abuse

Today, the widespread use of alcohol and other drugs subjects our children, families, and communities to pressures unheard of 30 or 40 years ago. Frankly, many of us need help to deal with this frightening threat to our children's health and well-being. Fortunately, we also know more about what works to prevent drug use by our young people.

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

What to look for:

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

- Low grades or poor school performance;
- Aggressive, rebellious behavior;
- Excessive influence by peers;
- Lack of parental support and guidance; and
- Behavior problems at an early age.

Being alert to the signs of alcohol and other drug use requires a keen eye. It is sometimes hard to know the difference between normal teenage behavior and behavior caused by drugs. Changes in hairstyle, dress, slang use, and so on may throw you off kilter -- but they are normal for adolescents who are trying to figure out who they are. On the other hand, changes that are extreme or that last for more than a few days may signal drug use.

Consider the following questions:

- Does your child seem withdrawn, depressed, tired, and careless about personal grooming?
- Has your child become hostile and uncooperative?
- Have your child's relationships with other family members deteriorated?
- Has your child dropped his old friends?
- Has your child lost interest in his or her appearance and has personal hygiene deteriorated?
- Has your child lost interest in hobbies, sports and other favorite activities?
- Have your child's eating or sleeping patterns changed?

What to do:

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

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

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

If your child is using drugs, it is important to avoid blaming yourself for the problem and to get whatever help is needed to stop your child's use. If you face the problem promptly, there's a good chance your child can be helped. Never confront a child who is under the influence of alcohol or other drugs. Wait until he or she is sober. Then discuss your suspicions with your child calmly and objectively. It's not easy. Take a walk around the block first if you need to calm down. Bring in other members of the family to help, if necessary.

Discuss drug use with your children and establish family rules. It is extremely important to establish a clear "no drugs" mandate and to make sure it's communicated clearly to your children.

Impose whatever course of discipline your family has decided on for violating the rules and stick to it. Don't relent because your child promises never to do it again.

Many young people lie about their alcohol and other drug use. (Just like many adults.) If you think your child is not being truthful and the evidence is pretty strong, you may wish to have your child evaluated by a health professional experienced in diagnosing adolescents with alcohol- and drug-related problems. If you decide to go this route, remember that you're trying to help your child. Don't make a visit to the doctor seem like a threat or a punishment. If your child has developed a pattern of drug use or has engaged in heavy use, you will probably need help to intervene. If you do not know about drug treatment programs in your area, call your doctor, local hospital, state or local substance abuse agencies, or county mental health society for a referral. Your school district should have a substance abuse coordinator or a counselor who can refer you to treatment programs, too.

Drugs

CSA Schedules Trade or Other Names

Medical Uses

Dependence Physical Psychological Tolerance (Hours)

Method

Possible Effects

Effects of Overdose

Withdrawal Syndrome

Drug	CSA Schedule	Trade or Other Names	Medical Uses	Dependence	Physical Psychological Tolerance (Hours)	Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome		
Heroin	Substance I	Demorphine, Horse, Smack, Black Tar, Chna, Nagra (Black tar)	None in U.S.	High	High	Yes	3-4	Injected, snorted, smoked	Euphoria, drowsiness, respiratory depression, constipated bowels, pupal, rhabdus	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, profuse sweating, chills and sweating
Morphine	Substance II	MS-Cotin, Romanol, Oromorph SR, MSIR	Anesthetic	High	High	Yes	3-12	Oral, injected	Euphoria, drowsiness, respiratory depression, constipated bowels, pupal, rhabdus	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, profuse sweating, chills and sweating
Hydrocodone	Substance II, Product III, V	Hydrocodone w/acetaminophen, Vicodin, Vicoprofen, Ticsyn, Lorab	Anesthetic, Antitussive	High	High	Yes	3-6	Oral	Euphoria, drowsiness, respiratory depression, constipated bowels, pupal, rhabdus	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, profuse sweating, chills and sweating
Hydromorphone	Substance II	Dilaudid	Anesthetic	High	High	Yes	3-4	Oral, injected	Euphoria, drowsiness, respiratory depression, constipated bowels, pupal, rhabdus	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, profuse sweating, chills and sweating
Oxycodone	Substance II	Roxicodone, Oxycodone w/acetaminophen, OxyContin, Endocod, Percocet, Percodan	Anesthetic	High	High	Yes	3-12	Oral	Euphoria, drowsiness, respiratory depression, constipated bowels, pupal, rhabdus	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, profuse sweating, chills and sweating
Codaine	Substance II, Products III, V	Pocanapocin, Codeine w/acetaminophen w/codaine, Tylenol, Tylenol w/codaine	Anesthetic, Antitussive	Moderate	Moderate	Yes	3-4	Oral, injected	Euphoria, drowsiness, respiratory depression, constipated bowels, pupal, rhabdus	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, profuse sweating, chills and sweating
Other Narcotics	Substance II, III, IV	Fentanyl, Demoral, Meperidine, Demor, Sando, Fentanyl, Fentanyl, Buprenorphine	Anesthetic, Antitussive	High-Low	High-Low	Yes	Variable	Oral, injected, snorted, smoked	Euphoria, drowsiness, respiratory depression, constipated bowels, pupal, rhabdus	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, profuse sweating, chills and sweating
gamma Hydroxybutyric Acid	Sub I, Product III	GHB, Liquid Ecstasy, Liquid X, Sodium Oxybate, Xyrem®	None in U.S.	Moderate	Moderate	Yes	3-6	Oral	Stupor, speech, disorientation, duration of action, duration of memory of events, rhabdus with alcohol	Shallow respiratory, clammy skin, dilated pupils, weak and rapid heart rate, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
Benzodiazepines	Substance IV	Valium, Xanax, Halcion, Alprazolam, Rivotril, Risperidol (Roche), K-21, Klonopin	Anxiolytic, Sedative, Anticonvulsant, Hypnotic, Muscle Relaxant	Moderate	Moderate	Yes	1-8	Oral, injected	Stupor, speech, disorientation, duration of action, duration of memory of events, rhabdus with alcohol	Shallow respiratory, clammy skin, dilated pupils, weak and rapid heart rate, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
Other Depressants	Substance I, II, III, IV	Amobarbital, Secobarbital, Methohexalene (Quelidex), Barbiturates, Methohexalene (Quelidex)	Anxiolytic, Sedative, Hypnotic	Moderate	Moderate	Yes	2-6	Oral	Stupor, speech, disorientation, duration of action, duration of memory of events, rhabdus with alcohol	Shallow respiratory, clammy skin, dilated pupils, weak and rapid heart rate, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
Cocaine	Substance II	Coca, Pata, Snow, Crack, Coca, Blanca, Parico, Mevo, Soda	Local anesthetic	Possible	High	Yes	1-2	Smoked, snorted, injected	Increased alertness, stimulation, euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increased body temperature, hyperreflexia, hallucinations, convulsions, possible death	Anxiety, long periods of sleep, irritability, depression, discrimination
Amphetamine/Methamphetamine	Sub II	Crack, Ice, Crystal, Crystal Meth, Speed, Adderall, Dexametrol, Desoxyn	Attention deficit/hyperactivity disorder, narcolepsy, weight control	Possible	High	Yes	2-4	Oral, injected, snorted, smoked	Increased alertness, stimulation, euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increased body temperature, hyperreflexia, hallucinations, convulsions, possible death	Anxiety, long periods of sleep, irritability, depression, discrimination
Methylphenidate	Substance II	Ritalin (R/S), Concerta, Focalin, Mediate	Attention deficit/hyperactivity disorder	Possible	High	Yes	2-4	Oral, injected, snorted, smoked	Increased alertness, stimulation, euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increased body temperature, hyperreflexia, hallucinations, convulsions, possible death	Anxiety, long periods of sleep, irritability, depression, discrimination
Other Stimulants	Substance III, IV	Adipex P, Ionamin, Pro-2, Dimer, Prodig	Vasorestriction	Possible	Moderate	Yes	2-4	Oral	Increased alertness, stimulation, euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increased body temperature, hyperreflexia, hallucinations, convulsions, possible death	Anxiety, long periods of sleep, irritability, depression, discrimination
MDMA and Analogs	Substance I	Ecstasy, XTC, Adam, MDA (Love Drug), MSEA (Evo), MDOB	None	None	Moderate	Yes	4-6	Oral, snorted, smoked	Increased body temperature, hyperreflexia, hallucinations, convulsions, possible death	Increased body temperature, hyperreflexia, hallucinations, convulsions, possible death	Mixed states, depression, aggression, acute anxiety
LSD	Substance I	Acid, Miconik, Sunshine, Boomers	None	None	Unknown	Yes	8-12	Oral	Increased body temperature, hyperreflexia, hallucinations, convulsions, possible death	Increased body temperature, hyperreflexia, hallucinations, convulsions, possible death	Mixed states, depression, aggression, acute anxiety
Phencyclidine and Analogs	Sub I, II, III	PCP, Angel Dust, Hog, Loveboat, Ketamine (Special K), PCE, PCP, TJP	Anesthetic (Ketamine)	Possible	High	Yes	1-12	Smoked, oral, injected, snorted	Altered perception, derealization, hallucinations, convulsions, possible death	Altered perception, derealization, hallucinations, convulsions, possible death	None
Other Hallucinogens	Substance I	Psilocybin mushrooms, Mescler, Fergo, Gatsis, Ayahuasca, DMT, Osetoninopranolol (DXY)	None	None	None	Possible	4-8	Oral	Altered perception, derealization, hallucinations, convulsions, possible death	Altered perception, derealization, hallucinations, convulsions, possible death	None
Marijuana	Substance I	Herb, Grass, Sensilla, Bums, Weed, Yards, Giffs	None	Unknown	Moderate	Yes	2-4	Smoked, oral	Euphoria, relaxed feelings, increased appetite, disinhibition	Fatigue, paranoia, possible psychosis	Occasional reports of paranoia, hyperreflexia, decreased appetite
Tetrahydrocannabinol	Sub I, Product III	THC, Marimol	Anitarsenol, Appetite stimulant	Yes	Moderate	Yes	2-4	Smoked, oral	Euphoria, relaxed feelings, increased appetite, disinhibition	Fatigue, paranoia, possible psychosis	Occasional reports of paranoia, hyperreflexia, decreased appetite
Hashish and Hashish Oil	Substance I	Hash, Hash oil	None	Unknown	Moderate	Yes	2-4	Smoked, oral	Euphoria, relaxed feelings, increased appetite, disinhibition	Fatigue, paranoia, possible psychosis	Occasional reports of paranoia, hyperreflexia, decreased appetite
Testosterone	Substance III	Depo Testosterone, Sustanon, Stim, Oral	Hypogonadism	Unknown	Unknown	Unknown	14-28 days	Injected	Virgation, edema, metabolic supply, aggressive behavior	Unknown	Possible depression
Other Anabolic Steroids	Substance III	Parabolan, Winstrol, Equipoise, Anadrol, Dianabol, Primobolan-Depo, D-Bol	Anemia, Breast cancer	Unknown	Yes	Unknown	Variable	Oral, injected	Virgation, edema, metabolic supply, aggressive behavior	Unknown	Possible depression
Amyl and Butyl Nitrates		Peeke, Poppers, Rush, Locker Room	Angina (Amyl)	Unknown	Unknown	No	1	Inhaled	Stupor, hypotension, headache	Maleorgochemia	Agitation
Nitrous Oxide		Laughing gas, balloons, Whippets	Anesthetic	Unknown	Low	No	0.5	Inhaled	Impaired memory, altered speech, altered perception, slow onset, return (delayed), organ damage	Working, respiratory depression, loss of consciousness, possible death	Trembling, ataxia, nausea, vomiting, convulsions
Other Inhalants		Adhesives, spray paint, nail spray, dry cleaning fluid, spot remover, lighter fluid	None	Unknown	High	No	0.5-2	Inhaled	Impaired memory, altered speech, altered perception, slow onset, return (delayed), organ damage	Working, respiratory depression, loss of consciousness, possible death	Trembling, ataxia, nausea, vomiting, convulsions
		Beer, wine, liquor	None	High	High	Yes	1-3	Oral	Impaired memory, altered speech, altered perception, slow onset, return (delayed), organ damage	Working, respiratory depression, loss of consciousness, possible death	Trembling, ataxia, nausea, vomiting, convulsions

For questions or additional information, please call YES Community Counseling Center at 516-799-3203