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PARENT HANDBOOK

Chemical Dependency

ASSESSING THE PROBLEM

**WHAT DO YOU THINK ABOUT THESE CHANGES
IN THE LAST 20 YEARS?**

WE HAVE:

- MADE IT 'ILLEGAL' TO HUG A CHILD IN NEED OF COMFORT
- LOST THE AUTHORITY TO DISCIPLINE AT HOME OR SCHOOL – NO ACCOUNTABILITY, THEY COME AND GO AS THEY PLEASE
- TAUGHT THEM TO WEAR CONDOMS
- TAUGHT THEM THAT ABORTION IS OK
- GIVEN IN TO THE LACK OF MORALITY PORTRAYED IN THE MEDIA
- TAKEN PRAYER OUT OF SCHOOLS
- TAKEN THE DRESS CODE OUT OF SCHOOL
- REGRESSED IN PARENTAL ROLE MODELING – KIDS ARE 3RD IN PRIORITY IN MANY FAMILIES
- ALLOWED CHILDREN TO OVERSPEND ON CLOTHES, FOOD, 'TOYS'
- ALLOWED CHILDREN TO BE 'HOME ALONE' WITH 2 PARENTS WORKING

HOW DO YOU RECOGNIZE A PROBLEM?

- BE INFORMED AND KNOW YOUR POSITION AS PARENT
- KNOW YOUR CHILD
- NETWORK (PARENT INFORMATION MEETINGS)

- SET LIMITS AND ACCOUNTABILITY
- BE A ROLE MODEL
- SUPPORT THE NON-USER

THE SIX A'S

- BE ALERT – TO ATTITUDE AND BEHAVIOR
- BE AWARE – OF YOUR CHILD'S ENVIRONMENT AND FRIENDS
- BE AROUND – THEIR ACTIVITIES
- BE ASSERTIVE – AS A PARENT
- BE AVAILABLE – WHEN THEY WANT TO TALK
- BE AWAKE – WHEN THEY COME HOME

THE FOUR C'S

- CLARITY – CLEAR MESSAGE
- CONSISTENCY – DON'T WAVER
- COMMITMENT – TO EACH CHILD
- COMMUNICATION – KEEP AN OPEN LINE

THE 20-60-20 RULE

- 20% of Students:
 - Usually choose not to use alcohol/drugs
 - Make healthy choices
 - Choose alternative activities
- 60% of Students:
 - Are fence-sitters
 - Sometimes use alcohol/drugs
 - Are easily influenced by 'peer pressure'
- 20% of Students:
 - Make poor choices about safety, health, chemicals
 - Are problematic around choices
 - Require more intensive services

Chemical Dependency is a Primary disease. It was declared a disease in 1956 by the American Medical Association. It is Progressive (IT'S ONGOING). It is Chronic (SICKLY). It is FATAL (100,000) BUT Treatable.

Definition of a Chemically Dependent Person

"One whose use has an adverse affect, often unrecognized, on any one or more of his/her relationships, school, job performance, physical or emotional wellbeing."

WHY ADOLESCENTS SHOULD NOT USE ALCOHOL AT ALL

If this sounds like a hard line approach, it is, and there are good reasons for it!

Adolescents become addicted to alcohol more quickly than do adults because they are still developing physiologically and psychologically. This maturation process continues until approximately 21-24 years of age. An adult may become addicted in 5 to 15 years. **An adolescent can become addicted in 6 months to 2 years. If young kids did not drink until their 21st birthday, 90% of teenage alcoholism would be eliminated.**

Youngsters do not drink socially; they 'usually drink' to get bombed or drunk. Kids themselves admit this, so we had better listen! Alcohol is a depressant. As few as one or two beers begin to put the brain to sleep. The result is that coordination, judgment, reflexes, inhibitions and emotions are impaired and affected. Results – driving accidents, decreased school performance, enormous social and family situations.

SUBSTANCE ABUSE IN TEENAGERS

- 28 million alcoholics in the country – 8 million under age 18 – 1 out of 8 come from alcoholic families.
- 1 out of every 5 students between age 14 and 17 is a problem drinker.
- 7 million students are able to walk into stores and buy alcohol.
- 31.9% of the kids under age 18 in state juvenile institutions were under the influence of alcohol or drugs at the time of their arrest.
- 1 out of every 4 Americans families experiencing problems is related to drugs/alcohol.
- Daughters are 3 times more likely to become alcoholics, and to marry an alcoholic – explain.

- Sons are 70% more at risk before their first drink – explain.
- 87% of all high school students nationwide report having tried alcohol.
- 30% of high school problems related to alcohol/drugs – wait till 21 – 90%.
- 35% of high school students nationwide report having tried pot – 18% by 10th grade, 12% by 7th-8th grade. Pot is 70% stronger – psychologically addictive.
- 80% of all AIDS cases are directly caused by alcoholism/intra-drugs.
- First time sex is alcohol/drug related. IT is estimated that freshman girls will have 4-5 partners before senior year.
- Drug/alcohol is a major factor in suicides, violence, AIDS, eating disorders, incest, depression.
- Half of the 40,000 new HIV infections occurring each year show up in adolescents under age 25.
- More than 40% who start drinking at age 14 or younger developed alcohol dependence – explain.
- Number of inmates in American prisons tripled over the last 20 years. 60-70% tested positive for substance abuse on arrest. THESE INMATES ARE PARENTS OF 2.4 MILLION CHILDREN. These children are likely to follow their parents to jail.
- GOOD PARENTS BRING UP GOOD CHILDREN – explain.
- Every Friday and Saturday night the 10th car coming at you is being driven by someone who is drinking.

It is estimated that alcohol, nicotine and other drugs directly or indirectly cause:

- | | |
|-----------------------|--|
| - 1/3 of all deaths | - 1/5 of fatal heart attacks |
| - 1/4 of all suicides | - 1/3 of fatal accidents |
| - 1/3 of AIDS cases | - 3/4 of murders, rapes and child molestations |

- also** - 240 billion dollars annually for health and disability costs
and - 60% to 90% of the homeless are chemically dependent.
and - At least ½ of all urban hospital beds are filled with substance abusers.

FAMILY FACTS

1. 55% OF ALL FAMILY VIOLENCE OCCURS IN ALCOHOLIC HOMES.
2. INCEST IS 2 TIMES AS LIKELY AMONG DAUGHTERS OF ALCOHOLICS THAN THEIR PEERS.
3. CHILDREN OF ALCOHOLICS ARE 3-4 TIMES MORE LIKELY TO BECOME ALCOHOLICS THAN THE GENERAL POPULATION.
4. 50% OF CHILDREN OF ALCOHOLICS MARRY AN ALCOHOLIC. 70% DEVELOP A PATTERN OF COMPULSIVE BEHAVIOR AS AN ADULT, SUCH AS ALCOHOLISM, DRUG ABUSE OR OVEREATING.

STATEMENTS OF DENIAL

1. "That may bother other people but it doesn't bother me."
2. "Don't worry about me – I'm strong enough to handle anything."
3. "Everyone gets drunk (or gets sick, or gets high, or passes out, or blacks out, or can't remember what they did the next day, or gets hungover) – I'm no different from anybody else."
4. "I used to like so-and-so, but now he/she doesn't understand me."
5. "I used to think good grades (or sports or drama or music or some other healthy activity) was important, but I've grow out of that now."
6. "I'm just the kind of person that likes to have a good time."
7. "I only drink & drug on weekends (or at parties, or after, or with such-and-such a friend."

WHAT YOU CAN DO AS PARENTS

- DON'T ASSUME that an adolescent doesn't drink because he or she is involved in extra-curricular activities
- Spend QUALITY time with your children
- **LISTEN**
- Talk to friends' parents
- Educate yourself
- Understand your child's world
- Create accountability
- Reinforce your child's strengths
- **BE A GOOD ROLE MODEL**

NOW LET'S ADD ONE FOR YOU TO THINK ABOUT

- BE AWAKE WHEN THEY COME HOME.

NORMAL SIGNS IN ADOLESCENTS

- Disagreements
- Arguing
- Testing
- Lying
- Irritability
- Talking on phone excessively
- Minimal school issues
- Bickering with siblings

INDICATIONS OF SUBSTANCE ABUSE

- Profanity
- Stealing
- Abusive verbal behavior
- Lack of self care
- Oversleeping
- Hiding eyes
- Drop in grades
- Sleepovers
- Sneaking out at night
- Change in attitude
- Quitting organized activities
- Secrecy vs. privacy
- Deterioration of physical appearance
- Sudden mood swings
- Lack of motivation

SYMPTOMS AND BEHAVIOR PATTERNS OF POSSIBLE SUBSTANCE ABUSE IN ADOLESCENTS

SCHOOL/ACADEMIC ACHIEVEMENT

- Sudden drop or gradual lowering of grades and achievement levels
- Academic failure (sudden)
- Skipping classes or entire days
- Drops out of sports and other extra-curricular activities
- Disrespect/defiance toward teachers, rules & regulations
- Frequent suspensions/expulsions/fights
- Present in classroom but inattentive
- Frequent visits to nurse for various minor complaints
- Increase in disciplinary actions
- Sleeping in class
- Wandering in hallways or school grounds
- Frequent trips to bathroom
- Lack of response to concern expressed by teacher re. any of the above
- Frequent visits to the phone

FAMILY BEHAVIOR

- Change in attitude toward rules, parents, brothers, sisters
- Withdrawing from family functions: camping trips, church, meals
- Isolating (staying in room, etc.)
- Breaking curfew, sneaking out, becoming more secretive, many excuses for late hours
- Lying (blaming others for irresponsible behavior)
- Violence (physical and verbal)
- Erratic sleeping habits (too much, too little)
- Vagueness about company kept and where time was spent
- Strange telephone calls (parties hang up or refuse to be identified)
- Compliant and agreeable but fails to follow through with promises/agreements
- Becoming more secretive; not sharing any, or very little of their personal problems
- Not informing parents of school activities: open houses, parent conferences, suspensions, warnings
- Suspicion of money or alcohol missing from parents or siblings
- Stealing and/or selling possessions to be hawked for money
- Manipulating parents; playing one against the other
- Seems to have money, but no job

FRIENDS AND PEER GROUP

- Changing attitude toward straight friends
- Change in peer group with little interest in old friends
- Parents don't know friends; can't get names or addresses
- Begins to associate with an older crowd
- Fighting with peers

CHANGES IN PHYSICAL APPEARANCE

- Easily upset (emotional state changes rapidly)
- Weight changes (drastic loss or gain)
- Odor of alcohol or marijuana
- Changes in speech pattern (slurred speech)
- More frequent physical injuries (bruises)
- Burns on hands or clothing
- Change in hygiene (using same clothes frequently)
- Withdrawal from peers and staff
- Very defensive
- Stumbling, confusion, disorientation

MISCELLANEOUS

- Financial management erratic; seems to spend more money, asks for more money
- Pregnancy, uncertain who the father is
- Paraphernalia kept: rolling papers, bong, roach caps, magazines
- Sudden change in slang: 'druggie', behavior observable
- Uses a lot of profanity
- Drug slang and phrases written on school yearbooks or notebooks

ASSESSMENT

The symptoms and behavior patterns listed above are indicators that a problem of substance abuse may exist. If parents, school personnel, and other significant persons in an adolescent's life observe these warning signs, a cooperative effort can be undertaken to further determine the extent of the problem. By utilizing the appropriate school and/or community professionals, an assessment/evaluation of the adolescent can occur. This assessment process, by a qualified professional, will then determine if a condition of alcoholism/chemical dependency exists, or if there is another problem present requiring professional assistance. Once the problem is diagnosed and assessed, appropriate treatment alternatives can be explored with the adolescent and family members.

WHY DO ADOLESCENTS 'DRINK AND DO DRUGS?'

The reasons are as many and varied as the number of young people using drugs. Adolescents 'do drugs' for lots of reasons but usually to satisfy, compensate or resolve a basic human need.

The most frequently given reasons are:

- to be accepted by peers
- to feel important and good at something
- to satisfy a need for relaxation
- to respond to the pressure from friends
- to escape from boredom
- to be less inhibited
- to counteract depression
- to experience the high feeling
- to achieve the excitement of 'risks' and 'kicks'

"3 FINGERS"

When parents allow their child to drink, they give them the message that it is okay to break the law. The consumption of alcohol by persons under the age of 21 is illegal. Parental responsibility includes observance of the alcohol consumption law for minor children in a family. The responsibilities of parents can extend to liability for the action of the minor as well as those who become intoxicated in their home or on their property.

LET'S BEGIN WITH TWO FACTS:

1. Alcohol and drugs do exactly what they're supposed to.
2. You take the drink or drug, and the drink or drug takes you.

(Remember, the drug is only as good as the drug dealer.)

PREVENTION SUGGESTIONS

- Build confidence – Young people who use chemicals often have low self-image or poor self esteem. Encouragement is very important. Praise them when possible. Let your child please you or he/she may please friends instead.
- Help your child deal with success and failure. Frustration and anxiety are normal. Be available at the awkward and anxious moments of adolescence. DO NOT compare siblings.

- Create a 'family-like' atmosphere. Value cooperation and caring for others. Although each person should feel important, don't foster self-centeredness – a 'me only' attitude.
- Establish good parent-child communication. Listen and have a mutual commitment on drugs and alcohol.
- Establish a family policy for 'sticky' situations.
 1. babysitting – the ride home; the driver is under the influence
 2. parties – the ride home; the driver or other passengers are under the influence
 3. at an activity where environment is uncomfortable
- Have a family policy concerning drugs.
- Be parents first! Your responsibility as a parent is more important than your child's right as a minor. Be loving, but don't be AFRAID to say NO.
- Provide guidance and consistent discipline. Be willing to enforce home policies and rules. Parents who care confront situations, demonstrating their concern for the child.

DRINKING PATTERNS

SOCIAL DRINKING – the use of alcohol symbolically or very moderately to enhance the enjoyment of a pre-existing, pleasurable situation

PROBLEM DRINKING – this category can be divided into two subgroups which are, despite some similarities, quite distinct from one another.

1. Abusive Drinking – a drinking pattern which is characterized by 3 factors;
 - a. artificial surroundings – the excessive usage occurs while a person is in college, or in the armed services, etc.
 - b. time limitation – the excessive usage lasts for only a few years and has, statistically, become social by age 25
 - c. absence of trouble – the usage, despite being excessive, has not led to problems (e.g. a DWI, fights, etc.)
2. Early stage alcoholism – a drinking pattern in which the warning signs cited below have begun, if only to a limited extent

ALCOHOLIC DRINKING – dependency on the drug, ethyl alcohol, characterized by:

1. the urge recurs to repeat the experience of 'getting high' or intoxicated
2. the strength of the urge becomes more important than other natural or learned needs
3. the urge to become intoxicated becomes independent of other aspects of our lives
4. dependency on the drug is progressive, predictable and chronic

EARLY RECOGNITION SYMPTOMS

INCREASED TOLERANCE – the ability to consume considerably more than a social drinker and, though impaired, still appear mentally and physically efficient

GULPING DRINKS – drinking in such a manner that the drug will act quickly

BLACKOUT – temporary amnesia, with inability to recall the recent past as a result of intoxication

PROTECTING THE SUPPLY – a feeling of comfort knowing that alcohol is available or maintaining a sufficient supply

DRINKING ALONE – sociability is not an important factor in the drinking pattern

PREOCCUPATION – occasionally preoccupied with the thought of the next drinking occasion or of getting high

USE AS A MEDICINE - drinking as a means of avoiding disagreeable symptoms of life situations

NON-PREMEDITATED USE – drinking more than planned or starting to drink without thinking about it

CHEMICAL DEPENDENCY – THE DISEASE

Definition:

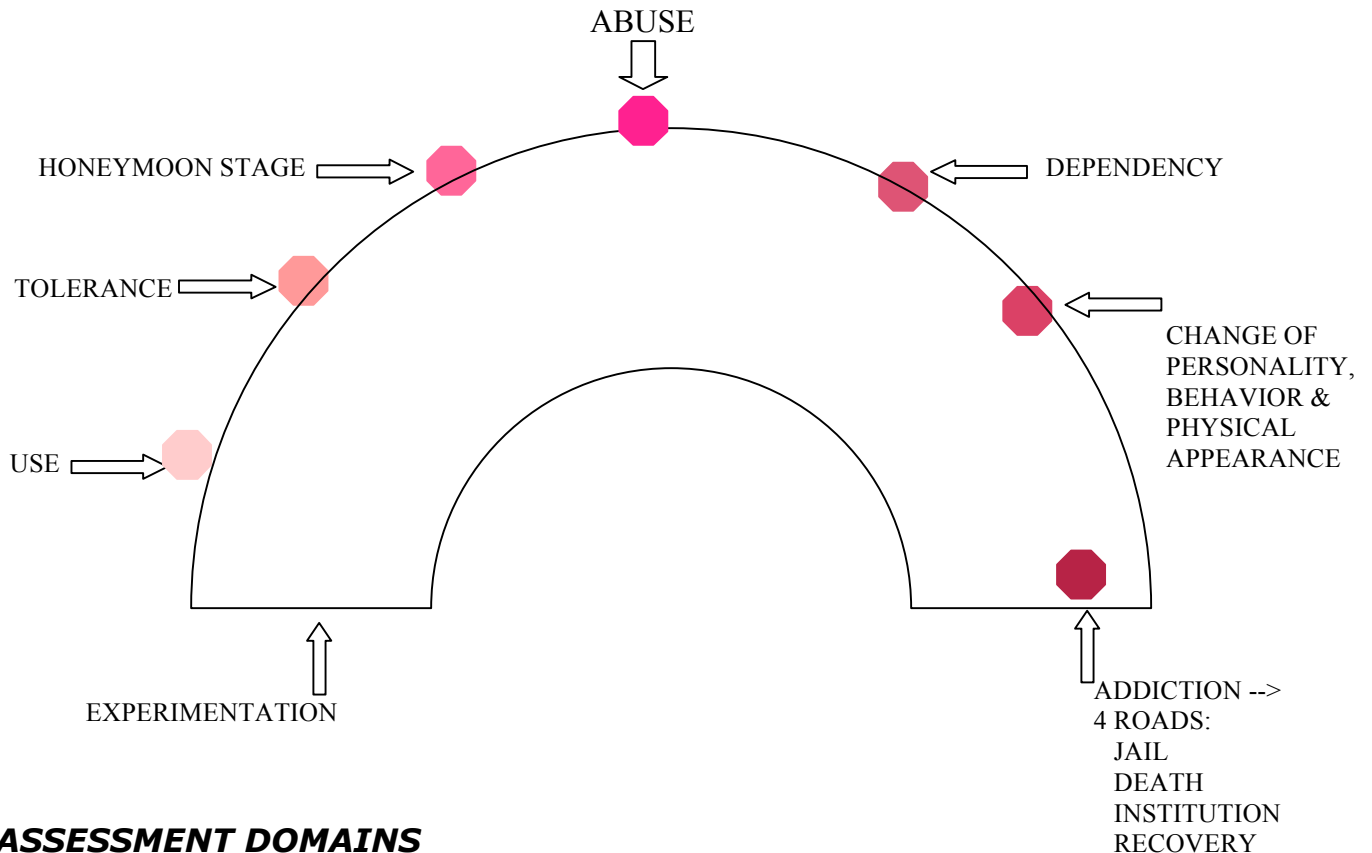
3 C's of Addiction

1. Compulsion
2. Out of Control
3. Continued use despite problems

Characteristics of the disease

1. Primary
2. Chronic
3. Progressive
4. Fatal

GRAPH OF PROGRESSION



ASSESSMENT DOMAINS

The following are examples of possible 'domains' or topical areas in a young person's life to examine when conducting a comprehensive assessment of AOD abuse.

- Alcohol and other drug use
- Over the counter and prescription drugs, including tobacco and caffeine
- Medical history:
Previous illnesses, infectious diseases, medical trauma, STDs (sexually transmitted diseases, with the exception of HIV status, which requires special training and agency protocols)
- Mental history, including previous evaluations, treatment summaries
- Family history:
Strengths as well as problems, including chronic illnesses; involvement with juvenile or justice system; child management concerns; and understanding of the family's cultural, racial, and socioeconomic background
- School history:
Learning related problems, academic performance, behavioral performance, and attendance
- Vocational history: paid work, volunteer work in community
- Child welfare involvement: number and length of foster home placements, residential treatment

- Juvenile justice involvement:
Types and frequency of involvement, attitude toward behavior that got him/her in trouble
- Sexual history: sexual abuse, sexual activity, safer sex practices, current or previous
- Peer relationships
- Gang involvement
- Interpersonal skills
- Leisure time activities
- Neighborhood environment
- Home environment, including:
sub standard housing, family history of homelessness, the young person's living on the streets or in shelters, or running away from home

TEST YOUR KNOWLEDGE OF DRUGS

FROM GROWING UP DRUG FREE: A PARENTS' GUIDE TO PREVENTION
U.S. DEPARTMENT OF EDUCATION

1. What is the most commonly used drug in the United States?
a. heroin b. cocaine c. alcohol d. marijuana
2. Name the 3 drugs most commonly used by children.
3. Which drug is associated with the most teenage deaths?
4. By the 8th grade, how many kids have tried at least one inhalant?
a. 1 in 100 b. 1 in 50 c. 1 in 25 d. 1 in 5 e. 1 in 2
5. Crack is a particularly dangerous drug because it is
a. cheap b. readily available c. highly addictive
d. all of the above
6. Fumes from which the following can be inhaled to produce a high?
a. spray paint b. model glue c. nail polish remover
d. whipped cream canister e. all of the above
7. People who have not used alcohol and other drugs before their 20th birthday
a. have no risk of becoming chemically dependent
b. are less likely to develop a drinking problem or use illicit drugs
c. have an increased risk of becoming chemically dependent
8. A speedball is a combination of which 2 drugs?
a. cocaine and heroin b. PCP and LSD c. Vallium and alcohol
d. amphetamines and barbituates

9. Anabolic steroids are dangerous because they may result in
 - a. development of female characteristics in males
 - b. development of male characteristics in females
 - c. stunted growth
 - d. damage to the liver and cardiovascular system
 - e. overaggressive behavior
 - f. all of the above

10. How is marijuana harmful?
 - a. It hinders the user's short term memory
 - b. Student may find it hard to study and learn while under the influence of marijuana
 - c. It affects timing and coordination
 - d. All of the above

Answers:

- 1 - c
- 2 - alcohol, tobacco and marijuana
- 3 - alcohol
- 4 - d
- 5 - d
- 6 - e
- 7 - b
- 8 - a
- 9 - f
- 10 - d

SCREENING INSTRUMENT FOR ALCOHOLISM

1. Have you ever felt you should cut down on your drinking?
2. Have you ever felt bad or guilty about your drinking?
3. Have people annoyed you by criticizing your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

Two or three affirmative answers create a high index of suspicion.

Four affirmative answers indicates alcoholism.

Credits

SAMHSA/NORCAP

Brown University

New Beginnings Programs

Don Armory 10 Steps

Robert Woods Johnson, Minnesota Report

Parent – Community Network